



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 ADC

Address: 425 Grove Street, St. Paul, MN 55101

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Greg Croucher – Senior Detention Facility Inspector **Inspected on:** 02/20/2019 to 02/22/2019

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

Officials Present During Inspection: Lieutenant Brad Trelstad

Officials Present for Exit Interview: Assistant Superintendent Tim Hausken; Assistant Superintendent Brad Lindberg; Lieutenant Kevin Davy; Lieutenant Nancy Pearl; Lieutenant Brad Trelstad; Superintendent Steve Lydon

Issued Inspection Report to: Assistant Superintendent Tim Hausken; Assistant Superintendent Brad Lindberg; Lieutenant Kevin Davy; Lieutenant Nancy Pearl; Lieutenant Brad Trelstad; Sheriff Bob Fletcher; Superintendent Steve Lydon; County Manager Julie Kleinschmidt; District Supervisor 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	122	3	1	97.62%	Compliance rating of 100%
2911	Essential	100	93	5	2	95.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 12/01/2018 **Ends On:** 11/30/2019 **Facility Type:** Adult Detention Center

Placed on Biennial Status: No **Biennial Status Annual Compliance Form Due On:**

Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Ramsey County Sheriff's Department

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	494	95	469.30	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 3****1. 2911.2600 CLASSIFICATION OF INMATES. Subpart 1. Policy and procedure.**

A facility shall have a written policy and procedure that provides for inmate classification in terms of level of custody required, housing assignment, participation in facility programs, and use of any overrides. The facility's policy and procedure on classification shall include consideration of the following: A. inmate gender; B. juvenile or adult status; C. category of offense; D. severity of current charges, convictions, or both; E. degree of escape risk; F. potential risk of safety to others and self; G. institutional disciplinary history; H. serious offense history; I. special needs assessment, inclusive of vulnerable adults, which includes a determination of how medical needs, mental health needs, developmental disability, or other behavioral or physical limitations or disabilities may impact on the classification of an inmate and appropriate housing of same; and J. special management inmate status.

Inspection Findings:

The classification system is in need of revision and additions. Initial classification is mostly behavior based and doesn't take into account many aspects of the above rule unless the inmate has not been to the facility before.

Minimum and medium-security inmates are classified and housed together but tiered out separately.

Maximum-security inmates are classified as general population.

Some of the issue was the terminology being utilized. A system moving forward inclusive of minimum-security, general population and special-management inmates was discussed with the Classification Sergeant.

Corrective Actions:

New forms for classification were reviewed and revised. The facility now needs to train staff in their use and implement the new forms and separation plan. Revise policy and procedure to reflect these revisions and additions.

Response Needed By: 04/05/2019**2. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 2. Quarterly review of emergency procedures.**

There shall be a review of emergency procedures once every three months. The review shall include: A. assignment of persons to specific tasks in case of emergency situations; B. instructions in the use of alarm systems and signals; C. systems for notification of appropriate persons outside the facility; D. information on the location and use of emergency equipment in the facility; E. specification of evacuation routes and procedures; and F. that the review be documented and require signature or initialing by all staff.

Inspection Findings:

Documentation showed improvement with this standard in regard to custody staff. However, support staff were not included in these reviews. Some applicable staff members have not been trained in emergency procedures.

Corrective Actions:

A condensed emergency procedure training has been developed and is currently being implemented. Support staff shall be added via email to ensure compliance with this standard.

Ensure that all applicable staff members are trained in emergency procedures and that the training and quarterly reviews are documented appropriately.

Response Needed By: 04/05/2019**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:

Improvement has been shown in the area of appropriate well-being checks. More routine audits and reviews are being done to help with this compliance. Additionally, a new training was developed and all custody staff have completed this training. A review of video footage showed many staff members completing these checks at too fast of a pace.

Corrective Actions:

Continue current efforts to audit well-being checks and train custody staff members.

Response Needed By: 04/05/2019

Chapter 2911 - Essential Rules Not In Compliance

Total: 5

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:

Some kitchen staff with minimal or no inmate contact did not meet the minimum number of orientation or refresher training hours. At a minimum they should be trained in fire safety and emergency procedures.

Corrective Actions:

The training Sergeant is adding these staff members through email to ensure that the appropriate number of training hours are met. All kitchen employees are to be included in applicable training elements found on current training management system.

