

Health & Safety in Correctional Facilities 2024 Legislative Report



Minnesota Department of Corrections
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This report can be provided in another format upon request.

2021 LEGISLATIVE REPORT ON HEALTH AND SAFETY IN CORRECTIONAL FACILITIES

I. Background

Minnesota Department of Corrections (DOC) runs 11 state prison facilities and licenses all other local correctional facilities run by counties and cities in Minnesota pursuant to [Minn. Stat. § 241.021](#).

In June 2021, the Minnesota Legislature created new reporting requirements pertaining to the health and safety of incarcerated individuals in Minnesota (Laws of Minnesota 2021, 1st Spec. Sess. Chapter 11, article 9, section 11). [Minn. Stat. § 241.021](#) was amended June 30, 2021, requiring the Department of Corrections (DOC) to file a written report with the legislature by February 15 of each year, reporting on the health and safety of individuals confined or incarcerated in state correctional facilities and facilities licensed by the commissioner.

This report will also include information on the commissioner's authority and responsibility to inspect and license local correctional facilities and set minimum standards for those facilities with respect to their management, operation, physical condition, and the security, safety, health, treatment, and discipline of persons confined or incarcerated therein.

The new reporting requirements established by Minn. Stat. § 241.021, subd. 1f pertain to either state correctional facilities or facilities licensed by the commissioner of corrections, and in some instances, both. As such, this report is broken into three parts: the first presenting data from state correctional facilities; the second presenting data received from licensed facilities; and the third addressing the status of the implementation of the authority provided to the commissioner of corrections by the legislature in Minn. Stat. § 241.021, subd. 1 – 1i.

II. Minnesota State Correctional Facilities

a. In custody deaths

Below is information regarding the number of confined or incarcerated persons who died while committed to the custody of a Minnesota Correctional Facility (MCF), regardless of whether the death occurred at the facility or after removal from the facility for medical care stemming from an incident or need for medical care at the correctional facility, including aggregated demographic information, between January 1 and December 31, 2024.

Table 1. In custody deaths - MCF

Facility	deaths	suicides¹	Death demographic info (gender, race and age group)²
Faribault	1	0	Male, Asian or Pacific Islander, 26-35
Lino Lakes	0	0	
Moose Lake	1	0	Male, Black, 36-45
Oak Park Heights	9	0	Male, White, 56-65 (4), Male, Black, 66+ (1), Male, White, 66+ (4)
Red Wing	0	0	
Rush City	0	0	
St. Cloud	1	0	Male, Black, 56-65
Shakopee	0	0	
Stillwater	3	0	Male, Black, 18-25 (1), Male, White, 36-45 (2)
Togo	0	0	
Willow River	0	0	
Total	15	0	

b. Policy, practice, or training changes resulting from death reviews

Below is information regarding the aggregated results of the death reviews by state correctional facilities as required by Minn. Stat. § 241.021 subdivision 8, including any implemented policy changes from January 1 through December 31, 2024. Minnesota DOC [Policy 500.200](#), “Health Services Death Review” describes the process DOC follows when a death occurs of an incarcerated individual. All reviews and any changes to policy, practice, or training as a result of those reviews are reported below.

¹ This column captures how many of the total deaths were by suicide.

² Age groups for reporting purposes: under 18; 18-35, 36-55, 51-65, 65+.

Note: Death Reviews are not conducted on cases where the individual escaped from custody and was on fugitive status at the time of death, on Conditional Medical Release, or community supervision.

Table 2. Reviews and related policy, practice, or training changes – MCF

Facility	Reviews	<i>description of change</i>
Faribault	1	N/A
Lino Lakes	0	N/A
Moose Lake	1	N/A
Oak Park Heights	9	N/A
Rush City	0	N/A
Red Wing	0	N/A
St. Cloud	1	N/A
Shakopee	0	N/A
Stillwater	3	N/A
Togo	0	N/A
Willow River	0	N/A
Total	15	N/A

c. Number of reportable uses of force and whether those uses of force were determined to be justified by the facility

Below is information regarding the number of uses of force by facility staff on persons confined or incarcerated in the correctional facility, including but not limited to whether those uses of force were determined to be justified by the facility from January 1 through December 31, 2024. The commissioner of corrections consulted with the Minnesota Sheriffs' Association and a representative from the Minnesota Association of Community Corrections Act Counties who is responsible for the operations of an adult correctional facility to develop criteria for reporting and define reportable uses of force.

Reportable uses of force are defined as: Any application of physical, manual, or mechanical intervention, techniques or tactics, chemical agents, or weapons to a confined or incarcerated person resulting in substantial bodily harm as defined by Minn. Stat. § [609.02](#) as:

“bodily injury which involves a temporary but substantial disfigurement, or which causes a temporary but substantial loss or impairment of the function of any bodily member or organ, or which causes a fracture of any bodily member.”

Table 3. Reportable uses of force - MCF

Facility	Reportable Uses of Force	Determined to be justified?
Faribault	0	N/A
Lino Lakes	0	N/A
Moose Lake	0	N/A
Oak Park Heights	0	N/A
Rush City	1	No
Red Wing	0	N/A
St. Cloud	0	N/A
Shakopee	2	Yes
Stillwater	0	N/A
Togo	0	N/A
Willow River	0	N/A
Total	3	N/A

d. Number of suicide attempts, people transported to a medical facility, and people placed in segregation

Below is information on the number of suicide attempts, number of people transported to a medical facility, and number of people placed in segregation from January 1 through December 31, 2024.

Table 4. Suicide attempts, medical facility transports, and people placed in segregation - MCF

Suicide attempts		15
Faribault		3
Lino Lakes		1
Moose Lake		0
Oak Park Heights		4
Rush City		0
Red Wing		0
St. Cloud		1
Shakopee		0
Stillwater		6
Togo		0
Willow River		0
Medical transports		7226
Faribault		1588
Lino Lakes		793
Moose Lake		912
Oak Park Heights		947
Rush City		726
Red Wing		121
St. Cloud		303
Shakopee		719
Stillwater		1108

Togo	32
Willow River	76
Other	1
Restrictive housing^{3 4}	3,567
Faribault	607
Lino Lakes	366
Moose Lake	327
Oak Park Heights	176
Rush City	423
St. Cloud	655
Shakopee	220
Stillwater	793

e. Number of people committed to the commissioner of corrections' custody housed in licensed facilities

Below is information regarding the number of persons committed to the commissioner of corrections' custody that the commissioner is housing in facilities licensed under Minn. Stat. § 241.021, subdivision 1, including but not limited to: (i) aggregated demographic data of those individuals; (ii) length of time spent housed in a licensed correctional facility; and (iii) any

³ The statute is silent on what constitutes segregation. DOC submits a restrictive housing report pursuant to Minn. Stat. § 243.521 on January 15 of each year, reporting administrative and disciplinary segregation. A "restrictive housing admission" is an entry into a segregation-unit living assignment during the fiscal year, either as a movement from a non-segregation living assignment, or as the initial living assignment upon new commitment or release violator admission. In the restrictive housing report, an individual may have more than one such admission during the fiscal year. The same methodology is used in both reports, but with different reporting parameters.

