



# Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

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## INSPECTION DETAILS FOR:

### Ramsey County ACF

**Address:** 297 S Century Avenue, Maplewood, MN 55119

**MN Governing Rule:** 2911 Local Adult Detention Facilities

**Inspection Type:** Biennial **Inspected By:** Jen Pfeifer – Detention Facility Inspector **Inspected on:** 11/04/2020 to 11/11/2020

**Inspection Method:** Facility tour, staff and resident interviews, employee and resident file reviews, related documentation reviews, and video footage review.

**Officials Present During Inspection:** Captain Jayme Brisch; Captain Michelle Landers; Captain Olay Philaphandeth; Division Manager Michelle Dean; Program Manager Catie Blake; Program Manager John Bruner; Superintendent Allen Carlson

**Officials Present for Exit Interview:** Captain Jayme Brisch; Captain Michelle Landers; Captain Olay Philaphandeth; Division Manager Michelle Dean; Superintendent Allen Carlson

**Issued Inspection Report to:** Captain Jayme Brisch; Captain Michelle Landers; Captain Olay Philaphandeth; Community Corrections Director John Klavins; Superintendent Allen Carlson; County Manager Ryan O'Connor; Regional Manager Dayna Burmeister

## RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance	Total Compliance With Concerns	Compliance Rating	Substantial Compliance Result/Criteria
2911	Mandatory	126	118	6	2	95.24%	Compliance rating of 100%
2911	Essential	101	98	3	0	97.03%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** conditional approval **Begins On:** 12/01/2020 **Ends On:** 11/30/2022 **Facility Type:** Adult Correctional Facility

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2021

**Delinquent Juvenile Hold Approval:** no approval **Certificate Holder:** Ramsey County Community Corrections

**Special Conditions:** None.

### Approved Capacity Details *\*Operational Capacity is calculated as a percent of Approved Capacity beds.*

Bed Type	Gender	Approved Capacity	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	556	95	528.20	None.	None.

## RULE COMPLIANCE DETAILS

**Chapter 2911 - Mandatory Rules Not In Compliance****Total: 6****1. 2911.0300 INTENDED USE AND NONCONFORMANCE WITH RULES Subpart 4. Correction of deficiencies.**

Sanctions for violation of mandatory rules are as follows. A. For a level one sanction, the facility inspector shall issue a written compliance order to the facility administrator and governing body for correction of deficiencies within a specified time up to 180 days. B. For a level two sanction, the facility inspector shall issue a written compliance order to the facility administrator and governing body that requires submission of a written plan of action inclusive of time lines for correction of any deficiency allowed more than 180 days for correction. The DOC shall grant or deny approval of the action plan in writing within 30 days of receiving the action plan. C. For a level three sanction, when compliance is not achieved within time lines ordered or action plans are not implemented as approved by the DOC, the facility inspector shall submit to the facility administrator and governing body a limited use agreement for review, signature, and return within a specified time. D. For a level four sanction, when compliance with the rules under subpart 5a, item B, cannot be achieved because of serious life-safety and physical plant deficiencies, the commissioner shall specify a duration of time, known as the sunset authorization period, after which the facility will no longer have the authority to operate. E. For a level five sanction, when level one to level four sanctions have not resulted in correction of deficiencies, the commissioner shall exercise restricted use or condemnation authority under subpart 2.

**Inspection Findings:**

Well-being checks were found to be out of compliance.  
This deficiency was noted in previous inspection reports.

**Corrective Actions:**

**At this time the facility will be receiving a Level One sanction for the repeated violation of Chapter 2911.5000.5. The details of this violation is outlined in the Inspection Comments #5.**

**Response Needed By: 01/18/2021****2. 2911.2500 SEPARATION OF INMATES. Subpart 1. General.**

A combination of separate housing units inclusive of special management areas, general population, and minimum security areas and cells, dormitories, and dayroom spaces shall be provided to properly segregate inmates pursuant to Minnesota Statutes, section 641.14. The facility shall provide for the separate housing of the following categories of inmates: A. female and male inmates; B. community custody inmates such as work release or sentencing to service; C. inmates requiring disciplinary segregation; D. inmates requiring administrative segregation; E. juveniles who do not meet Minnesota statutory requirements for placement with adults; F. special management, general population, and minimum security inmates as considered appropriate to the facilities design intent and classification system; and G. inmates classified as mentally ill or special needs inmates in a manner consistent with Minnesota Statutes, section 253B.05.

**Inspection Findings:**

Female inmates classified as Levels I, II and III are mixed in Dorm 1000. Levels I and II are mixed in Dorms 1100 and 1200. In the male housing units level I and II are sometimes mixed as well as II and III.

