



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

Inspection and Enforcement Unit, 1450 Energy Park Drive, Suite 200, St.Paul MN 55108
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

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 – Senior Detention Facility Inspector **Inspected on:** 11/02/2022

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 Michelle Landers; Captain Olay Philaphandeth; Community Corrections Director Monica Long; Division Manager Michelle Dean; Lieutenant Nate Landers; Program Manager John Bruner

Officials Present for Exit Interview: Captain Michelle Landers; Captain Olay Philaphandeth; Community Corrections Director Monica Long; Division Manager Michelle Dean; Lieutenant Nate Landers

Issued Inspection Report to: Captain Michelle Landers; Captain Olay Philaphandeth; Community Corrections Director Monica Long; 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	116	6	4	95.24%	Compliance rating of 100%
2911	Essential	101	99	2	0	98.02%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2022 **Ends On:** 11/30/2024 **Facility Type:** Adult Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2023

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. 2911.2525 ADMISSIONS. Subpart 1. Policies and procedures.**

A facility shall have written policies and procedures for processing new inmates to the facility to include, at a minimum, the following: A. obtaining and documenting available emergency medical information within two hours of admission; B. verification of court commitment papers or other legal documentation of detention. Verification shall include checking the date of admission, duration of confinement, and specific charges; C. a search of the inmate and the inmate's possessions; D. inventory and storage of the inmate's personal property; E. initial medical screening to include an assessment of the inmate's health status, including any medical or mental health needs; F. telephone calls made by the inmate during the booking and admission process and prior to assignment to other housing areas; G. shower and hair cleansing; H. issue of bedding, clothing, and personal hygiene items according to the rule requirements applicable to the anticipated length of stay of the inmate; I. photographing and fingerprinting including notation of identifying marks or unusual characteristics such as birthmarks or tattoos; J. interviewing to obtain the following identifying data: (1) name and aliases of person; (2) current address, or last known address; (3) health insurance information; (4) gender; (5) age; (6) date of birth; (7) place of birth; (8) race; (9) present or last place of employment; (10) emergency contact including name, relation, address, and telephone number; and (11) additional information concerning special custody requirements or special needs; K. initial classification of the inmate and assignment to a housing unit; L. an assigned booking number; and M. Social Security number, driver's license number, or state identification number, if available.

Inspection Findings:

There is no policy in place that address that the facility obtain emergency medical information within 2 hours of admission.

Corrective Actions:

Update policy manual to include Sub.1 letter A in the rule.

Response Needed By: 12/31/2022**2. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 5. Inmate death.**

A facility shall have a written policy and procedure that specifies actions to be taken in the event of an inmate death. When an inmate death occurs: A. the date, time, and circumstances of the inmate's death shall be recorded in the inmate's record; B. if the inmate dies in the facility, the coroner or medical examiner's office shall be notified; C. personal belongings shall be handled in a responsible and legal manner; D. records of a deceased inmate shall be retained for a period of time specified by county policy; E. the facility administrator or designee shall ensure observance of all pertinent laws and allow appropriate investigating authorities full access to all facts surrounding the death; and F. in the event the death involves a "vulnerable adult" notification procedures shall be followed in a manner consistent with statutory requirements.

Inspection Findings:

The inmate death policy does not include the required elements for notifying the Department of Corrections within 24 hours of a death occurring or the requirement for death review teams.

Corrective Actions:

Update policy manual to include the required statute language in 241.021 that is specifically related to inmate deaths. Submit updated policy to the Department of Corrections by 12/31/2022.

Response Needed By: 12/31/2022**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 determined well-being checks to be out of compliance with the 30-minute time frame allowed in the rule.

Corrective Actions:

This was discussed in detail with facility administration during the inspection. The facility has a well-defined system for auditing well-being checks on a consistent basis. It is highly recommended that progressive discipline be used when staff have repeated concerns with compliance. Staff shall be retrained in facility expectations and requirements under the Chapter 2911 rules. This training shall be documented and submitted to the Department of Corrections by December 31, 2022.