⁴ This table does not include MCF-Red Wing, MCF-Togo, or MCF-Willow River. MCF-Red Wing (adults), MCF-Togo, and MCF-Willow River do not have restrictive housing units, so those residents are transferred to other facilities as needed. MCF-Red Wing juvenile data is not captured in this report, as it relates to different statutory and rule-based obligations and a fundamental difference in approach to working with juveniles.

contracts the Department of Corrections has with correctional facilities to provide housing, from January 1 through December 31, 2024.

Table 5. People housed in licensed facilities⁵ - MCF

Total	2
<i>Gender</i>	
Male	2
Female	0
Non-binary	0
<i>Age</i>	
14-17	0
18-25	0
26-35	0
36-45	2
46-55	0
56-65	0
66+	0
<i>Race</i>	
White	1
Black	0
American Indian/Alaska Nat.	1
Asian or Pacific Islander	0
Other	0
<i>Length of Time HOF</i>	
1-30 days	2
31-90 days	0
91-180 days	0
181-365 days	0
1+ year	0

f. On-duty staff misconduct complaints, including investigation results

⁵ The DOC contracts with six facilities – Nobles, Olmsted, Pine, Polk (Tri-County), Washington, and Wright Counties – to house individuals committed to the custody of the commissioner of corrections. Additionally, some non-contract facilities will occasionally house individuals without a contract if the incarcerated person has significant historical ties to the particular county.

Below is summary data from state correctional facilities regarding complaints involving alleged on-duty staff misconduct, including but not limited to the: (i) total number of misconduct complaints and investigations; (ii) total number of complaints by each category of misconduct, as defined by the commissioner of corrections; (iii) number of allegations dismissed as unfounded; (iv) number of allegations dismissed on grounds that the allegation was unsubstantiated; and (v) number of allegations substantiated, any resulting disciplinary action, and the nature of the discipline from January 1 through December 31, 2024.

Table 6. On-duty staff misconduct complaints - MCF

Total	452
<i>Misconduct category</i>	
Appearance/dress/hygiene	4
Code of conduct	152
Contraband	11
Discrimination/harassment	16
Hours of work/pay	157
Licensure/certification	2
Medical errors	5
Misc. policy violations	0
Reporting/records	2
Safety	8
Security	134
Unsatisfactory work perf.	11
Dismissed as unfounded	16
Dismissed as unsubstantiated	17
<i>Substantiated</i>	
Total	319
Resulted in discipline	238
<i>Nature of Discipline</i>	
Oral reprimand	95
Written reprimand	60
Suspension	64
Demotion	2
Discharge	17

III. Correctional Facilities Licensed by the Commissioner of Corrections

a. In custody deaths

Below is information regarding the number of confined or incarcerated persons who died while committed to the custody of a licensed facility, regardless of whether the death occurred at the facility or after removal from the facility for medical care stemming from an incident or need for medical care at the correctional facility, including aggregated demographic information and the correctional facilities' most recent inspection reports and any corrective orders or conditional licenses issued, between January 1 and December 31, 2024.

Table 7. In custody deaths – licensed facilities

Variable	<i>deaths</i>	<i>suicides</i>⁶	Death demographic info (gender, race and age group)⁷	Facility most recent inspection report⁸
Crow Wing County Jail	2	1	Male, White, 56-65 (2)	05/15/2024 Appendix A
Dakota County Jail	1	0	Male, Black, 46-55	07/21/2023 Appendix B
Hennepin County Adult Detention Center	1	0	Male, American Indian or Alaskan Native, 36-45	09/18/2024 Appendix C
Mille Lacs County Jail	1	0	Male, American Indian or Alaskan Native, 56-65	05/21/2024 Appendix D
Northwest Regional Corrections Center	2	0	Male, White, 46-55 Male, White, 56-65	03/26/2024 Appendix E
Otter Tail County Jail	1	0	Male, White, 56-65	10/30/2024 Appendix F
Pine County Detention Center	1	0	Male, White, 56-65	03/20/2024 Appendix G
Roseville VOA	1	0	Male, White, 56-65	10/26/2023 Appendix H
Sherburne County Jail	1	0	Male, Black, 46-55	05/07/2024 Appendix I
TOTAL	11	1		

⁶ This column captures how many of the total deaths were by suicide.

⁷ Age groups for reporting purposes: under 18; 18-35, 36-55, 51-65, 65+.

⁸ These inspection reports are included in Appendix A-I.

b. Policy, practice, or training changes resulting from death reviews

Below is information regarding the aggregated results of the death reviews by licensed facilities as required by Minn. Stat. § 241.021 subdivision 8, including any implemented policy changes from January 1 through December 31, 2024.

Table 8. Policy, practice, or training changes – reported changes from licensed facilities

Facility	Reviews	<i>description of change</i>
Crow Wing County Jail	2	(1) Updated medical policies/procedures regarding medical practices for mental health and chemical intoxication. (2) Changes to medical policies and procedures to align with national standards.
Dakota County Jail	1 in progress	TBD
Hennepin County Adult Detention Center	1	CAP issued; Withdrawal protocol added
Mille Lacs County Jail	1	N/A
Northwest Regional Corrections Center	2	N/A
Otter Tail County Jail	1	Changes made to give better instructions to staff on how to complete the mental health screening form, and retrained staff on how to complete the screening.
Pine County Jail	1	N/A
Roseville VOA (halfway house)	1	N/A
Sherburne County Jail	1 in progress	TBD
Total	11	

c. Number of reportable uses of force and whether those uses of force were determined to be justified by the facility

Below is information regarding the number of uses of force by facility staff on persons confined or incarcerated in the correctional facility, including but not limited to whether those uses of

force were determined to be justified by the facility from January 1 through December 31, 2024. The commissioner of corrections consulted with the Minnesota Sheriffs' Association and a representative from the Minnesota Association of Community Corrections Act Counties, who is responsible for the operations of an adult correctional facility to develop criteria for reporting and define reportable uses of force.

Reportable uses of force are defined as: Any application of physical, manual, or mechanical intervention, techniques or tactics, chemical agents, or weapons to a confined or incarcerated person resulting in substantial bodily harm as defined by Minn. Stat. § [609.02](#) as:

“bodily injury which involves a temporary but substantial disfigurement, or which causes a temporary but substantial loss or impairment of the function of any bodily member or organ, or which causes a fracture of any bodily member.”

Table 9. Reportable uses of force – licensed facilities

Facility	Reportable Uses of Force	Determined to be justified?
Becker County Jail	2	Yes
Douglas County Jail	1	Yes
Nicollet County Jail	1	Yes
Northwest Regional Corrections Center (ACF)	1	Yes

d. Number of suicide attempts, number of people transported to a medical facility, and number of people placed in segregation

Below is information on the number of suicide attempts, the number of people transported to a medical facility, and the number of people placed in segregation from January 1 through December 31, 2024.