**Corrective Actions:**

**Phased time out of cells, tiered lockdowns, changes to the classification system or improved reclassification were options discussed to come into compliance with this standard.**

**Response Needed By: 02/01/2021****3. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 5. Well-being.**

A facility shall have a system providing for well-being checks of inmates. A written policy and procedure shall provide that all inmates are personally observed by a custody staff person at least once every 30 minutes. Thirty-minute checks should be staggered. If a well-being check does not occur due to an emergency, it must be documented in the jail log and have supervisory review and approval. More frequent observation is required for those inmates of a special need classification who may be harmful to themselves. Examples of inmates of a special need classification include those classified as potentially suicidal, or as mentally ill, or those experiencing withdrawal from drugs or alcohol.

**Inspection Findings:**

A review of video showed that well-being checks were not being completed per facility policy or D.O.C. standards.

**Corrective Actions:**

**This was discussed at length with the facility during the inspection. A system of more frequent audits shall be put in place. It is highly recommended that a form of progressive discipline be used when staff continue to remain out of compliance with checks. Staff shall be retrained in regards to proper well-being checks and the rule and this training shall be documented and given to the Department of Corrections by December 31, 2020.**

**Remind staff to slow down the pace of well-being checks so that they are more deliberate in looking for signs of life.**

**Response Needed By: 12/31/2020**

4. 2911.5550 LOCKS AND KEYS. Subpart 3. Regular testing.

Locks to security doors or gates shall be tested for proper function at least weekly to ensure proper operation.

**Inspection Findings:**

Lock Inspections are not being completed weekly and do not include exterior doors.

**Corrective Actions:**

**Add exterior check of doors to the weekly checklist. Doors should be checked both manually and electronically, if applicable. These weekly checks become in compliance immediately and the inspector will follow-up to ensure compliance.**

**Response Needed By: 12/01/2020**

5. 2911.5550 LOCKS AND KEYS. Subpart 4. Inoperable locks.

A lock to a security door or gate shall not be inoperable or left in a nonworking condition. An inmate shall not be secured in a cell or area that has inoperable locks.

**Inspection Findings:**

Due to the fact that lock inspections are not taking place on a weekly basis there is no documentation of any locks that are inoperable.

**Corrective Actions:**

**Weekly lock checks shall be completed and documented. No inmates shall be placed in a cell or area with inoperable locks.**

**Response Needed By: 12/01/2020**

6. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 1. General.

A facility shall have a policy and procedure that provides that the facility shall: A. be kept in good repair to protect the health, comfort, safety, and well-being of inmates and staff; B. document weekly sanitation inspections; and C. document deficiencies from the weekly sanitation inspection, if any, have been ordered.

**Inspection Findings:**

There was no documentation of weekly sanitation inspections.

**Corrective Actions:**

**This was discussed in detail with the facility at the time of inspection and examples were sent. Complete weekly sanitation.**

**This was discussed in detail at the time of the inspection and example forms were provided to the facility. Completely the required inspections and a follow up visit will be completed by the inspector to ensure compliance.**

**Response Needed By: 01/18/2021**

**Chapter 2911 - Essential Rules Not In Compliance****Total: 3****1. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 4. Reporting of unusual occurrences.**

Incidents of an unusual or serious nature shall be reported within ten days of the incident in writing to the Department of Corrections in the format required by the department. The reports shall include the names of persons involved, staff and inmates, nature of the unusual occurrence, actions taken, and the date and time of the occurrence. Unusual occurrences requiring reporting to the DOC include such occurrences as: A. attempted suicide; B. suicide; C. homicide; D. death, by means other than suicide or homicide; E. serious injury or illness subsequent to detention including incidents resulting in hospitalization for medical care; F. hospitalization associated with mental health needs; G. attempted escape or escape from a secured facility; H. incidents of fire requiring medical treatment of staff or inmates or a response by a local fire authority; I. riot; J. assaults of one inmate by another that result in criminal charges or outside medical attention; K. assaults of staff by inmates that result in criminal charges or outside medical attention; L. injury to inmates through response to resistance by staff controlling inmate behavior; M. occurrences of infectious diseases and action taken relative to same when a medical authority has determined that the inmate must be isolated from other inmates; and N. reporting of all notices of intent to file litigation against the facility resulting from matters related to the detention or incarceration of an inmate; O. sexual misconduct, such as inmate on inmate, staff on inmate, and inmate on staff; and P. use of sexual materials, electronic media for sexual purposes, or both. In the event of an emergency such as serious illness or injury where death may be imminent, individuals designated by the inmate shall be notified. Permission for notification, if possible, shall be obtained from the inmate.

**Inspection Findings:**

A check of the DOC Portal system showed that no incidents had been entered for the last 6 years.

**Corrective Actions:**

**This was discussed at length with the facility at the time of the inspection. This is a repeat violation. All incidents from January 1, 2020 to December 31, 2020 shall be entered by December 31, 2020.**

**Response Needed By: 12/31/2020****2. 2911.4900 SECURITY INSPECTION.**

The facility shall have a written policy and procedure to require the facility administrator or designee to inspect all areas within the security perimeter, and equipment at least monthly and initiate corrective action if needed.