Response Needed By:

2. 2911.1200 CLERICAL AND SUPPORT EMPLOYEES WITH REGULAR OR DAILY INMATE CONTACT: TRAINING. Subpart 2. Regular or daily inmate contact.

A facility shall have a written policy and procedure that provides that all new clerical and support employees who have regular or daily inmate contact receive 40 hours of orientation and training during their first year of employment. These hours are to be completed before being independently assigned to a particular job. The employees are given an additional 16 hours of training each subsequent year of employment. At a minimum, this training covers the following areas: A. security procedures and regulations; B. rights and responsibilities of inmates; C. all applicable emergency procedures; D. interpersonal relations and communication skills; and E. first aid.

Inspection Findings:

Some medical and mental health staff members did not receive the required amount of orientation or refresher training. This was due mostly to a high rate of turnover with medical staff within the last year.

Corrective Actions:

Arrange for these staff members to receive all applicable orientation and refresher training. Facility training staff are in the process of developing a security training for non-custody staff.

Response Needed By:

3. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 4. Education.

A facility shall have a written policy and procedure that provides for inmate access to educational programs, vocational counseling, and when available, vocational training. When possible, a facility shall arrange to have these educational programs delivered in classroom specifically designed and equipped for educational or vocational programming. Class I facilities are exempt from this requirement with the exception of those approved by the commissioner to house inmates serving alternative sentences. Text books necessary to complete a course of study, to the extent that local resources permit, shall be made available to inmates. The facility shall not be responsible for the purchase of text books to complete a course of study.

Inspection Findings:

There is very little opportunity for educational programming, due to the fact that most inmates are out of their cells for only 6 hours a day and a relatively low average length of stay.

Corrective Actions:

It is recommended that the Ramsey County ADC explore options for increased educational programming.

Response Needed By:

4. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 7. Recreation plan.

The facility administrator or designee shall have a plan providing opportunities for physical exercise and recreational activities for all inmates consistent with the facility's classification and design. Class I facilities are exempt from this requirement. The plan shall include policies and procedures necessary to protect the facility's security and the welfare of inmates. Policy and procedure shall provide: A. inmates with access to recreational opportunities and equipment, including seven hours of physical exercise or recreation outside the cell and adjacent dayroom areas per week; B. recreational opportunities a minimum of five days per week; C. indoor space and equipment for active recreational activities in all Class II to Class VI facilities; D. outdoor recreational space and equipment for outdoor recreational programming in all Class VI facilities. The space and equipment shall be provided in a manner consistent with the facility's security classification; E. passive and active recreation needs and equipment for a variety of inmates consistent with the facility's classification and offenders served. As an example, activity needs of geriatric, disabled, or geriatric and disabled offenders shall be addressed; F. inmates in segregation with a minimum of one hour a day, seven days a week, of exercise outside the inmates' cells, unless security or safety considerations dictate otherwise; and G. discretionary access by inmates on segregation status to the same recreational facilities as other inmates unless security or safety considerations dictate otherwise. When inmates on segregation status are excluded from use of regular recreation facilities, the alternative area for exercise used shall be documented.

Inspection Findings:

There is no centralized gym at the facility. There are small recreation areas off of the housing units but most are unable to be used during cold times of the year.

Corrective Actions:

There is no corrective action for this rule as it would require significant renovation and expansion of the current facility.

Response Needed By:

5. 2911.4950 RESPONSE TO RESISTANCE. Subpart 4. Equipment.

The issue, storage, inspection, and use of chemical agents, impact devices, electronic control devices, and other security devices shall be governed by written policy and procedure. All unissued security devices and equipment shall be stored in a secure, readily accessible depository located outside inmate housing and activity areas, and inventoried at least monthly to determine condition and expiration dates of the devices and equipment.

Inspection Findings:

The handcuffs and leg restraints kept in a lockbox in the booking room is in need of an updated inventory and shall be kept secured when not in use.

Corrective Actions:

Ensure that this box stays locked when not in use. Update the inventory contained inside and ensure that an inventory is being documented at least monthly.

Response Needed By:**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 1**

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:

A drawer in the locked medical room contained medical sharps and supplies labeled "instruments." A more specific inventory sheet is needed for these items.

Corrective Actions:

Both the nurse manager and nurse supervisor are aware of this issue and were taking steps to expand this inventory.

Response Needed By:

Chapter 2911 - Essential Rules In Compliance With Concerns

Total: 2

1. 2911.2600 CLASSIFICATION OF INMATES. Subpart 2. Status change.