Table 10. Suicide attempts, medical facility transports, and people placed in segregation – licensed facilities

Suicide attempts	122
Aitkin	1
Anoka	0
Anoka Workhouse	0
Becker	0
Beltrami	0
Benton	1

Blue Earth	7
Brown	0
Carlton	1
Carver	1
Cass	0
Chippewa	0
Chisago	1
Clay	0
Clearwater	1
Cook	2
Cottonwood	0
Crow Wing	0
Dakota	3
Douglas	0
Faribault	0
Fillmore	0
Freeborn	0
Goodhue	5
Hennepin Men	0
Hennepin North	0
Hennepin ADC	16
Houston	0
Hubbard	2
Isanti	0
Itasca	2
Jackson	0
Kanabec	0
Kandiyohi	1
Kittson	0
Koochiching	8
Lac Qui Parle	0
Lake	0
Lake of the Woods	0
Le Sueur	1
Lincoln	0
Lyon	2
Marshall	0
Martin	1
McLeod	2
Meeker	0
Mille Lacs	3
Morrison	1

Mower	0
Murray	0
Nicollet	2
Nobles	0
Norman	0
Northeast Regional	0
Northwest Regional	1
Olmsted	5
Otter Tail	1
Pennington	0
Pine	3
Pipestone	0
Ramsey ACF	1
Ramsey ADC	7
Redwood	0
Renville	0
Rice	1
Roseau	0
Scott	5
Sherburne	4
Sibley	1
St. Louis	9
St. Louis - Hibbing	1
St. Louis - Virginia	1
Stearns	1
Steele	0
Swift	0
Todd	0
Traverse	0
Wabasha	0
Wadena	2
Waseca	0
Washington	3
Watsonwan	0
Wilkin	0
Winona	3
Wright	7
Yellow Medicine	2
Medical transports	2524
Aitkin	18
Anoka	137

Anoka Workhouse	31
Becker	9
Beltrami	43
Benton	33
Blue Earth	50
Brown	11
Carlton	42
Carver	48
Cass	5
Chippewa	0
Chisago	20
Clay	30
Clearwater	16
Cook	2
Cottonwood	11
Crow Wing	131
Dakota	169
Douglas	3
Faribault	0
Fillmore	0
Freeborn	7
Goodhue	6
Hennepin Men	29
Hennepin North	6
Hennepin ADC	159
Houston	3
Hubbard	7
Isanti	2
Itasca	66
Jackson	5
Kanabec	35
Kandiyohi	39
Kittson	0
Koochiching	7
Lac Qui Parle	1
Lake	4
Lake of the Woods	2
Le Sueur	16
Lincoln	0
Lyon	2
Marshall	0
Martin	22

McLeod	20
Meeker	3
Mille Lacs	10
Morrison	29
Mower	24
Murray	0
Nicollet	8
Nobles	17
Norman	0
Northeast Regional	3
Northwest Regional	26
Olmsted	97
Otter Tail	46
Pennington	1
Pine	16
Pipestone	0
Ramsey ACF	48
Ramsey ADC	258
Redwood	14
Renville	0
Rice	12
Roseau	4
Scott	110
Sherburne	199
Sibley	1
St. Louis	87
St. Louis - Hibbing	21
St. Louis - Virginia	22
Stearns	16
Steele	2
Swift	1
Todd	0
Traverse	8
Wabasha	8
Wadena	8
Waseca	1
Washington	58
Watsonwan	10
Wilkin	3
Winona	45
Wright	61
Yellow Medicine	0

Restrictive housing⁹	5105
Aitkin	8
Anoka	190
Anoka Workhouse	0
Becker	0
Beltrami	39
Benton	13
Blue Earth	54
Brown	101
Carlton	16
Carver	20
Cass	0
Chippewa	0
Chisago	117
Clay	119
Clearwater	0
Cook	3
Cottonwood	6
Crow Wing	139
Dakota	215
Douglas	2
Faribault	0
Fillmore	0
Freeborn	21
Goodhue	11
Hennepin Men	99
Hennepin North	5
Hennepin ADC	243
Houston	2
Hubbard	66
Isanti	24
Itasca	0
Jackson	2

⁹ The statute is silent on what constitutes segregation. DOC submits a restrictive housing report pursuant to Minn. Stat. § 243.521 on January 15 of each year, reporting administrative and disciplinary segregation. Licensed facilities have been asked to report the same information for consistency. Licensed correctional facilities operate independently and may utilize numerous forms of segregation based on the vulnerability, behavioral watch, protective custody, suicide watch, medical and mental health needs, disciplinary, safety, security, and administrative needs of the population served. Most facilities classify housing as “segregation” when a person is housed outside of the general population. It should be noted that COVID quarantines required many individuals to be housed separately from the general population.

Kanabec	7
Kandiyohi	121
Kittson	0
Koochiching	0
Lac Qui Parle	0
Lake	0
Lake of the Woods	0
Le Sueur	0
Lincoln	0
Lyon	1
Marshall	0
Martin	1
McLeod	0
Meeker	27
Mille Lacs	51
Morrison	73
Mower	16
Murray	0
Nicollet	0
Nobles	83
Norman	0
Northeast Regional	47
Northwest Regional	45
Olmsted	226
Otter Tail	21
Pennington	26
Pine	8
Pipestone	0
Ramsey ACF	178
Ramsey ADC	284
Redwood	0
Renville	16
Rice	15
Roseau	0
Scott	145
Sherburne	343
Sibley	10
St. Louis	1311
St. Louis - Hibbing	27
St. Louis - Virginia	29
Stearns	121
Steele	27

Swift	0
Todd	8
Traverse	0
Wabasha	16
Wadena	5
Waseca	7
Washington	78
Watonwan	9
Wilkin	0
Winona	1
Wright	207
Yellow Medicine	0



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

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

INSPECTION DETAILS FOR:

Crow Wing County Jail

Address: 313 Laurel Street, Brainerd, MN 56401

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Lori Schopf – Detention Facility Inspector

Inspected on: 05/15/2024 to 05/15/2024

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, facility documentation reviews, and video footage review.

Officials Present During Inspection: Assistant Jail Administrator Ron Imgrund; Chief Deputy Andy Bradley; Jail Administrator Troy Schilling; Lieutenant Miranda Neuwirth

Officials Present for Exit Interview: Assistant Jail Administrator Ron Imgrund; Jail Administrator Troy Schilling; Lieutenant Miranda Neuwirth

Issued Inspection Report to: Assistant Jail Administrator Ron Imgrund; Chief Deputy Andy Bradley; Jail Administrator Troy Schilling; Lieutenant Miranda Neuwirth; Sheriff Erik Klang; County Administrator Tim Houle; Regional Manager Jacob McLellan

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	124	0	2	100.00%	Compliance rating of 100%
2911	Essential	100	98	1	1	99.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2024 **Ends On:** 06/30/2026 **Facility Type:** Jail

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2025

Delinquent Juvenile Hold Approval: 24 hrs exclusive of weekends and holidays **Certificate Holder:** Crow Wing County Sheriff's Department

Special Conditions:

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	276	90	248.40	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Essential Rules Not In Compliance**Total: 1****1. 2911.0900 STAFFING REQUIREMENTS. Subpart 15. Ratio of custody staff to inmates, reporting incidents, and responding to emergencies.**

A. A facility with a design capacity of 60 or fewer beds shall meet the staffing ratios in this item. For inmate supervision, the overall facilitywide minimum ratio of custody staff to inmates shall be one custody officer to 25 inmates. These staff must be in the facility and on duty at all times and not involved in temporary duties outside of the facility. Included in this ratio are all staff who are assigned and trained in the custody and supervision of inmates as their primary duty. Staff not directly responsible for custody and supervision of inmates such as administrative, supervisory, program, bailiff, or support staff shall not be included in this ratio; B. A facility with a design capacity of 60 or more beds shall meet the staffing ratios in this item. For inmate supervision, the overall facilitywide minimum ratio of custody staff to inmates shall not be less than: (1) 1 to 60 inmates for direct supervision housing units with lockdown capability; (2) 1 to 48 inmates for direct supervision dormitories; (3) 1 to 40 for indirect or podular inmate supervision; and (4) 1 to 25 inmates for linear housing areas; C. A facility administrator may apply for a specific variance from the staffing requirements in this subpart from the commissioner. Consideration of this variance shall require that supervision of inmates is accomplished in an appropriate manner and that the safety and security of the facility, staff, and inmates are not compromised.

Inspection Findings:

During the inspection, it was found that the facility only has 2 staff posted for booking and two linear housing units. The custody staff to inmate ratio for linear housing units is 1 to 25. The facility must assign staff, whose primary duty is the supervision of inmates, for each linear housing unit. These posts are separate from the booking officer's duties.

Corrective Actions:

The facility is currently working on a staffing plan and staffing analysis. Once completed the facility shall submit to the Department of Corrections for approval. Once the staffing analysis has been approved, the facility must follow the required staffing levels outlined in the analysis. If the facility is unable to fulfill the requirements in the staffing analysis, it must look for other alternatives to reduce capacity levels to ensure the appropriate staffing ratios are met per this rule part.

Response Needed By: 06/28/2024**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 2****1. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 5. Well-being.**

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

Inspection Findings:

A review of well-being checks was conducted on multiple days, times and shifts. On 5/2/24 at 1124 hours, the check was completed at too fast a pace to observe the well-being of the inmates. On 4/14/24 at 1843 hours, the check was completed past the 30-minute timeframe.

Corrective Actions:

The facility shall complete a refresher training on well-being checks for all staff. Once the training is completed, submit documentation to the Department of Corrections by July 31, 2024.

Response Needed By:**2. 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:

When reviewing refrigerator temperature logs for the month of April 2024, several days were missed, (4/6/24, 4/7/24, 4/16/24, 4/20/24 and 4/21,24).

Corrective Actions:

Since the inspection, the facility has implemented a plan to ensure temperatures are logged daily.

Response Needed By:**Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 1****1. 2911.0900 STAFFING REQUIREMENTS. Subpart 17. Escort, movement, or booking staff.**

Class I to Class VI facilities' staff shall be provided as follows: A. internal escort, rover, or movement officers in sufficient numbers as determined in the approved staffing plan under this subpart to ensure that inmates have access to staff, programs, activities, and services, and that the safety and security of the facility is not compromised; B. sufficient staff present to provide for the booking of offenders without a reduction in the safety or security of the facility and inmates; C. in multifloor jails, custody staff posted on each floor occupied by inmates; and D. sufficient numbers of staff to complete duties listed in post orders. Class I to Class VI facility staff shall not be used for the external transportation of inmates or court security if the level of inmate supervision, inmate admission, programs, or internal inmate movement would be reduced below minimums afforded under the facility's staffing plan.

Inspection Findings:

The DOC recommends 1 full time employee for every 2000-2500 inmates booked for the year. The facility booked in 2989 inmates from 5/1/2023 to 5/1/2024, and currently has 1 booking officer stationed at intake.

Corrective Actions:

The facility is currently working on a staffing plan and staffing analysis. Once completed the facility shall submit to the Department of Corrections for approval. Once the staffing analysis has been approved, the facility must follow the required staffing levels outlined in the analysis. If the facility is unable to fulfill the requirements in the staffing analysis, it must look for other alternatives to reduce capacity levels to ensure the appropriate staffing ratios are met per this rule part.

Response Needed By:**INSPECTION COMMENTS**

This was Troy Schilling's first inspection as the Jail Administrator at the Crow Wing County Jail. The Crow Wing County Jail is clean, well maintained, and continues to run at a high level of compliance with Chapter 2911 rules. The jail will remain on a biennial inspection schedule.

JJDPA Compliance

On May 15, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted at the Crow Wing County Jail. The Crow Wing 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 that are looked at during our audit include Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

According to the DOC portal, the Crow Wing County Jail held or processed 0 juveniles between October 1, 2023 and the date of the inspection. Upon review, the following was noted.

DSO: No violations of the facility holding status offenders in the jail. According to policy and procedure youth brought into the facility are there for delinquent offenses.

Jail Removal: Jail policy and procedure indicate that 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.

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 Crow Wing County inspection.

Report completed By: Lori Schopf – Detention Facility Inspector

Signature: _____





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

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

INSPECTION DETAILS FOR:

Dakota County Jail

Address: 1580 W Highway 55, PO BOX 247-J, Hastings, MN 55033

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Daniel Lipa – Detention Facility Inspector

Inspected on: 07/12/2023 to 07/21/2023

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

Officials Present During Inspection: Captain Kevin Engel; Commander Jim Gabriel; Jail Administrator Ben Verby

Officials Present for Exit Interview: Captain Kevin Engel; Jail Administrator Ben Verby

Issued Inspection Report to: Captain Kevin Engel; Commander Jim Gabriel; Jail Administrator Ben Verby; Sheriff Joe Leko; County Administrator Matt Smith; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance	Total Compliance With Concerns	Compliance Rating	Substantial Compliance Result/Criteria
2911	Mandatory	123	120	1	2	99.19%	Compliance rating of 100%
2911	Essential	99	99	0	0	100.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 08/01/2023 **Ends On:** 07/31/2025

Facility Type: Jail

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 07/31/2024

Delinquent Juvenile Hold Approval: no approval

Certificate Holder: Dakota County Sheriff's Office

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	263	95	249.85	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 1****1. 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:

Medication records do not enable staff to account for the quantity of medications currently assigned to inmates. There is no way to account if an inmate has been given the correct amount or doses of medication on a daily basis.

Corrective Actions:

Develop and implement a solution to the accountability of medications. Inform the Department of Corrections of the process and its effectiveness within 90 days.

Response Needed By: 10/30/2023**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 2****1. 2911.1900 POLICY AND PROCEDURE MANUALS.**

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

Inspection Findings:

The Jail Administrator conducts a review of the policy manual in accordance with this Rule part, but the review is not documented.

Corrective Actions:

This was discussed during the on-site audit and solutions were formulated. No additional actions are required at this time.

Response Needed By:**2. 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:

The facility conducts well-being checks in compliance with this Rule part. Through discussions with facility leadership, it has become apparent that the facility is over-utilizing the use of more frequent watches to the point that it is becoming difficult for security staff to conduct their usual duties.

Corrective Actions:

It is recommended to evaluate the use of special watches and when inmates are placed on those watches.

Response Needed By:

INSPECTION COMMENTS

The Dakota County Jail has exceptional program options available to serve the needs of the inmate population. The facility has added additional programming options at a time when many facilities have reduced their offerings. The facility is also utilizing tablets for additional programming options.

The facility continues to be understaffed. This has been outlined in previous inspection reports, but Dakota County is working diligently to address these staffing concerns and outlined the efforts they are taking to address staffing shortages.

The building continues to show signs of age. However, Dakota County has undertaken several large-scale construction projects to update and upgrade the facility's capabilities. The facility was clean and appeared well-maintained during the on-site inspection.

Interviews with multiple inmates and staff members indicated that there are open, professional lines of communication between administration, staff and the incarcerated population.

Well-being checks:

Audits were conducted of multiple shifts and days of well-being checks. All well-being checks were observed to be conducted within the required timelines and were high quality. The facility conducts monthly audits of security staff's well-being checks and this appears to be having a positive impact on their performance.

Hardel Sherrell Act:

The Dakota County Jail is in compliance with all currently required aspects of the Hardel Sherrell Act.

The jail will remain on biennial inspections at this time.

JJDPA Compliance

On July 12, 2023, a Juvenile Justice and Delinquency Prevention Act audit was conducted. Dakota County Jail does not have authorization to hold juveniles. The Dakota County Jail did not book any juveniles between October 1, 2022, and the inspection date.

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

Based on the information that I received and reviewed, I did not find any violations of the JJDP act during the Dakota County inspection.

Report completed By: Daniel Lipa – Detention Facility Inspector

Signature:





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

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

INSPECTION DETAILS FOR:

Hennepin County ADC

Address: 401 Fourth Avenue S, Minneapolis, MN 55415

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 09/18/2024

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, video review and facility documentation reviews.

Officials Present During Inspection: Captain Joel Field; Captain Jeff Lamberson; Major Sherman Otto

Officials Present for Exit Interview: Captain Joel Field; Captain Jeff Lamberson; Major Sherman Otto

Issued Inspection Report to: Captain Joel Field; Captain Jeff Lamberson; Regional Manager Dayna Burmeister; Major Sherman Otto

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	124	1	1	99.21%	Compliance rating of 100%
2911	Essential	101	99	2	0	98.02%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 10/01/2024 **Ends On:** 09/30/2026 **Facility Type:** Adult Detention Center
Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 09/30/2025
Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Hennepin County Sheriff's Department
Special Conditions:

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

Bed Type	Gender	Approved Capacity	Effective Date	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	835	3/28/2005	95	793.25	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 1****1. 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:

Prior to the date of the inspection, well-being checks were found to be out of compliance with the 30-minute time frame required in the rule. These violations were found during additional on-site visits to the facility. In addition, those inmates found to be experiencing withdrawal symptoms were not placed on more frequent checks as required. This was noted in special incidents #28202, #28366, #28482, and 28514.

Corrective Actions:

The facility is currently on a corrective action plan which the inspector continues to monitor. Protocol for more frequent well-being checks for those inmates experiencing withdrawal symptoms shall be implemented by October 15, 2024.

Well-being checks shall not be completed at any time using the plumbing chase hallways. Personal observation is difficult, and the correctional officers have poor sight lines into the cells from this area. The area contains small windows which do not allow for the officer to observe the well-being of inmates.

Response Needed By: 10/15/2024**Chapter 2911 - Essential Rules Not In Compliance****Total: 2****1. 2911.0900 STAFFING REQUIREMENTS. Subpart 15. Ratio of custody staff to inmates, reporting incidents, and responding to emergencies.**

A. A facility with a design capacity of 60 or fewer beds shall meet the staffing ratios in this item. For inmate supervision, the overall facilitywide minimum ratio of custody staff to inmates shall be one custody officer to 25 inmates. These staff must be in the facility and on duty at all times and not involved in temporary duties outside of the facility. Included in this ratio are all staff who are assigned and trained in the custody and supervision of inmates as their primary duty. Staff not directly responsible for custody and supervision of inmates such as administrative, supervisory, program, bailiff, or support staff shall not be included in this ratio; B. A facility with a design capacity of 60 or more beds shall meet the staffing ratios in this item. For inmate supervision, the overall facilitywide minimum ratio of custody staff to inmates shall not be less than: (1) 1 to 60 inmates for direct supervision housing units with lockdown capability; (2) 1 to 48 inmates for direct supervision dormitories; (3) 1 to 40 for indirect or podular inmate supervision; and (4) 1 to 25 inmates for linear housing areas; C. A facility administrator may apply for a specific variance from the staffing requirements in this subpart from the commissioner. Consideration of this variance shall require that supervision of inmates is accomplished in an appropriate manner and that the safety and security of the facility, staff, and inmates are not compromised.

Inspection Findings:

The facility is not operating at the 1:25 staffing levels required for linear style housing units on floor 4 and 5 of the city hall building. During staff break times, staffing falls below the required staffing ratios. Additionally, the facility is utilizing the housing unit staff to assist with internal movement and escorts which leaves the housing areas to fall below the required levels.

Corrective Actions:

The facility shall submit an updated staffing plan to the inspector for approval. This staffing plan must outline the staff assigned in each housing area and the staffing levels must meet the required ratios for the supervision style of those areas. Additionally, the plan must identify the staffing that is needed for internal movements and escorts of inmates. The internal movement and escort staff must be provided at sufficient levels for each area so that housing unit staff are not being utilized for these duties. Finally, the plan must include sufficient staffing levels in the booking/intake area of the facility to accomplish the necessary tasks in that area so that staff required in other areas of the facility are not being utilized to accomplish those duties. The approved staffing plan must be implemented within 7 days of approval by the inspector and may not deviate from the staffing plan without approval from the Department of Corrections. The inspector will monitor through on-site visits to the facility.

Response Needed By: 10/15/2024**2. 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 is not providing recreational opportunities a minimum of five days per week for inmates housed in the city hall building.

Corrective Actions:

The facility shall provide active recreation for those inmates in city hall at a minimum of 5 days per week.

Response Needed By: 10/31/2024

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:

The facility has an inventory of everything located in the secured tool cabinets, however there is no log tracking the control of dangerous materials.

Corrective Actions:

This was discussed in detail with the facility administrator. It is strongly recommended that the facility create a process which requires kitchen staff to record start and end inventory counts of tools each day for better accountability.

Response Needed By:

INSPECTION COMMENTS

Due to ongoing concerns with staffing levels, well-being checks and inmates who present with symptoms of withdrawal not being placed on more frequent checks; the facility will be placed on annual inspections.

JJDPA Compliance

On September 4, 2024, an OJJDP compliance audit was conducted of the Hennepin County Adult Detention Center. Since October 1, 2023, there have been 0 juveniles detained at the facility.

The Hennepin County Jail has no delinquent juvenile hold approval. There are no violations of the OJJDP Act for the Hennepin County Jail.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature: 



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

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

INSPECTION DETAILS FOR:

Mille Lacs County Jail

Address: 640 Third Street SE, Milaca, MN 56353

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 05/21/2024 to 05/21/2024

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, facility documentation reviews and video footage review.

Officials Present During Inspection: Assistant Jail Administrator Dustin Naumann; Jail Administrator Bradley Hunt; Sheriff Don Lorge

Officials Present for Exit Interview: Assistant Jail Administrator Dustin Naumann; Jail Administrator Bradley Hunt

Issued Inspection Report to: Assistant Jail Administrator Dustin Naumann; Jail Administrator Bradley Hunt; Sheriff Don Lorge; County Coordinator Dillon Hayes; Regional Manager Jacob McLellan

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	123	3	0	97.62%	Compliance rating of 100%
2911	Essential	100	99	1	0	99.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 07/01/2024 **Ends On:** 06/30/2025

Facility Type: Jail

Placed on Biennial Status: No

Biennial Status Annual Compliance Form Due On:

Delinquent Juvenile Hold Approval: 6 hrs

Certificate Holder: Mille Lacs Sheriff's Office

Special Conditions:

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	120	85	102.00	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 3****1. 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:

Multiple files were reviewed, and the facility is not consistently completing orientation on all newly admitted inmates.