**Inspection Findings:**

Documentation of monthly security inspections was incomplete.

**Corrective Actions:**

**This was discussed at length at the time of the inspection. Continue to develop and implement a more refined monthly security inspection to be completed and documented. Examples were sent to the facility.**

**Response Needed By: 01/18/2021****3. 2911.7300 FIRE INSPECTION. Subpart 4. Weekly inspection.**

There shall be an applicable fire code and safety inspection of the facility at least weekly by a designated staff member.

**Inspection Findings:**

Weekly Fire Inspections are not being completed regularly.

**Corrective Actions:**

**Ensure that these inspections are completed every week and documented. This was discussed at length at the time of the facility inspection.**

**Response Needed By: 01/18/2021**

**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 2**

## 1. 2911.5450 DANGEROUS MATERIALS.

A facility shall have a written policy and procedure that specifies that materials dangerous to either security or safety shall be properly secured. Storage and use of flammable, toxic, and caustic materials must be in accordance with all applicable laws and regulations of governing jurisdictions. The policy must cover control and use of tools and culinary and medical equipment.

**Inspection Findings:**

Each of the knife boxes in the kitchen was equipped with a lock and inventory sheet. However, there is no provision to sign out knives or tools making it difficult to determine if something is missing, especially during food preparation.

**Corrective Actions:**

**It is recommended that each tool or knife taken from the box be signed out when taken and signed back in when returned.**

**Response Needed By:**

## 2. 2911.6500 STORAGE. Subpart 6. Needles and other medical sharps.

There shall be a written policy and procedure for the control and disposal of medical sharps and supplies. Medical sharps and supplies when used or stored in inmate housing areas shall be accounted for and secured in a locked area.

**Inspection Findings:**

The facility has an exceptional medical emergency response bag that can be taken to any area of the facility needed. The bag is inventoried and tagged with a unique number each time it is opened. The bag is well organized and includes an inventory of each compartment. A check of the inventory found more sharps than were listed on the inventory sheet. This is a concern. In the event a sharp is misplaced or taken while in an inmate area, the inventory would not reflect the missing sharp.

**Corrective Actions:**

**There is a monthly audit process in place. An update of the audit process should be completed and it is recommended that the audits be done with more frequency.**

**Response Needed By:**

## INSPECTION COMMENTS

#1. Physical Plant: The physical plant was found to be clean and well maintained. SDS books have been updated and are available electronically. It is recommended that the SDS website address for the facility be posted in each location where chemicals are stored.

#2. Training: There has been significant improvement in regard to training and training records. A review of training records did indicate that 2 staff did not complete the required number of training hours for 2019. This was addressed by Supervisory staff prior to the inspection.

#3. Health Services: Three new supervisory positions, including an RN coordinator, have been added since the last inspection.

#4. Programs: The amount of programming for both male and female inmates is extensive. Education includes: adult basic education, pre-ged testing, and adult literacy. Substance abuse programming including: Woman's Way Through 12 Steps, and "Day 1" which is cognitive behavioral based. There is a transitions program for those nearing completion of their sentence and release. Indoor and outdoor recreation opportunities are also available and a variety of religious programs and services for inmates to participate in. There are also kitchen and laundry positions for inmates.

#5. Well-being Checks: Well-being checks were found to be out of compliance with the 30 minute time frame allowed in the rule. Checks were not staggered and a review of the video footage showed, at times, officers were not looking into inmate cells while completing their well-being checks. At this time the facility will be receiving a Level One Sanction for the repeated deficiency of Chapter 2911 Rule 5000.5. The facility will have 30 days to submit in writing a plan of action to the Department of Corrections as to how they will address the non-compliance. The facility will then have an additional 30 days to implement the plan and correct the deficiency. The inspector will do a follow-up visit in January 2021 to ensure compliance with the rule.

The facility will be placed on annual inspections.

## JJDPA Compliance

On November 4, 2020, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Ramsey County A.C.F. has no approval to hold delinquent juveniles.

According to DOC Portal system and facility records, the Ramsey County A.C.F. held or processed 0 (zero) juveniles between October 2020 to the date of inspection.

DSO: I did not find any violations of the facility holding any status offenders.

Jail Removal: Any juveniles held at the facility would have been certified as adults.

Sight and Sound Separation: The facility houses no delinquent juveniles. The facility does not participate in any "Scared Straight" programs for any youth under public authority.

Based on these facts and documentation that I reviewed, I did not find any violations of the JJDP act during the Ramsey County A.C.F. inspection.

**Report completed By:** Jen Pfeifer – Detention Facility Inspector

**Signature:**

*Jennifer Pfeifer*