The inmate classification plan shall specify criteria and procedures for determining and changing the status of an inmate, including custody, transfers, override functions, and major changes in programs. The plan shall include an appeal process for classification decisions. The use of any override shall be documented.

Inspection Findings:

The reclassification is informal and little documentation was found to demonstrate its use.
2019- Reclassification form developed.

Corrective Actions:

**Train staff and implement new reclassification form.
Revise policy and procedure to reflect these changes.**

Response Needed By:

2. 2911.3600 CLOTHING AND BEDDING PROPERTY. Subpart 8. Protective clothing.

A facility shall have written policy, procedure, and practice that provides for the issue of special and, where appropriate, protective clothing and equipment to inmates participating in special work assignments. The clothing is available in quantities that permit exchange as frequently as the work assignment requires.

Inspection Findings:

Some inmates in the "Prime" unit are utilized for bio-hazard clean up. Little documentation was found to show that these inmates had been trained.

Corrective Actions:

Develop and implement a better training tracking system for these inmates. This training shall be documented and added to policy and procedure.

Response Needed By:

INSPECTION COMMENTS

#1 Staffing: During the last on-site inspection a high rate of turnover was found in the medical and food service areas. This caused operational and training compliance issues. Both of these areas have shown marked improvement in regard to stabilizing these staffing issues.

Two Assistant Superintendents have been added in 2019.

Increased mental health staff have been added. It is recommended that both these staff and medical staff receive training in the use of radios and carry them while in the facility.

New staff were also found in the training and programs units.

#2 Staff training. Refresher training has improved since the last on-site inspection. A new training management system had improved the documentation of training requirements. All training staff should be recognized for their efforts over the last 2 years. Now that staffing numbers have stabilized, efforts need to be made in the areas of refresher training and support staff training.

#3 Physical Plant. A phased 4 year painting project continues to be implemented.

A loud, high pitch alarm-type sound was heard in both the medical unit and facility administration. A physical plant staff member believed it was due to a pressure valve on the hot water piping. This issue needs to be addressed. Please submit a written plan that identifies what the issue is and how it will be solved.

Graffiti was still an issue in several areas but it is being addressed through discipline and the painting project.

There continues to be a significant issue with the Integrator panel touch screens found in all the control rooms. They are not operating as designed as they have multiple door alarms going off at all times that need to be cleared individually. It is difficult to determine via the touch screens if a door is truly secured or unsecured. Training new or intermittent staff on this system would be difficult as well. It is a large and expensive process to address the deficiencies of the existing system as the company would need to go around the building and validate each alarm on this system. Research is being done in regard to repairing or replacing this system, however, a permanent fix to this problem is still needed.

A comprehensive plan to overhaul the card access, security electronics and camera system was discussed at length during this inspection. The counter tops and sinks in the dayrooms of the housing units need to be addressed.

Plans to replace the jail management system and make upgrades to the kitchen were also discussed.

The staff stations on the 3rd and 5th floors have space issues. It is recommended that these areas be remodeled with more efficient work stations and use of space.

The area above the booking counter is dusty and dirty. Steps need to be taken to address this area. An in-depth cleaning of the hvac system is recommended.

The wall behind the dishwasher is slated to be addressed. The concrete block has been exposed due to moisture issues.

JJCPA Compliance

Compliance Report for the monitoring Facilities Pursuant to the Juvenile Justice Delinquency Prevention Act of 2002.

There are three core requirements that are looked at during our facility review. Those core requirements are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound Separation.

The Ramsey County ADC has no juvenile hold approval. However, there is an area between the garage sallyport and the booking area that is used to process juveniles and is operated by St. Paul PD. However, jail staff are utilized to complete the bookings and respond to incidents in this area. Since this area is operated by the St. Paul PD, juvenile compliance monitoring for this area falls within the jurisdiction/universe of the Department of Public Safety Office of Justice Programs (OJP). This area was reviewed by the Department of Corrections since we were on-site for the ADC annual inspection. This issue has been discussed with the Juvenile Compliance Monitor from OJP for continued progress in removing this function from within the ADC property.

At this time, every juvenile that is processed or held in this area is both a violation of DSO and Jail Removal. These bookings were slated to be moved to the juvenile detention center but both moves fell through.

As of April 1, 2019 the facility will no longer be allowed to hold or process juveniles due to the reasons listed above.

Report completed By: Greg Croucher – Senior Detention Facility Inspector

Signature:

