



# 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:

### Clearwater County Jail

**Address:** 213 N Main Avenue, SUITE 101, Bagley, MN 56621

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

**Inspection Type:** Annual **Inspected By:** Troy Okerlund – Detention Facility Inspector **Inspected on:** 08/22/2022 to 08/29/2022

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

**Officials Present During Inspection:** Jail Administrator Candace Coulter

**Officials Present for Exit Interview:** Jail Administrator Candace Coulter

**Issued Inspection Report to:** Jail Administrator Candace Coulter; Sheriff Darin Halverson; Regional Manager Jacob McLellan; County Auditor Treasurer Allen Paulson

## 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	119	94	17	8	85.71%	Compliance rating of 100%
2911	Essential	93	65	20	8	78.49%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 09/01/2022 **Ends On:** 08/31/2023 **Facility Type:** Jail  
**Placed on Biennial Status:** No **Biennial Status Annual Compliance Form Due On:**  
**Delinquent Juvenile Hold Approval:** 24 hrs exclusive of weekends and holidays **Certificate Holder:** Clearwater 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	38	85	32.30	None.	None.

## RULE COMPLIANCE DETAILS

### Chapter 2911 - Mandatory Rules Not In Compliance

**Total: 17**

- 2911.0900 STAFFING REQUIREMENTS. Subpart 1. Staffing plan and staffing analysis.

The facility administrator shall prepare and retain a staffing plan. The staffing plan shall identify: A. jail personnel assignments for: (1) facility administration and supervisors; (2) facility programs including exercise and recreation; (3) inmate admission, booking, supervision, and custody; (4) support services including medical, food services, maintenance, and clerical; and (5) other jail-relevant functions such as escort and transportation of inmates; B. the days of the week that the assignments are filled; C. the hours of the day that the assignments are covered; and D. any deviations from the plan with respect to weekends, holidays, or other atypical situations must be considered. The facility administrator or designee shall review the facility's staffing plan at least once each year. The review shall be documented in written form sufficient to indicate that staffing plans have been reviewed and revised as appropriate to the facility's needs or referred to the facility' governing body for funding consideration. A facility with a design capacity of more than 60 beds must have a staffing analysis and staffing plan approved by the commissioner of corrections. This staffing analysis shall include all posts, functions, net annual work hours appropriate to each post, and total number of employees to fill the identified posts and functions.

**Inspection Findings:**

The facility staffing levels have fluctuated with employee turnover. Additionally, the staffing plan and staffing analysis needs to include support services such as medical, food service, maintenance, and clerical. A documented review within the last 12 months of the facility staffing plan and analysis could not be located.

**Corrective Actions:**

**The facility staffing plan must be updated as needed and reviewed at a minimum of once a year. The review must be documented in written form sufficient to indicate that staffing plans have been reviewed and revised as appropriate.**

**Response Needed By: 01/16/2023**

**2. 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:**

The facility's policy procedure manual was outdated with references to the previous jail administrator, medical provider, and policies were not changed to reflect the new statutory requirements from 2021 with MN statute 241.021 & 243.52. There was no written documentation sufficient to indicate policies and procedures had been reviewed and amended as needed. Statutory changes we're discussed with the previous jail administrator along with facility inspector providing written information and templates to work off of.

**Corrective Actions:**

**The facility has a written procedure for suicide prevention and intervention however it doesn't appear that staff are provided training on this. Although the facility has a written procedure for suicide prevention and intervention this rule requires that it be a chapter. To be compliant it is recommended that the facility develop a chapter on suicide prevention and intervention and ensure that staff are trained on the topic. The facility must perform an extensive update to the facility policy and procedure to be compliant with 2911 and consistent with new and old state statutes (such as use of force, duty to report, required death reviews, reporting required within 24 hours for in custody deaths). Additionally, it is recommended (not required) that the facility review and modify terms like "retardation" or statements such as "Your behavior and attitude while you are in our custody will determine how you are treated by other prisoners and the Correctional Staff".**

**Response Needed By: 01/16/2023**

**3. 2911.2525 ADMISSIONS. Subpart 3. Orientation to rules and services.**

A facility shall develop a written policy and procedure that provides: A. a method for all newly admitted inmates to receive orientation information in a manner the inmates can understand; and B. documentation by a statement that is signed and dated by the inmate that the inmate completed orientation.

**Inspection Findings:**

Facility policy states that inmates will sign and date they've received a copy of the handbook.

**Corrective Actions:**

**The facility must obtain documentation that is signed and dated by the inmate that they have completed orientation. It was recommended to the jail administrator that the facility should improve upon how to provide orientation to the inmates who is primary language is not English, inmates with learning disabilities, or other disabilities that impede sight, hearing, or speech.**

**Response Needed By: 01/16/2023**

4. 2911.2525 ADMISSIONS. Subpart 4. Inmate personal property.

A facility shall have a written policy and procedure that: A. provides for the itemized inventory and secure storage of all personal property of a newly admitted inmate, including money and other valuables; B. specifies any personal property an inmate may retain in the inmate's possession; and C. provides that the inmate shall sign a receipt for all property held until release.

**Inspection Findings:**

Policy states: If an inmate has excess personal clothing, then it shall be either picked up by a family member or mailed at the inmate's expense to a family member. A reasonable amount of excess clothing will be kept in the inmate's locker in the property room. If it is kept in the locker, then the items will be inventoried on the admissions property inventory form.

**Corrective Actions:**

**It appears that facility policy would contrast with the requirements of the rule**

**A. provides for the itemized inventory and secure storage of all personal property of a newly admitted inmate, including money and other valuables;**

**C. provides that the inmate shall sign a receipt for all property held until release.**

**The facility must update policy to be consistent with the rule.**

**Response Needed By: 01/16/2023**

5. 2911.2550 RELEASES. Subpart 1. Release procedures.

A facility shall have written procedures for releasing inmates that include, at a minimum, the following: A. verification of identity; B. verification of authority to release; C. return of stored property with a receipt for the inmate to sign, unless the property is held for authorized investigation or litigation; and D. arrangements for completion of any pending action, such as grievances, or claims for damaged or lost possessions.

**Inspection Findings:**

The facility does not have written procedures for the verification of identity of inmates upon release, verification of the authority to release, or arrangements for the completion of any pending action such as grievances.

**Corrective Actions:**

**The facility must update written release procedures and or policies to include the minimum requirements within the rule.**

**Response Needed By: 01/16/2023**

6. 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:**

Facility policy states: All inmates incarcerated longer than 6 hours shall be booked into the facility and housed in the general population following classification.

**Corrective Actions:**

**Facility policy does not appear to be consistent with the rule on classification of inmates. Inmates should be classified on the criteria set out within the rule A through J and inmates should be housed according to the classification unless the facility performs a status change as outlined in subdivision 2.**

**Response Needed By: 09/27/2022****7. 2911.3200 INMATE VISITATION**

The facility administrator or designee shall develop and implement an inmate visiting policy. The policy shall be in writing and include: A. attorney/client interviews allowed in a manner consistent with Minnesota Statutes, section 481.10; B. a schedule of visiting hours that includes the days and times for visits that includes visits during the normal business day, and evenings or weekends; C. establishment of a uniform number of permissible visits and the number of visitors permitted per visit; D. that an adult inmate be permitted an initial visit with a member or members of the inmate's immediate family at the next regularly scheduled visiting period; E. that all facilities schedule a minimum of eight visiting hours per week: (1) a minimum of three separate and distinct visiting days per week; and (2) 20 minutes' duration minimum for each visit unless the number of persons attempting to visit exceeds the facility's ability to meet this requirement, or the inmate's behavior dictates a need to terminate a visit earlier; F. allowed visits for identified members of an inmate's immediate family; G. when a visit to an inmate is denied for reasonable grounds on the belief that the visit might endanger the security of the facility, the action and reasons for denial shall be documented; H. that visitors register, giving names, addresses, and relationship to inmate; I that any area used for inmate visiting may be subject to audio monitoring, recording, or both. The facility shall use signs and the inmate handbook to inform the inmate about audio monitoring and recording. Professional visits not be audio recorded, unless a court order has been issued; J. that policies for parents, guardians, and attorneys visiting juveniles are unrestrictive as administratively possible and the initial visit of a juvenile by parents, guardians, and attorneys be permitted at any time; K. picture identification of visitors be required for identification purposes; L. that juvenile children be allowed to visit parents, regardless of age, as deemed appropriate by the parent or guardian accompanying the child and when a dispute over children visiting occurs between the inmate and the parent or legal guardian, the inmate be referred to the court for resolution; and M. facility policy and procedures setting forth criteria for authorized friend visiting.

**Inspection Findings:**

After reviewing the inmate handbook, it didn't clearly state that inmates may be subject to audio monitoring recording or both as required by the rule. The rule requires that the policy shall include A through M in Rule 2911.3200. The facility was missing other portions of the rule within policy. Policy states that visiting is limited to 15 to 20 minutes.

**Corrective Actions:**

**The facility must update the handbook to add the required language within the rule that any area used for inmate visiting may be subject to audio monitoring, recording, or both. The facility should also assure that signs are posted notifying inmates in the visiting areas that they may be subject to audio monitoring, recording, or both. The facility must ensure that all of the required language from 2911.3200 A through M is included within the policy (D,F,I,J not found). Visiting must be 20 minutes' duration minimum for each visit unless the number of persons attempting to visit exceeds the facility's ability to meet this requirement, or the inmate's behavior dictates a need to terminate a visit earlier.**

**Response Needed By: 01/16/2023****8. 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:**

Facility inspector could not find within policy where staff are required to personally observe inmates during a well-being check.

The inspector observed video of facility staff conduct well-being checks on August 21, at 2300 hours in B block. While observing six different rounds it was found that one of the checks, was 20 minutes late. It appeared staff became preoccupied and skipped checking on inmate(s). Additionally, it was found that four of the rounds were found to be completed at a pace that was too fast to be regarded as a complaint check. Signs of life such as movement, rise and fall of chest and other signs of life would be difficult to determine at such a quick pace.

The department inspector also reviewed facility video for August 17, at 2000 hours in B block. Of the six rounds observed two of them were late. Times of 2019 to 2109 to 2140 were reported. It also appeared that staff failed to check on inmate(s) who were in their cell during several of the rounds. Some of the other rounds observed were found to be completed at a pace that was too fast to be regarded as a complaint check. Signs of life such as movement, rise and fall of chest and other signs of life would be difficult to determine at such a quick pace.

The facility was not using a well-being audit process to verify compliance or quality of well-being checks at the time of inspection.

**Corrective Actions:**

**Policy should be updated to reflect that staff must personally observe inmates as it required within the rule. It was stated that staff may have completed checks by potentially having viewed the inmates in their cell from outside of the pod in the hallway as staff walk by. It is difficult to determine the inmate's demeanor and verify signs of life at such a distance nor is it good practice. It is recommended that facility staff always enter the pod and walk to the furthest most point. This will give staff the opportunity to speak with inmates (who sometimes voice concerns for themselves or other inmates) and verify that all inmates are accounted for. Inmates who were not in the dayroom area must be checked on by personal observation, this should be done by standing outside their cell door and looking in to verify signs of life or distress. All staff must be trained in the importance of well-being checks. It is strongly encouraged that the facility produce a training video showing all staff a standardized and consistent checks during daytime and nighttime hours. The video should highlight compliant and non-compliant well-being checks. Correctional facilities have reported that it is beneficial to have staff watch video of their own non-compliant well-being checks. The facility shall create a system of auditing well-being checks for both line staff and supervisory staff who conduct checks. Checks shall be staggered and at a pace sufficient to observe the well-being of the inmate. The facility must complete a minimum of two audits on each staff member (who are charged with performing checks) every month. Documentation shall include well-being check logs, the results of the audit, and any follow up with staff who are not in compliance with the standard.**

**Response Needed By: 09/27/2022**

9. 2911.5300 SEARCHES, SHAKEDOWNS, AND CONTRABAND CONTROL. Subpart 4. Daily inspections.

A facility shall be inspected at least daily for contraband, evidence of breaches in security, and inoperable security equipment, and shall document the inspection.

**Inspection Findings:**

The facility did not have documentation to show daily inspections were occurring. During the inspection facility inspector found security doors left open, access to phones and computers in the booking room, and potential breaches in the facility security (garage, and large hole in cell).