Corrective Actions:

The facility shall provide orientation as required to all newly admitted inmates. This will be monitored by the inspector during on-site visits to the facility.

Response Needed By: 06/30/2024**2. 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:

The facility is maintaining an itemized list of all property stored, however inmates are not signing the receipt for all property held until release.

Corrective Actions:

The facility shall provide all inmates with an itemized list of all property received at the time of intake. That receipt shall be signed. This will be monitored during on-site visits by the inspector.

Response Needed By: 06/30/2024**3. 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:

Medication counts were found to be inaccurate in the medication cart.

Corrective Actions:

In conjunction with the medical authority, the facility must establish a system of accounting to ensure the dispensing of medication is accurately documented. Submit a plan to the Department for review.

Response Needed By: 06/30/2024**Chapter 2911 - Essential Rules Not In Compliance****Total: 1****1. 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:

The facility has a procedure for the identification of building and equipment deterioration. Administration is aware of the deficiencies and defects identified in the summary section of this report but, little has been done to address these concerns.

Corrective Actions:

It is recommended that the elected officials of Mille Lacs County identify the long-term incarceration needs of the county and take steps to ensure the safety and security of the inmate population.

Response Needed By: 06/30/2024

INSPECTION COMMENTS

Physical Plant: Facility design is staff intensive and difficult to maintain separation standards for classification.

Medical unit: The medical unit is undersized. The Nurse's station shares office space with the exam room, storage, and pharmacy. Items are not safely secured and does pose a safety risk for both staff and inmates.

Laundry and Kitchen: Laundry and kitchen areas are undersized for the number of inmates served.

Intake: Intake is the highest traffic area of the jail and is not of sufficient size for the number of inmates processed. The intake area has 5 cells, but only one with a toilet. This increases movement and slows productivity in the area as staff are required to bring inmates to the bathroom as needed. Three of the five cells do not meet square footage requirements for living space or bed requirements.

MN Statute 241.021- The facility is not completing the required ROI form for all inmates.

The facility will remain on annual inspections.

JJDPA Compliance

On May 21, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Mille Lacs County jail has 6-hour hold approval. This allows the facility to hold a delinquent juvenile up to 6 hours, excluding weekends and holidays. The three core requirements that are looked at during our facility review are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

According to facility records, the Mille Lacs County Jail held or processed three (3) juveniles between October 1, 2023, and the day of the inspection.

DSO: No violations of the facility holding status offenders in the jail were found. Upon review of the files, indication was that juveniles that were brought into the facility were indeed there for delinquent offenses. No juveniles were brought into the secure portion of the jail and were processed in the facility lobby.

Jail Removal: There was no violation for this core requirement.

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.

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

Based on the documentation reviewed, the facility has no violations of the JJDP act.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature: _____





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

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

INSPECTION DETAILS FOR:

Northwest Regional Corrections Center

Address: 816 Marin Avenue, SUITE 110, Crookston, MN 56716

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Rachel Dotseth – Detention Facility Inspector

Inspected on: 12/06/2023 to 03/26/2024

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

Officials Present During Inspection: Jail Administrator Joey Pederson

Officials Present for Exit Interview: Jail Administrator Joey Pederson

Issued Inspection Report to: Executive Director Andrew Larson; Jail Administrator Joey Pederson; County Administrator Charles Whiting; Regional Manager Jacob McLellan

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	123	2	1	98.41%	Compliance rating of 100%
2911	Essential	100	99	1	0	99.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 02/01/2024 **Ends On:** 01/31/2026

Facility Type: Jail

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 01/31/2025

Delinquent Juvenile Hold Approval: no approval

Certificate Holder: Tri-County Community Corrections

Special Conditions: None

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

Bed Type	Gender	Approved Capacity	%Operating Capacity	Operational Capacity	Bed Details	Conditions
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RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 2****1. 2911.1350 MEDICAL TRAINING FOR CUSTODY STAFF.**

By policy and procedure a training program shall be established by the facility administrator in cooperation with the health authority, that provides instruction in the following areas: A. first aid training for custody personnel responsible for the supervision, safety, and well-being of prisoners; B. recognition of signs and symptoms of illness and knowledge of action required in potential emergency situations; C. administration of first aid and cardiopulmonary resuscitation (CPR). Recertification training shall occur as required with respect to first aid and CPR. The training shall be documented; D. methods of obtaining assistance; E. recognition of signs and symptoms of mental illness, developmental disabilities, emotional disturbance, and chemical dependency; and F. procedures for inmate transfers to appropriate medical facilities or other health care providers.

Inspection Findings:

Correctional Officers have not received signs and symptoms of mental illness/developmental disability/emotional disturbance training. The facility started conducting these trainings while the inspection was occurring.

Corrective Actions:

The facility shall train all Correctional Officers in signs and symptoms of mental illness/developmental disability/emotional disturbance training. Documentation must be submitted to the Department of Corrections by January 11, 2024.

Response Needed By:**2. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 5. Well-being.**

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

Inspection Findings:

A video review of well-being checks showed well-being checks were within the 30 minutes, except for two checks that were started after the 30-minute timeframe. However, there were a few checks that were completed too fast to observe the well-being of the inmate.

Corrective Actions:

Immediately, schedule and retrain all staff in well-being checks. Within 30 days of receipt of this order, submit documentation of the completed training to the Department of Corrections by January 11, 2024.

Response Needed By: 01/11/2024**Chapter 2911 - Essential Rules Not In Compliance****Total: 1****1. 2911.1300 CUSTODY STAFF TRAINING.**

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

Inspection Findings:

New Correctional Officers are not receiving vulnerable inmate training as required by the rule.

Corrective Actions:

The facility shall train all new Correctional Officers in vulnerable inmates training. Documentation must be submitted to the Department of Corrections by January 11, 2024.

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

1. 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:

The facility is conducting daily temperature checks but is missing some dates within the year.

Corrective Actions:

The facility shall assign a staff member to complete the daily temperature checks to ensure compliance with the rule.

Response Needed By:**INSPECTION COMMENTS**

The facility will stay on a biennial status.

JJDPA Compliance

On December 06, 2023, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Northwest Regional Corrections Center does not have approval to hold juveniles. No juveniles were brought to the facility. The facility does not participate in any scared straight programming.

Report completed By: Rachel Dotseth – Detention Facility Inspector

Signature:



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

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

INSPECTION DETAILS FOR:

Otter Tail County Jail

Address: 416 S Mill Street, Fergus Falls, MN 56537

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jake Nelson – Senior Detention Facility Inspector **Inspected on:** 10/30/2024

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, facility documentation review and video footage review.

Officials Present During Inspection: Jail Administrator Beth Carlson

Officials Present for Exit Interview: Jail Administrator Beth Carlson; Sheriff Barry Fitzgibbons

Issued Inspection Report to: Jail Administrator Beth Carlson; Sheriff Barry Fitzgibbons; County Administrator Nichole Hansen; Regional Manager Jacob McLellan

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	127	122	3	2	97.64%	Compliance rating of 100%
2911	Essential	100	99	1	0	99.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 01/01/2025 **Ends On:** 12/31/2025 **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:** Otter Tail Sheriff's Office
Special Conditions:

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

Bed Type	Gender	Approved Capacity	Effective Date	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	111	6/1/2002	90	99.90	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 3

1. 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:

The facility visit schedule does not allow for at least 8-hours of visiting for all inmates, due to the visit schedule being set for specific housing units.