Response Needed By: 12/31/2022

4. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 6. Medical screening.

A facility shall have a written policy and procedure that requires medical screening is performed and recorded by trained staff on all inmates on admission to the facility. The findings are to be recorded in a manner approved by the health authority. The screening process shall include procedures relating to: A. Inquiry into: (1) current illness and health problems, including dental emergencies, and other infectious diseases; (2) medication taken and special health requirements; (3) use of alcohol and other drugs that include types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of problems that may have occurred after ceasing use, for example, convulsions; (4) past and present treatment or hospitalization for mental illness or attempted suicide; (5) other health problems designated by the health authority; and (6) signs and symptoms of active tuberculosis to include weight loss, night sweats, persistent cough lasting three weeks or longer, coughing up blood, low grade fever, fatigue, chest pain, prior history of active tuberculosis disease, and results of previous tuberculin skin or blood testing. B. Observations of: (1) behavior that includes state of consciousness, mental status, appearance, conduct, tremor, and sweating; and (2) body deformities, trauma markings, body piercings, bruises, lesions, and jaundice. C. Disposition to: (1) general population; (2) general population and referral to appropriate health care service; (3) referral to appropriate health care service on an emergency basis; and (4) other.

Inspection Findings:

The policy manual does not specifically address the requirements under this section.

Corrective Actions:

The policy manual shall be detailed in nature when addresses admissions procedures. Update the policy manual to include each element required by the rule and submit to the Department of Corrections by March 31, 2023.

Response Needed By: 03/31/2023

5. 2911.6600 DELIVERY. Subpart 9. Adverse reaction reports.

There shall be procedures for health-trained staff to report any adverse reaction incidents to health care personnel. The adverse reaction to a drug shall be documented.

Inspection Findings:

The policy manual does not address procedures for reporting adverse reactions incidents.

Corrective Actions:

Ensure that there are procedures in place for reporting. Identify these procedures and submit documentation to the Department of Corrections by 12/31/2022.

Response Needed By: 12/31/2022

6. 2911.7300 FIRE INSPECTION. Subpart 1. Annual inspection.

Each facility shall be policy require that a fire inspection of the facility must be conducted in accordance with the applicable fire code on an annual basis by a state fire marshal or local fire official.

Inspection Findings:

The required annual fire inspection had not been completed. The last fire inspection was completed by Maplewood Fire Department on June 9, 2021.

Corrective Actions:

Since the date of the inspection and prior to the writing of this reports, the facility submitted a current fire inspection. The facility must ensure that this required annual inspection is completed on or before the due date.

Response Needed By: 11/30/2022**Chapter 2911 - Essential Rules Not In Compliance****Total: 2**

1. 2911.1200 CLERICAL AND SUPPORT EMPLOYEES WITH REGULAR OR DAILY INMATE CONTACT: TRAINING. Subpart 1. Minimal inmate contact.

A facility shall have a written policy and procedure that provides that all new clerical and support employees that have minimal inmate contact receive 24 hours of orientation and training during their first year of employment. Sixteen of these hours are completed before being independently assigned to a particular job. Persons in this category are given an additional 16 hours of training each subsequent year of employment.

Inspection Findings:

There is no policy in place to address the required training elements for clerical and support staff with regular or daily inmate contact.

Corrective Actions:

Update policy manual to include all elements listed in the rule. Submit the completed policy to the Department of Corrections by March 31, 2023.

Response Needed By: 03/31/2023

2. 2911.1300 CUSTODY STAFF TRAINING.