**Corrective Actions:**

**A facility shall be inspected at least daily for contraband, evidence of breaches in security, and inoperable security equipment, and shall document the inspection.**

**Response Needed By: 01/16/2023**

10. 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:**

During the walk-through, facility inspector found flammable, toxic, and caustic materials within the jail some in bulk quantities, some accessible to the inmates. Some spray bottles were not labeled. It was found that medical equipment was not inventoried/accounted for such as used and new sharps kept on the Med cart that reportedly travels throughout the facility. Culinary tools were stored in the control room when not in use however all the inventory sheets were blank, no documentation to show the tools are accounted for. Policy and procedures does not adequately address these issues.

**Corrective Actions:**

**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.**

**OSHA requires secondary container labels when operations in a work-place setting includes the transferring of smaller amounts from the original container to a secondary container such as a bottle. The facility must attach appropriate labels identifying the product consistent with Hazard Communication Standard, 29 CFR 1910.1200 (Employers are to provide information to their employees about the hazardous chemicals to which they are exposed, by means of a hazard communication program, labels and other forms of warning, safety data sheets, and information and training.)**

**Response Needed By: 01/16/2023**

11. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 3. Health care policy review.

Facility policy shall ensure that each policy, procedure, and program in the health care delivery system is reviewed and documented at least annually under the direction of the health authority and revised as necessary.

**Inspection Findings:**

A few months ago the jail switched to a new medical provider. On the day of inspection, the jail administrator received the health care policies and procedures.

**Corrective Actions:**

**The new health care policy and procedures should be reviewed immediately by facility staff. Facility policy should be updated to remove references to the old medical care provider policies and procedures and implement any new procedures or policies that the new health authority requires.**

**Response Needed By: 01/16/2023**

12. 2911.6500 STORAGE. Subpart 2. Refrigeration.

Medication requiring refrigeration shall be refrigerated and secured and the temperature checked daily. There must be separate refrigeration for medications only.

**Inspection Findings:**

According to the medical refrigerator temperature log it had been approximately 20 days since the last refrigerator temperature check. The refrigerator did contain refrigerated medication. The log had sporadic refrigerator temperature checks.

**Corrective Actions:**

**Medication requiring refrigeration shall be refrigerated and secured and the temperature checked daily.**

**Response Needed By: 01/16/2023**

13. 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:**

Medical sharps both used and new are kept on the medical cart within the secure perimeter and are not accounted for. It was reported that the medical cart goes into the inmate housing areas.

**Corrective Actions:**

**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.**

**Response Needed By: 01/16/2023**

14. 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 quantity of the drugs, and the disposition of prescription medications is not maintained to enable an accurate account. Staff compared several prescription medication distribution accounting sheets against the amount of prescription meds in possession and the numbers did not correlate.

**Corrective Actions:**

**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.**

**Response Needed By: 01/16/2023**

## 15. 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:**

The facility had many deficiencies that had not been addressed. Almost all plumbing fixtures observed had significant limescale or calcium buildup to indicate that they had been or were leaking. Plumbing fixtures actively leaking were observed. Inspector did not find documentation of deficiencies from the weekly sanitation inspection to address all of the ongoing sanitation issues.

**Corrective Actions:**

**The facility shall be kept in good repair to protect the health, comfort, safety, and well-being of inmates and staff. Staff must document weekly sanitation inspections and document deficiencies from the weekly sanitation inspection.**

**Response Needed By: 01/16/2023**

## 16. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 2. Maintenance plan.

A written housekeeping plan for all areas of the physical plant shall provide for daily housekeeping and regular maintenance by assigning specific duties and responsibilities. Facility floors are kept clean, dry, and free of hazardous substances. A written policy and procedure shall establish the following requirements: A. weekly sanitation inspections of all institution areas by a designated staff member; and B. there is documentation that deficiencies, if any, have been corrected.

**Inspection Findings:**

While conducting the walkthrough facility inspector observed facility equipment that appeared to have not been maintained. The recessed washer and dryer hookups appeared to have been leaking for many years. The metal recessed box had rusted out and it appears water maybe entering the block wall. Many plumbing fixtures had been leaking and it appeared to have only stopped due to excessive limescale buildup. Limescale buildup was present in most of the cells and the appearance of mold or mildew covered most of the shower walls. Floors did not appear to be clean and in the areas of the leaks floors were not dry. Documentation of all of these deficiencies could not be located.

**Corrective Actions:**

**The extensive maintenance required within the facility could not be entirely encompassed in this report. Supervisory staff must provide a complete and detailed documentation of deficiencies that need to be corrected. Staff will then need to prioritize repairs and maintenance needed and provide a detailed plan to the Department of Corrections as to when the complete list of identified deficiencies will be corrected.**

**Response Needed By: 09/27/2022**

## 17. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 4. Plan.

A facility shall establish a plan for the daily inspection of housekeeping, sanitation, and plant maintenance.

**Inspection Findings:**

The facility has not established a plan for the daily inspection of housekeeping, sanitation, and plant maintenance.

**Corrective Actions:**

**The facility shall establish a plan for the daily inspection of housekeeping, sanitation, and plant maintenance.**

**Response Needed By: 01/16/2023**

**Chapter 2911 - Essential Rules Not In Compliance****Total: 20**

## 1. 2911.0400 VARIANCES. Subpart 8. Overcrowded facility plan.

Whenever an overcrowded facility condition occurs and the conditions in subpart 7 exist, a facility shall have a written plan that requires the use of available contract per diem bed space in DOC-approved facilities within a 125-mile radius. The plan shall require the following. A. The facility administrator may exceed approved capacity established under parts 2911.0330 to 2911.0370 only when no space is available for contract per diem usage within 125 miles; and C. Documentation shall set forth persons contacted, identification of the facility they represent, the date and time of contact, and a statement that the person advised that contract per diem space was not available.

**Inspection Findings:**

The facilities overcrowding plan is missing some of the requirements that are laid out within the rule A through C.

**Corrective Actions:**

**The facility will have to update policy to include the requirement of subdivision 8 letter A and and note that the unavailability of space shall be documented at least once each day.**

**Response Needed By: 01/16/2023**

## 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:**

The support employees for the jail include the nurse and the kitchen staff have not receive the required training for support employees with inmate contact.

**Corrective Actions:**

**Nurse and the kitchen staff must receive the required 16 hours of training as it pertains to the safety and security of the jail. The training should focus on knowing the security procedures and regulations and all emergency procedures for the jail.**

**Response Needed By: 01/16/2023**

## 3. 2911.1400 ADMINISTRATIVE AND MANAGERIAL STAFF TRAINING.

A facility shall have a written policy and procedure that provides that the facility's administrative and managerial staff receive at least 16 hours of orientation. Orientation training shall include, at a minimum, general management and related subjects, data practices, decision-making processes, labor law, employee-management relations, the interaction of elements of the criminal justice system, and relationships with other service agencies. After orientation, a facility's administrative and managerial staff shall receive at least 16 hours of training annually.

**Inspection Findings:**

The facility does not have a written policy that administrative and managerial staff receive data practices training.

**Corrective Actions:**

**Data practices training must be added to the policy and training must be completed by the required staff. Training records must be in sufficient detail to allow inspector assessment of compliance.**

**Response Needed By: 01/16/2023**

## 4. 2911.1800 JOB DESCRIPTIONS.

A facility administrator or designee shall have a written job description for all position classifications and post assignments that define responsibilities, duties, and qualifications.

**Inspection Findings:**

During the inspection facility job descriptions could not be located.

**Corrective Actions:**

**It was stated that facility job descriptions are most likely on file with the facility's human resources. All job descriptions need to be clearly defined and documented.**

**Response Needed By: 01/16/2023**

5. 2911.2800 ADMINISTRATIVE SEGREGATION. Subpart 6. Protective custody.

Written policy and procedure shall provide that an inmate is separated from the general population for purposes of protective custody only when there is documentation that protective custody is warranted and segregation is the least restrictive alternative available.

**Inspection Findings:**

In regard to protective custody written policy and procedure states it must be the least restrictive alternative available.

**Corrective Actions:**

**Written policy and procedure shall provide that an inmate is separated from the general population for purposes of protective custody only when there is documentation that protective custody is warranted.**

**Response Needed By: 01/16/2023**

6. 2911.2850 INMATE DISCIPLINE PLAN. Subpart 3. Due process.

Disciplinary segregation shall be used only in accordance with due process to include at a minimum: A. published rules of conduct and penalties for violation of rules; B. written notice of alleged violation of a rule; C. the right to be heard by an impartial hearing officer and to present evidence in defense: (1) the inmate may waive the hearing in writing; and (2) a written record is made of the disciplinary hearing and sanctions or other actions taken as a result of the hearing; D. the right to appeal; E. the status of an inmate placed on disciplinary segregation for more than 30 continuous days subsequent to a disciplinary hearing shall be reviewed, approved, and documented by the facility administrator or designee at least once every 30 days, and the facility shall develop written policy, procedure, and practice that provides that inmates in disciplinary segregation receive visits from the facility administrator or designee at least once every seven days as a part of the disciplinary segregation review process; F. an inmate placed in segregation for an alleged rule violation shall have a disciplinary hearing within 72 hours of segregation, exclusive of holidays and weekends, unless documented cause can be shown for delays. Examples of causes for delay are inmate requests for delay, or logistical impossibility, as in the case of mass disturbances; and G. the facility administrator or designee can order immediate segregation when it is necessary to protect the inmate or others. This action is reviewed and documented within three working days.

**Inspection Findings:**

The facilities due process does not meet all of the minimum requirements A through G within the rule.

**Corrective Actions:**

**The facility must modify the due process procedure to make it compliant with the minimum requirements A through G posted in the rule.**

**Response Needed By: 01/16/2023**

7. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 1. Written plan.

A facility administrator or designee shall have and implement a written plan for the constructive scheduling of inmate time. The plan shall: A. identify programs offered in the facility and when the programs are offered; B. identify persons conducting the program and whether or not the persons are facility staff, external community resources under contract, or volunteers; C. be consistent with established legal rights of inmates, type and status of inmates detained in the facility, and rule requirements associated with the facility's classification; D. provide inmates with the option to refuse to participate in facility programs, except work assignments and programs required by statute or court order; E. when males and females are housed in the same facility, provide comparable opportunities for participation in programs and services; and F. require documentation of programs offered and inmates participating in programs.

**Inspection Findings:**

While reviewing inmate activities and programs it was noted by inspector that the facility does not indicate when the programs are offered, identify the person conducting the program and whether they are staff, community resources under contract, or volunteers. The facility did not have documentation of programs offered and inmates who participated in programs.

**Corrective Actions:**

**Per the rule subpart 1 the facility will need to identify when programs are offered and identify the person conducting the program and their status (facility staff, external community resources under contract, or volunteers). The facility we'll need to document programs offered to the inmates and those inmates participating in the programs.**

**Response Needed By: 01/16/2023**

8. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 2.A. Arrangements for religious services and counseling.

A facility shall have either a chaplain with the minimum qualifications of clinical pastoral education or equivalent specialized training and endorsement by the appropriate religious certifying body or a community clergy consultant meeting the qualifications to assist the facility administrator in arranging for religious services and counseling as requested. No inmate shall be required to attend religious services. Religious services shall be held in a location that the inmates who do not wish to participate are not exposed to the service. Attendance or lack of attendance at religious services shall not be considered a criterion for rights or privileges within the facility. The facility administrator or designee in cooperation with the chaplain or community religious resource, plans, directs, and advises on aspects of the religious program, including approval and training of both lay and clergy volunteers from faiths represented by the inmate population. When a religious leader of an inmate's faith is not represented through chaplaincy staff, community religious resources, or volunteers, the chaplains or community religious resource shall assist the inmate in contacting such a person. That person shall have the appropriate credentials from that faith judicatory and may minister to the inmate with the approval of the chaplain or community religious resource. An inmate requesting private interviews or counseling in a setting not capable of being audio monitored with chaplaincy staff, community religious resources, or volunteers, or persons with the approval of the chaplain or community religious resource shall be given the opportunity within the policies as are reasonable and necessary to protect the facility's security. Bibles or sacred books of another religion may be made available to inmates by the facility, through local library or other community resources and limited to the inmate's period of confinement.

**Inspection Findings:**

The facility did not have a religious figure identified who works with the jail and meets the requirements of subpart 2A.

**Corrective Actions:**

**A facility shall have either a chaplain with the minimum qualifications of clinical pastoral education or equivalent specialized training and endorsement by the appropriate religious certifying body or a community clergy consultant meeting the qualifications to assist the facility administrator in arranging for religious services and counseling as requested. This person will also help the jail when a religious leader of an inmate's faith is not represented through chaplaincy staff, community religious resources, or volunteers, the chaplains or community religious resource shall assist the inmate in contacting a person with appropriate credentials from that faith judicatory.**

**Response Needed By: 01/16/2023**

9. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 3. Library service.

The facility administrator or designee shall develop a library service including access to current leisure reading material such as books, magazines, and newspapers. Legal books and references requested by inmates shall be made available to the extent resources permit. The facility shall not be responsible for the purchase of legal books and references used by inmates. The facility shall have a designated staff person who coordinates and supervises library services.

**Inspection Findings:**

The facility uses a cart with books to provide books/library services to the inmates. The facility does not have a designated staff person who coordinates and supervises library services.

**Corrective Actions:**

**The facility must designate a staff person who coordinates and supervises library services. The facility must ensure that inmates have access to current leisure reading materials such as books, magazines and newspapers.**

**Response Needed By: 01/16/2023**

10. 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:**

The facility did not have a written policy and procedure that provided inmates access to educational programs and vocational counseling.

**Corrective Actions:**

**The 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 a classroom specifically designed and equipped for educational or vocational programming. 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.**

**Response Needed By: 01/16/2023**

11. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 5. Substance abuse programs.

A facility shall have a written plan for providing services for inmate chemical dependency issues.

**Inspection Findings:**

When speaking with facility staff it was determined that the facility did not have a written plan for providing services for inmate chemical dependency issues.

**Corrective Actions:**

**The facility must have a written plan for providing services for inmate chemical dependency issues.**

**Response Needed By: 01/16/2023**

12. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 6. Work assignments for adults.

Class II to Class VI facilities shall have a written inmate work assignment plan that provides for inmate work, subject to the number of work opportunities available and the maintenance of facility security. Work assignments must provide: A. that adults not under sentence may volunteer to work but shall not be compelled to participate in work beyond maintaining the immediate living area; B. eligibility criteria for work activities; C. that sentenced inmates shall not be compelled to work more than ten hours per day; D. that work shall not be required of an inmate that cannot be done by the inmate due to physical limitations; E. work opportunities for disabled inmates; and F. inmate working conditions that comply with all applicable federal, state, or local work safety laws, rules, and regulations.

**Inspection Findings:**

The facility currently does not have a written inmate work assignment plan that provides for inmate work. However, it does address some of the criteria required in the plan within policy. The facility is missing required language from subpart 6 (C,D,E).

**Corrective Actions:**

**The facility must have a comprehensive written inmate work assignment. The work assignments must provide; that sentenced inmates shall not be compelled to work more than 10 hours per day. That work shall not be required of an inmate that cannot be done by the inmate due to physical limitations, and that the plan provides work opportunities for disabled inmates.**

**Response Needed By: 01/16/2023**

13. 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:**

The facility does not have a recreation plan providing opportunities for physical exercise and recreational activities for all inmates. Policy and procedure did not address the required language from subpart 7 A through G.

**Corrective Actions:**

**The facility must have a plan for providing opportunities for physical exercise and recreational activities for all inmates. Policy and procedure must 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;**
- 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.**

**Response Needed By: 01/16/2023**

**14. 2911.3500 VOLUNTEERS.**

When volunteers are used in facility programs, a written policy and procedure shall provide that a staff member is responsible for coordinating the volunteer service program. The policy includes the following elements: A. lines of authority, responsibility, and accountability for the volunteer services; B. a procedure for the screening and selection of volunteers; C. an orientation training program appropriate to the nature of the assignment; D. a requirement that volunteers agree in writing to abide by all facility rules and policies, with emphasis on security and confidentiality of information; and E. a statement that the administrator may discontinue a volunteer activity at any time by written notice.

**Inspection Findings:**

Written policy and procedure did not note a procedure for the screening and selection of volunteers.

**Corrective Actions:**

**Update policy to address the facility's criteria around the selection process and screening of volunteers. Ensure that all current volunteers are screened if they have not been already and that there is documentation on file to show that volunteers were screened.**

**Response Needed By: 01/16/2023**

**15. 2911.3600 CLOTHING AND BEDDING PROPERTY. Subpart 6. Excess personal clothing and abandoned property.**

An inmate's excess personal clothing, abandoned property, or both shall be picked up by the inmate, or released to a designated family member or friend from whom a signed property release has been secured. Property shall be stored in containers designed for this purpose and properly identified, inventoried, and secured. A documented disposition on all abandoned property shall be maintained.

**Inspection Findings:**

Within policy it states that at inmates' expense excess clothing will be mailed to a family member. Additionally, policy states if items are kept in a locker, then items will be inventoried. The facility did not have any documentation on the disposition of abandoned property.

**Corrective Actions:**

**All items brought into the facility by the inmate must be inventoried. A signed property release that releases said items is required before items are released. A documented disposition on all abandoned property shall be maintained.**

**Response Needed By: 01/16/2023**

**16. 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:**

Since the last inspection the facility has not met the requirement to report special incidents to the DOC within 10 days approximately 3 to 4 times. Facility inspector have addressed this issue in the past year. Prior to the new jail administrator taking over there were only three reported special incidents in the past 7 years. In the last 6 months the new JA has reported 12 special incidents.

**Corrective Actions:**

**The new administrator is doing a better job of identifying and notifying the DOC of special incidents however they need to ensure that the reports encompass all of the required information (the names of persons involved, staff and inmates, nature of the unusual occurrence, actions taken, and the date and time of the occurrence) and that the DOC is notified within 10 days. It is recommended that the facility update the policy to include all of the required reportable criteria within policy. Additionally, it should be noted that suicide, homicide, and death from natural causes are now required to be reported to the DOC within 24 hours and not 10 days.**

**Response Needed By: 01/16/2023**

**17. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 7. Mass arrest.**

A facility shall have a written plan that governs space arrangements and procedures to be followed in the event of a mass arrest that exceeds the approved capacity of the facility established under parts 2911.0330 to 2911.0370.