Corrective Actions:

This was fixed on-site, and the facility has changed its visit schedule to be in compliance with the 8-hour rule. No further action is required at this time.

Response Needed By:

2. 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 completes daily security inspections, but was unable to provide the documentation, due to software issues.

Corrective Actions:

The facility administrator must develop a procedure for documenting daily security inspections, so they can be easily accessed for review and follow-up when needed. Send documentation of the new procedure to the DOC by January 31, 2025.

Response Needed By: 01/31/2025

3. 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 facility is not accounting for medications that are being put in the medication disposal box. These medications are only accounted for once they are being processed for destruction, which is on an irregular schedule.

Corrective Actions:

The facility must develop a procedure to accurately account for medications that have been subject to destruction, in order to ensure that what is being destructed is what was originally put in the destruction box. Send updated procedure to the DOC by January 31, 2025

Response Needed By: 01/31/2025

Chapter 2911 - Essential Rules Not In Compliance**Total: 1****1. 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:

Since April 2024, the facility has not been completing monthly inventories of unissued security devices.

Corrective Actions:

The facility administrator must develop a procedure to ensure unissued security equipment is inventoried monthly. Send documentation of this procedure to the DOC by January 31, 2025

Response Needed By: 01/31/2025**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 2****1. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 6. Medical screening.**

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

Inspection Findings:

The facility's intake medical screening does not include all elements required in the Rule. Specifically, mode of drug use, and withdrawal symptoms.

Corrective Actions:

The facility shall update the medical screening to include all elements required in the Rule. Send documentation of updated medical screening to the DOC by January 31, 2024.

Response Needed By:**2. 2911.6600 DELIVERY. Subpart 10. Refusal of prescribed medications.**

There shall be procedures for health-trained staff to report an inmate's refusal of prescribed medications to the attending physician, responsible physician, or health care personnel. The refusal and directives by the health care personnel shall be documented.

Inspection Findings:

A review of ten medical files showed two files where inmates refused prescribed medications, but no medication refusal form had been submitted to the provider.

Corrective Actions:

The facility administrator, in conjunction with the facility health authority, shall ensure that all staff are trained on the procedures for correctly documenting instances when inmates refuse their prescribed medications. Send documentation of training plan to the DOC by January 31, 2024.

INSPECTION COMMENTS

The facility shall be moved to an annual inspection status, for continued monitoring in response to the Conditional License Order issued in March of 2024.

JJDPA Compliance

On October 30, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act Audit was conducted. A review of DOC Portal indicated that zero juveniles were processed in the Otter Tail County Jail from October 1, 2024, to October 29, 2024. A review of data identified no violations.

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

Jail Removal: No violations of the jail removal standard.

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation.

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

Based on the documentation reviewed, zero (0) violations of the JJDP Act were identified during the Otter Tail County Jail inspection.

Report completed By: Jake Nelson – Senior Detention Facility Inspector

Signature:





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INSPECTION DETAILS FOR:

Pine County Detention Center

Address: 635 Northridge Drive NW, SUITE 130, Pine City, MN 55063

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Lori Schopf – Detention Facility Inspector

Inspected on: 03/20/2024 to 03/20/2024

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, facility documentation reviews, and video footage review.

Officials Present During Inspection: Assistant Jail Administrator Heather Immel; Jail Administrator Rodney Williamson

Officials Present for Exit Interview: Jail Administrator Rodney Williamson

Issued Inspection Report to: Assistant Jail Administrator Heather Immel; Jail Administrator Rodney Williamson; Sheriff Jeff Nelson; County Administrator David Minke; Regional Manager Jacob McLellan

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	119	1	6	99.21%	Compliance rating of 100%
2911	Essential	101	97	3	1	97.03%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 05/01/2024 **Ends On:** 04/30/2026

Facility Type: Jail

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 04/30/2025

Delinquent Juvenile Hold Approval: 24 hrs exclusive of weekends and holidays

Certificate Holder: Pine County Sheriff's Office

Special Conditions:

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	131	85	111.35	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 1**

1. 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 clerical staff did not complete all quarterly reviews for 2023.

Corrective Actions:

Ensure that all staff are reviewing the emergency procedures quarterly. Submit documentation of completed reviews to the Department of Corrections by 07/01/2024 for review.

Response Needed By: 07/01/2024**Chapter 2911 - Essential Rules Not In Compliance****Total: 3**

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:

A check of training records showed all clerical staff did not have the required 16 hours of annual training for 2023.

Corrective Actions:

Develop a plan to ensure all clerical staff are completing the minimum 16 hours of training annually and submit the plan to the Department of Corrections by April 30, 2024.

Response Needed By: 05/31/2024

2. 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:

The facility has a policy and procedure in place for administrative segregation, but there was no documentation of 7-day administrative reviews.

Corrective Actions:

This was discussed during the inspection with the Jail Administrator, and the facility is immediately implementing a documented process of 7-day reviews for those inmates in Administrative Segregation. Submit documentation of completed reviews to the Department of Corrections by April 30, 2024.

Response Needed By: 05/31/2024

3. 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:

Recreation space does not provide for 7 hours of active recreation for females outside the cell and in an adjacent day room area.

Corrective Actions:

The facility has provided the female day space with an elliptical machine and the ability to use kettlebells during recreation time in the housing unit dayroom. Additionally, this equipment in the female housing unit limits the required day space area outlined in the rule.

The officials of Pine County will need to begin conversations on how to provide equal programming to all inmates if they want to continue to house female inmates in the facility. There is not sufficient space available in the facility at this time to do so.

Response Needed By: 05/31/2024

Chapter 2911 - Mandatory Rules In Compliance With Concerns**Total: 6****1. 2911.1900 POLICY AND PROCEDURE MANUALS.**

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

Inspection Findings:

A review of the facility's policy was conducted prior to the inspection. Seven policies do not meet all of the requirements of the Chapter 2911 Rules or State Statutes governing county jails.

Corrective Actions:

This was discussed with the Jail Administrator at the time of the inspection and the facility is working on updating these policies. Once updated, have staff review the changes to the policy manual. Submit the changes to the Department of Corrections for review by July 1, 2024.

Response Needed By:

2. 2911.2500 SEPARATION OF INMATES. Subpart 1. General.

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

Inspection Findings:

At the time of this inspection, the facility was in compliance with the provisions under this section of the rule. When the facility population returns to pre-pandemic numbers it will be difficult to provide for the required separation needs. During the inspection, there was discussion of adding separation space by splitting sub-dayrooms.

Corrective Actions:

Continue to evaluate spatial reconfiguration options to accommodate future needs.

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 facility completes testing on all locks. Documentation showed the testing was completed on an irregular schedule.

Corrective Actions:

Develop a system to ensure all locks are tested weekly.

Response Needed By:

4. 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:

Temperature is not checked on a daily basis.

Corrective Actions:

Since the inspection, the facility has developed a system to ensure the temperature is checked daily.