A facility shall have a written policy and procedure that provides that all custody staff receive 120 hours of orientation and training during the first year of employment. Forty of these hours are completed prior to being independently assigned to a particular post. All persons in this category are given an additional 16 hours of training each subsequent year. At a minimum, training completed before independent assignment to a particular post shall include: A. security procedures; B. supervision of inmates; C. signs of suicide risk and suicide precautions; D. vulnerable inmates; E. response to resistance regulations and tactics; F. report writing; G. inmate rules and regulations; H. rights and responsibilities of inmates; I. fire and emergency procedures; J. key control; K. interpersonal relations and communication skills; L. diversity training; M. distribution of medications; N. right to know; and O. blood-borne pathogens and communicable diseases.

Inspection Findings:

The policy manual does not include the specific requirements for custody staff training.

Corrective Actions:

Update the policy manual to include the specific requirements for training for custody staff. Ensure 120 hours of orientation training are being completed with training specifically outlines in the rule. Submit policy to the Department of Corrections by March 31, 2023.

Response Needed By: 03/31/2023**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 4**

1. 2911.1900 POLICY AND PROCEDURE MANUALS.

A facility shall have a written policy and procedure manual that is electronically available to staff and relevant regulatory authorities and defines the philosophy and method for operating and maintaining the facility. This manual shall be made available to all employees, reviewed annually, updated as needed, and staff trained accordingly. The manual shall include, at a minimum, the following chapters: A. correctional standards required under this chapter; B. administration and organization; C. fiscal management; D. personnel; E. training; F. inmate records; G. safety and emergency; H. security and control; I. sanitation and hygiene; J. food service; K. medical and health care services; L. inmate rules and discipline; M. communication, mail, and visiting; N. admissions, orientation, classification, property control, and release; O. inmate activities, programs, and services; and P. a written suicide prevention and intervention plan. The facility administrator or designee shall review policy and procedure manuals at least once each year. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

Inspection Findings:

Many of policies have been signed off on as of September of 2022, however other policies have a review date as far back as 2010.

Corrective Actions:

Ensure that all policies are reviewed and updated yearly and that there is written documentation of that review.

Response Needed By:

2. 2911.4000 ANNUAL FOOD SERVICE REVIEW.

A facility's menu content and cycle shall be reviewed at least once annually by a registered dietitian or nutritionist to ensure compliance with part 2911.3900. The review the findings shall be documented and on file.

Inspection Findings:

Although documentation was provided for the required annual review (dated 10/1/2022), the facilities last review was completed 4/30/2021. The facility was out of compliance for approximately 5 months.

Corrective Actions:

The facility must ensure that menus are being reviewed and signed off as required.

Response Needed By:

3. 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:

Chemicals in the kitchen and laundry area are not secured.

Corrective Actions:

The facility shall secure those chemicals that specify as potentially harmful to the inmate population.

Response Needed By:

4. 2911.6800 CONTROL. Subpart 1. Records.

Records of receipt, the quantity of the drugs, and the disposition of all prescription medications shall be maintained in detail to enable an accurate accounting.

Inspection Findings:

The electronic medical records system for accounting for medications is inaccurate. The inspector and medical staff were unable to identify if a new pack of medication was started or if the old medication packet was used making it difficult to identify proper counts.

Corrective Actions:

Continue to work with the electronic medical records company to resolve this issue.

Response Needed By:

INSPECTION COMMENTS

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.

Policy Manual: The policy manual is in need of updates, specifically, additions required by new statute language added in June of 2021. The policy manual must be reviewed annually and updated as needed. Some policies show a review date as recent as September of 2022, while others date as far back as 2010.

Training: There has been significant improvement in regard to training and training records since the last inspection.

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.

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 consistently staggered, and a review of the video footage showed, at times, officers were not looking into inmate cells while completing their well-being checks. This is a repeat non-compliance issue from 2020.

The facility will remain on a biennial inspection schedule.

JJDPA Compliance

On November 2, 2022, 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 2022 to the date of inspection.

DSO: No violations in the area of 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 reviewed, no violations of the JJDP act were found during the Ramsey County A.C.F. inspection.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature: _____

Jennifer Pfeifer