**Inspection Findings:**

The facility stated they currently don't have a written plan that governs space arrangements and procedures to be followed for mass arrests that exceed the facilities capabilities.

**Corrective Actions:**

**The facility shall have a written plan that governs space arrangements and procedures to be followed in the event of a mass arrest that exceeds the approved capacity of the facility established under parts 2911.0330 to 2911.0370.**

**Response Needed By: 01/16/2023**

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18. 2911.4950 RESPONSE TO RESISTANCE. Subpart 7. Record.

The facility shall maintain a written record of emergency distribution of security devices and equipment.

**Inspection Findings:**

During the inspection the facility stated they do not have a written record of emergency distribution of security devices and equipment.

**Corrective Actions:**

**The facility shall maintain a written record of emergency distribution of security devices and equipment.**

**Response Needed By: 01/16/2023**

19. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 1. Post orders and accountability.

There shall be written orders for every security post that are reviewed annually and updated if necessary. A written policy and procedure shall require that personnel read, sign, and date applicable post orders at least annually, or as needed for new posts or revisions. Medium and large facilities with multiple posts may need to conduct these reviews more often.

**Inspection Findings:**

Post orders did not appear to be reviewed annually. No documentation to show the personnel read, signed, and dated the applicable post orders at least annually.

**Corrective Actions:**

**There shall be written orders for every security post that are reviewed annually and updated if necessary. A written policy and procedure shall require that personnel read, sign, and date applicable post orders at least annually, or as needed for new posts or revisions.**

**Response Needed By: 01/16/2023**

20. 2911.7400 POLICIES AND PROCEDURES TO DETECT DETERIORATION OF BUILDING AND EQUIPMENT.

The facility administrator or designee shall have policies and procedures designed to detect building and equipment deterioration, safety hazards, and unsanitary conditions. Policies and procedures shall include requirements that facility staff report unsanitary and unsafe conditions as well as physical plant and equipment repairs and replacement needs; and documentation that appropriate work orders or requests for budget resources to effect needed repair, replacement, or corrections have been made.

**Inspection Findings:**

Facility staff are not identifying and reporting deterioration, safety hazards, and unsanitary conditions adequately.

**Corrective Actions:**

**The facility administrator or designee shall have policies and procedures designed to detect building and equipment deterioration, safety hazards, and unsanitary conditions. Policies and procedures shall include requirements that facility staff report unsanitary and unsafe conditions as well as physical plant and equipment repairs and replacement needs; and documentation that appropriate work orders or requests for budget resources to effect needed repair, replacement, or corrections have been made.**

**Response Needed By: 01/16/2023**

**Chapter 2911 - Mandatory Rules In Compliance With Concerns**

**Total: 8**

1. 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:**

Facility policy still indicates that upon an inmate death the facility has 10 days to notify the Department of Corrections. The facility policy does not address a death involving vulnerable adult.

**Corrective Actions:**

**Facility policy must be updated to include the procedures to be taken when a death involves a vulnerable adult. Facility policies should be updated to reflect those deaths that occur within the facility must be reported to the DOC within 24 hours. It is recommended that policy be updated to include provisions from Minnesota State statute 241.021 subdivision 8 "Death review teams."**

**Response Needed By:**

2. 2911.5550 LOCKS AND KEYS. Subpart 2. Lock policy.

A facility shall have a written policy and procedure that requires that all security perimeter entrances, control center doors, and housing unit doors are kept locked, except when used for admission or exit of employees, inmates, or visitors, and in an emergency. A facility equipped with a sally port shall ensure that only one of the doors of a sally port is opened at any point in time for entry or exit purposes.

**Inspection Findings:**

During the inspection facility inspector observed an open housing door, sally port door open to the elevator, hallway control movement doors open, and booking room door open. Also it was learned that inmates will enter both sections of the garage to sometimes wash vehicles or to transport stored food and refrigerated and frozen items to the kitchen. It appeared that the facility garage doors may have security issues.

**Corrective Actions:**

**The facility shall have a written policy and procedure that requires that all security perimeter entrances, control center doors, and housing unit doors are kept locked, except when used for admission or exit of employees, inmates, or visitors, and in an emergency. The facility shall ensure that only one of the sally port doors is opened at any point in time for entry or exit purposes. A written policy and procedure shall provide that staff regulate inmate movement.**

**Response Needed By:**

3. 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:**

The locks are tested on a weekly basis and it is documented on the sanitation and security inspection form. The lock inspection documentation should be expanded to list all the doors that need to be checked manually and electronically, especially the emergency exit doors.

**Corrective Actions:**

**Create a lock inspection form that list out all emergency exit doors and unit door that need to be checked weekly both manually and electronically. This will provide the documentation necessary for verification that all locks were tested. (Repeat from last inspection.)**

**Response Needed By:**

4. 2911.6500 STORAGE. Subpart 3. Access.

Inmates shall not be permitted access to medication storage. Only health-trained staff or health care personnel shall have access to keys for the medication storage area.

**Inspection Findings:**

The intake room and the medical room have a bathroom that they both share. The booking rooms door is left open that inmates have access to, also the booking room is used by inmates to shower. Facility inspector observed a small sliding bar lock that are commonly used on bathroom stalls on the medical room side of the shared bathroom door. This lock would be insufficient in keeping someone outside of the medical office.

**Corrective Actions:**

**The bathroom stall slide bar lock should be removed and appropriate and approved secure lock/hardware should be put in place.**

**Response Needed By:**

5. 2911.6600 DELIVERY. Subpart 1. Delivering medication.

A person delivering medication to an inmate must do so under the direction of the responsible health authority or health care personnel.

**Inspection Findings:**

The facility had switched medical providers but had not received policies and procedures from the responsible health authority until the day of the inspection.

**Corrective Actions:**

**Staff should only deliver medication under the direction of the responsible health authority. Staff involved in the responsibility of delivering medication should receive clear written directives from the responsible health authority.**

**Response Needed By:**

6. 2911.6700 ADMINISTRATION. Subpart 3. Topical medication.

Topical medications and eye or ear drops may be permitted for inmate self-administration as directed and observed by health care personnel.

