



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
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INSPECTION DETAILS FOR:

Volunteers Of America Corrections Center-Woodview

Address: 1771 Kent Street, St. Paul, MN 55113

MN Governing Rule: 2920 Adult Community-Based Residential Correctional Facility

Inspection Type: Biennial **Inspected By:** Jen Pfeifer – Detention Facility Inspector

Inspected on: 10/02/2019 to 10/28/2019

Inspection Method: Interviews with staff and related documentation reviews.

Officials Present During Inspection: Program Manager Ashley Seykora

Officials Present for Exit Interview: Program Manager Ashley Seykora

Issued Inspection Report to: Program Manager Ashley Seykora

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance	Total Compliance With Concerns	Compliance Rating	Substantial Compliance Result/Criteria
2920	Mandatory	24	22	1	1	95.83%	Compliance rating of 100%
2920	Essential	80	79	1	0	98.75%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 11/01/2019 **Ends On:** 10/31/2021 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 10/31/2020

Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Volunteers of America

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
Adult Community-Based Residential Correctional Facility	Coed	74	100	74.00	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2920 - Mandatory Rules Not In Compliance**Total: 1**

1. 2920.6300 COMPLIANCE WITH LAWS.

It is mandatory that the facility comply with zoning codes, building codes, housing codes, and health and fire codes. It is the responsibility of the program administrator to request necessary inspections. Health and fire inspections must be done as required by the health and fire department. Written documentation that all building and zoning codes are met must be on file at the facility.

Inspection Findings:

A fire inspection has not been completed.

Corrective Actions:

Complete fire inspection and submit documentation to the Department of Corrections.

Response Needed By: 11/30/2019**Chapter 2920 - Essential Rules Not In Compliance****Total: 1**

1. 2920.6400 FIRE SAFETY; POLICY AND PROCEDURES.

Written policy and procedures must specify the facility's fire prevention regulations and practices. New staff must be trained on these procedures during facility orientation. These procedures must include: A. provision for an adequate fire protection service; B. a system of fire inspection and testing of equipment determined by the local fire official; C. smoke detectors; D. annual fire drills and extinguishers; and E. procedures requiring one staff member to be knowledgeable about potential fire hazards and to make monthly inspections that must be documented.

Inspection Findings:

Per facility policy, maintenance is supposed to be doing monthly inspections, but no documentation of training on any of the items listed in the rule were provided.

Corrective Actions:

It is recommended that training be provided for maintenance staff in the areas listed in this rule to ensure proper inspections. It is also recommended that scenario based fire drills be used where fires are designated in various areas in the building. This will help ensure that drills do not become monotonous.

Response Needed By: 11/30/2019**Chapter 2920 - Mandatory Rules In Compliance With Concerns****Total: 1**

1. 2920.3800 TRAINING PROGRAM. Subpart 2. In-service training program.

It is mandatory that the facility have a yearly training plan. The facility shall provide a minimum of 16 hours per year of training to help staff meet the individual and group needs of residents. The training must be relevant to the staff member's duties. The training must be documented.

Inspection Findings:

A majority of the training is completed on-line.

Corrective Actions:

It was discussed at the time of the inspection options for training so the facility has a good mix of on-line and classroom. The FTO documentation was also discussed and added topics directly related to staff job duties will be added.

Response Needed By:

INSPECTION COMMENTS

Since the time of the last inspection, Ashley Seykora has taken over as Program Manager. The facility has undergone many changes in the last two years.

Ashley was well organized and prepared for the inspection.

Most areas have been updated. The facility is currently in the process of replacing all flooring on both levels.

The facility continues to offer good programming for the residents.

Since the last inspection a sprinkler system and cameras have been added.

Although this was Ashley's first inspection, I am confident she will continue to run this facility with a high degree of compliance. The facility will remain on biennial inspections.

JJDP A Compliance

N/A

Report completed By: Jen Pfeifer – Detention Facility Inspector

Signature: 