**Inspection Findings:**

Policy states: An inmate may self-administer topical medications, eye drops or ear drops. The inmate will follow all health care personnel instructions and will be supervised by the custody staff. This will be charted in the inmate's medical file.

**Corrective Actions:**

**The rule states the said actions must be directed and observed by health care personnel. Written facility policy is in conflict with the rule. Policy must be corrected so it is no longer in contrast with the rule requirement.**

**Response Needed By:**

7. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 3. Department rules.

Plumbing, sewage disposal, solid waste disposal, and plant maintenance conditions comply with rules of: A. the Minnesota State Building Code; B. the Minnesota Fire Marshal's Office; C. the Minnesota Department of Health; D. the Minnesota Department of Labor and Industry (O.S.H.A.); and E. other local government.

**Inspection Findings:**

When touring the facility inspector observed work that had been performed or was in the process of being performed. Toilets and sinks had been removed from a cell but it appeared that the line sewer/drain lines were not capped. Inspector located large amounts of what appeared to be dryer lint on the floor of a water shutoff access closet. Inspector had observed a dryer vent tie into a larger ceiling pipe in the laundry ceiling. It is unknown if the dryer is ejecting dryer lint into the building's plenum area.

**Corrective Actions:**

**Plumbing and plant maintenance conditions must comply with the Minnesota State Building Code. Supervisory staff should confirm whether or not maintenance or replacement work requires a licensed electrician, licensed plumber, or license contractor to repair or replace. It is recommended that facility staff determine the termination point of the dryer. Additionally they should verify through manufacturer specifications what the push capacity of the dryer is, if rigid vent pipe is required for that distance, and if the manufacturer allows the dryer vent to scale up to a larger vent prior to termination.**

**Response Needed By:**

## 8. 2911.7500 ELIMINATION OF CONDITIONS CONDUCIVE TO VERMIN AND PESTS.

The facility shall have a written plan for the control and elimination of vermin and pests.

**Inspection Findings:**

During the inspection inspector observed insects in the kitchen and in inmates cells.

**Corrective Actions:**

**The facility shall have a written plan for the control and elimination of vermin and pests that facility staff are familiar with and participate in to ensure the elimination of vermin and pests within the facility.**

**Response Needed By:****Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 8**

## 1. 2911.0900 STAFFING REQUIREMENTS. Subpart 4. Class III facilities.

Class III facilities with average daily inmate populations under 30 shall have a full-time staff person employed as facility administrator/program coordinator who shall not be classified as a custody person whose primary duty is supervision of inmates.

**Inspection Findings:**

With staffing shortages, the facility administrator has to cover for custody staff when they are sick. Additionally, the facility administrator also works as the county emergency manager, and the dispatch supervisor. It was reported that the jail administrator is not working as the facilities program coordinator at this time.

**Corrective Actions:**

**The jail administrator is new to the position and is learning the role. Additional job duties of emergency manager, and dispatch supervisor may not allow enough time to dedicate to the positions of jail administrator and program coordinator. The facility must clearly define the role of the jail administrator/program coordinator in writing.**

**Response Needed By:**

## 2. 2911.2700 INFORMATION TO INMATES. Subpart 1. Information made available to inmates.

Copies of policies and rules governing conduct and disciplinary consequences; procedures for obtaining personal hygiene and commissary items; and policies governing visiting, correspondence, bathing, laundry, and clothing and bedding exchange shall be made available to all inmates. Information will be made available to disabled inmates including those that are hearing impaired, visually impaired, or unable to speak in a form that is accessible to them. Information required under this subpart shall be available in English. There shall be procedures in place to address the language barriers of non-English-speaking inmates. Policy and procedures shall ensure, to the extent practical, that inmates who are unable to speak English are provided with the information outlined in this part within 24 hours of admission to the facility in a form that is accessible to the inmate.

**Inspection Findings:**

The facility handbook did not outline the procedures for obtaining personal feminine hygiene products. Additionally the facility didn't have a clearly defined plan on how to address hearing impaired, visually impaired or inmates who are unable to speak.

**Corrective Actions:**

**The facility must update their handbook to include all personal hygiene items that an inmate can have access to and how to go about requesting those items. The facility should work on improving upon how they provide information to inmates with disabilities such as hearing impairment, visual impairments or those who are unable to speak.**

**Response Needed By:**

## 3. 2911.2800 ADMINISTRATIVE SEGREGATION. Subpart 4. Policy.

Written policy and procedure shall provide that the status of inmates in administrative segregation is reviewed every seven days. These policies shall provide: A. that the review is documented and placed in the inmate's file; B. that the inmate in administrative segregation receive visits from the facility administrator or designee a minimum of once every seven days as a part of the administrative review process; and C. that the review process that is used to release an inmate from administrative segregation is specified.

**Inspection Findings:**

Policy doesn't indicate that follow up administrative segregation reviews require a personal visit from the jail administrator or designee

**Corrective Actions:**

**The facility should clarify in policy that after the initial administrative review process all subsequent reviews also require personal visits. It is recommended to clarify the process that is used to release inmates from administrative segregation as the rule requires that it must be specified.**

**Response Needed By:**

4. 2911.2800 ADMINISTRATIVE SEGREGATION. Subpart 7. Deprivation report.

Written policy and procedure shall provide that whenever an inmate in administrative segregation is deprived of any usually authorized item or activity, a report of the action is made and forwarded to the facility administrator or designee.

**Inspection Findings:**

While working with the jail earlier this year it was found that inmates had been deprived of usually authorized activities or items while in administrative segregation and that a detailed deprivation report was not completed.

**Corrective Actions:**

**A deprivation report is not clearly defined in the rule. However the facility has reported that they now have a dedicated deprivation report and that deprivation reports are required to be completed by the staff whenever an inmate is deprived of a usually authorized activity or item.**

**Response Needed By:**

5. 2911.3300 CORRESPONDENCE. Subpart 6. Material detrimental to security.

A facility shall have a written policy that restricts inmate access to materials and information that is considered detrimental to the security and orderly function of the facility.

**Inspection Findings:**

While performing a facility walkthrough inspection inspector observed:

Materials detrimental to the security of the facility such as glass that was cracked that felt jagged or sharp when rubbing your hands across it.

Metal conduit pipe loosely screwed into the walls to hold up shower curtains that blocked the view of inmates in different pods.

Uncontrolled access to phones or computers in the booking room.

Access to bulk chemicals.

**Corrective Actions:**

**It is recommended that the facility do an in-depth facility wide security audit to identify materials detrimental to the security facility. Access to the materials, information should be protected or removed.**

**Response Needed By:**

6. 2911.3600 CLOTHING AND BEDDING PROPERTY. Subpart 5. Quantity of clothing.

The facility shall have available sufficient clothing to ensure each inmate clean clothing appropriate to the season.

**Inspection Findings:**

Inmates were wearing clothing with large holes in them. The facility administrator stated they were working on getting clothing but had not ordered any yet.

**Corrective Actions:**

**The facility shall have available sufficient clothing to ensure each inmate clean clothing appropriate to the season.**

**Response Needed By:**

7. 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:**

Facility inspector observed chemicals throughout the facility that would require the person applying the chemicals to have protective clothing.

**Corrective Actions:**

**During the inspection it was noted that chemicals that cause respiratory and eye irritation were in the facility (bleach, paint thinner, chemicals identify as caustic or eye irritants). It is recommended that those chemicals are not used near the inmates nor do they have access to them. Anyone using harsh chemicals must receive training and have appropriate protective clothing such as masks to meet respiratory needs, eye protection such as goggles that fully covers the eyes, gloves thick enough to protect user from the chemicals. Manufacturer specifications and MSDS sheets should indicate minimum protective clothing that is required for the use of that chemical/item.**

**Response Needed By:**

8. 2911.4300 RELIGIOUS DIETS.

A facility shall have a written policy and procedure that provides for special diets or meal accommodations for inmates whose religious beliefs require adherence to religious dietary laws. Creation of religious diets shall involve a dietitian and strive to meet the nutritional guidelines under part 2911.3900.

**Inspection Findings:**

Written policy says that religious diets are referred to the jail nurse for approval.

**Corrective Actions:**

**The facility should modify policy and procedure to address that special diets or meal accommodations shall involve a dietitian and strive to meet the nutritional guidelines under part 2911.3900.**

**Response Needed By:**

## INSPECTION COMMENTS

Staffing: Similar to many other county jails in MN, the facility struggles with staffing levels. This requires the jail administrator to cover shifts when they cannot be filled by other staff members. Operating at low staffing levels can lead to staff burnout, more turnover, and can negatively impact jail operations. It is recommended that the facility evaluate their staffing needs and devise a plan to reach adequate staffing levels to meet those needs. Clearwater County has an approved compacity of 38 inmates but would not have enough staff to hold over 25 inmates. For inmate supervision the facility minimum ratio of custody staff to inmates is one custody staff officer to 25 inmates. If the facility exceeds 25 inmates, they'll need a minimum of two custody staff. Administrative, supervisory, program, bailiff, dispatchers, or support staff shall not be included in this ratio. It is recommended that the facility increase staffing levels.

Physical plant: The facility was built in 1998. The Clearwater County Jail is in a much more state of decline when compared to jails that are 20 to 25 years older. This appears to be in large part due to lack of maintenance, replacement, and needed upgrades. Water shut off valves were leaking throughout the facility or had stopped leaking due to calcification build up that was not cleaned or removed. The floor tile looked to be separating throughout the facility and had gaps that held debris. The tile was dirty and flat looking, it had no sheen indicating that presumably it had been mopped or cleaned recently. Inmates were housed in pods that contained cracked glass that was rough or jagged to the touch. An inmate was housed in a cell that had a large opening to a plumbing chase and was not secure. Plumbing fixtures were removed from cells, but it did not appear that piping was capped, this may allow sewer gas in the facility. Trim molding around the edge of the floors was loose and falling off throughout the building. Laminate edging in the kitchen, control room, and medical room had been peeled off and exposed raw wood which is no longer an easily cleanable surface. The medical room which is oftentimes a jails most sterile environment had what appeared to be mold and mildew on the exam table. Inspector used a bottle of cleaning solution and paper towel to remove what appeared to be mold and mildew growing on the leather exam table. Lights were not operational in some of the showers or were strobing to the point where it was uncomfortable to keep your eyes open. The booking room was unkept, the shower had days or weeks of old soap and wrappers left in it and the toilet was black in the area of bowl and had not appeared to be cleaned in some time. Water leaks were left unattended as facility staff and inspector walked through active leaks from the kitchen dishwasher or other utilities in the facility. Cells were found to have significant limescale buildup, poor water pressure at the faucets, or active leaks with large calcification or limescale deposits. Inmates reported that they've tried to address sanitary issues without success. An inmate demonstrated that when they flush the toilet the water pressure sprays remnants of the toilet on his bed and on the floor of the cell. Paint was peeling or scratched off throughout the facility. Showers had the appearance of mold and mildew with significant discoloration on the walls the odor of what appeared to be mold and mildew was overpowering when standing inside the shower.

This summary of maintenance issues does not encompass everything that inspector saw but should highlight the need for immediate action. Facility staff must identify projects that need immediate attention and determine whether a licensed professional such as a licensed electrician licensed plumber or licensed contractor is required to perform the work to ensure that it meets minimum code is met.

The facility will be moved to annual inspection status.

**JJDPA Compliance**

On August 22nd 2022, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Clearwater County Jail has received a "Rural Exception" to the JJDP Act. This allows the facility to hold a delinquent juvenile up to 24 hours, excluding weekends and holiday. The three core requirements reviewed during an audit are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

According to the Clearwater records, the Clearwater County Jail held or processed one juvenile during the federal fiscal year 2022. One hundred percent of the 2022 data was reviewed. The findings are as follows:

DSO: No violations of the facility holding status offenders in the jail.

Jail Removal: Files and DOC Portal data indicate that any youth brought into the jail are removed well within the 24 hour time frame allowed per the "Rural Exception."

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation. This includes the route taken to Court holding. Policies and the court schedule also indicate proper sight and sound separation are maintained. Juvenile cases are heard at a different time than adult cases.

The facility does not participate in any "Scared Straight" programs for any youth that are under public authority.

Based on the documentation reviewed, no violations of the JJDP Act were found during the Clearwater County jail inspection.

Report completed By: Troy Okerlund – Detention Facility Inspector

Signature: \_\_\_\_\_