Response Needed By:

5. 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:

A review of the inmate medication administration records (MAR) found that one inmate's medication count was not correct.

Corrective Actions:

The facility completes biweekly medication audits, and there is a process to notify the responsible physician and jail administration when a medication error is found.

Response Needed By:

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

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

Inspection Findings:

The facility completes sanitation inspections. Documentation showed the inspections were completed on an irregular schedule.

Corrective Actions:

Develop a system to ensure sanitation inspections occur weekly.

Response Needed By:

Chapter 2911 - Essential Rules In Compliance With Concerns**Total: 1**

1. 2911.7300 FIRE INSPECTION. Subpart 4. Weekly inspection.

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

Inspection Findings:

The facility completes fire and safety inspections. Documentation showed the inspections were completed on an irregular schedule.

Corrective Actions:

Develop a system to ensure fire and safety inspections occur weekly.

Response Needed By:

INSPECTION COMMENTS

The jail will remain on biennial inspections.

JJDPA Compliance

On March 20, 2024, a Juvenile Justice and Delinquency Prevention Act (JJDP) audit was conducted. The Pine Detention Center 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 are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

According to facility records, the Pine County Detention Center held or processed one (1) juvenile between October 1, 2023, and the day of inspection. The findings are as follows:

DSO: No violations found.

Jail Removal: Files and DOC Portal data indicate that any children 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.

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 provision for deinstitutionalization of status offenders were found.

Report completed By: Lori Schopf – Detention Facility Inspector

Signature:





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:

Volunteers Of America Residential Reentry Center - Roseville

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

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

Inspection Type: Biennial **Inspected By:** Lauren Bizzotto – Detention Facility Inspector **Inspected on:** 09/06/2023 to 09/07/2023

Inspection Method: Facility tour, staff and resident interviews, staff and resident file reviews, and policy and procedures manual, and other related documentation reviews.

Officials Present During Inspection: Program Manager Josue Garcia

Officials Present for Exit Interview: Program Manager Josue Garcia

Issued Inspection Report to: Program Manager Josue Garcia

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	25	23	2	0	92.00%	Compliance rating of 100%
2920	Essential	80	76	3	1	96.25%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 11/01/2023 **Ends On:** 10/31/2025 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 10/31/2024

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: 2****1. 2920.3800 TRAINING PROGRAM. Subpart 1. Orientation session for new employees.**

It is mandatory that the facility provide an orientation session for new employees. There must be a minimum of 30 hours of training that is relevant to staff duties and the population served. The training must be documented.

Inspection Findings:

A random sample of personnel files showed that one out of five staff did not complete their orientation training. The administration stated that this staff's orientation training is completed, but no documentation supported this.

Corrective Actions:

Administration to add a training compliance section in their monthly monitoring checklist. Ensure all staff have completed their orientation training, and that documentation in their personnel file supports this.

Response Needed By: 12/07/2023**2. 2920.3900 MANTOUX TEST OR CHEST X RAY REQUIRED.**

It is mandatory that staff and residents by screened for tuberculosis according to Minnesota Statutes, section 144.445.

Inspection Findings:

A random sample of personnel files showed that staff hired in 2023 were not tested or cleared for tuberculosis with a Mantoux test or chest x-ray, and staff hired before 2023 have not received a Mantoux test and/or chest x-ray.

Corrective Actions:

Staff and residents must have a cleared Mantoux test before residing or working at the facility. This shall be included in their resident file or personnel file. The administration will work to get current staff screened for tuberculosis. Facility policy is to be updated to reflect this rule part, as the rule was changed, effective January 1, 2023.

Response Needed By: 12/07/2023**Chapter 2920 - Essential Rules Not In Compliance****Total: 3****1. 2920.5900 SECURITY PROCEDURES.**

Written policies regarding security measures are required and must include: A. that the staff shall maintain a system of accounting for the residents at all times; B. that the facility shall have written procedures for the reporting of absconders; C. that the facility shall notify appropriate probation officers, parole officers, victims, if legally required, and other relevant officials as soon as it has been determined that a resident is missing; D. that the written policy shall prohibit weapons of any kind from being brought into the facility except by peace officers during the course of duties. The facility may have policy regarding the use of chemical agents by trained staff members; and E. a key inventory system for facility and resident keys.

Inspection Findings:

During a review of facility wellness checks, documentation showed that security staff did not complete the required number of security rounds per policy on multiple days.

Corrective Actions:

Administrative staff to continue conducting monthly audits on wellness checks and follow up with staff when they are not meeting policy. Within 30 days of receipt of this report, submit documentation that all staff have been retrained on security procedures.

Response Needed By: 12/07/2023**2. 2920.6600 BUILDINGS AND GROUNDS. Subpart 1. General.**

Building and grounds must be clean and in good repair. There must be a maintenance budget for ongoing repair and replacement of equipment for the facility.

Inspection Findings:

During the physical plant tour, this inspector noticed ceiling tiles missing in the basement and falling out of their frame in an upstairs shower area.

Corrective Actions:

Fix all ceiling tiles within 30 days of receipt of this report and submit pictures to the Department of Corrections.

Response Needed By: 12/07/2023

3. 2920.7600 PERSONNEL RECORDS. Subpart 1. General requirement; contents of record.

The adult community-based residential correctional facility shall maintain an accurate personnel record on each employee which shall include: A. initial application; B. appropriate results of employment investigation, if done; C. training and experience verification; D. wage and salary information; E. job performance evaluation completed at least annually; F. training programs which the employee participated in after employment began; G. documentation of sick leave, leave of absence, and vacation; H. grievance and disciplinary actions, if any; I. tuberculosis screening as required by law; J. dates of employment and termination with reason for termination; and K. results of a criminal history check.

Inspection Findings:

A review of a random sample of personnel files showed that at least one staff out of five did not receive an annual review, although hired in December 2021. All staff did not have a tuberculosis screening on file.

Corrective Actions:

Add annual evaluations to the administrative monthly monitoring checklist. Ensure past due staff receive their annual review within 30 days of receipt of this report. Upon completion of the tuberculosis screening, ensure it is in the personnel files on or before December 7, 2023.

Response Needed By: 12/07/2023

Chapter 2920 - Essential Rules In Compliance With Concerns

Total: 1

1. 2920.4900 RESIDENT RECORDS. Subpart 3. Plan.

Facility staff and the resident shall develop a written service plan that specifies the needs of the resident; the expected goals and objectives of the individualized plan; the participation of the resident, staff, support services, and community resources in the attainment of these goals and objectives; and the resident's progress in meeting the goals.

Inspection Findings:

The case plans for each resident indicate goals and objectives but lack details in some areas of the service plan.

Corrective Actions:

Ensure that goals and objectives to attaining those goals are documented, clearly stated, and detailed, along with tools the case manager has used to assist the resident in goal planning.

Response Needed By:

INSPECTION COMMENTS

The inspection of Volunteers of America occurred on September 6, 2023. It consisted of a full tour of the physical plant, staff and resident interviews, discussions with administrators, and reviewing all policies, procedures, and programming. The wrap-up meeting with the facility administration occurred on September 7, 2023.

The facility houses federal probation, Bureau of Prisons residents, and Department of Corrections work releases. This facility is unique in that it houses both men and women at this location. They must follow federally mandated guidelines and are reviewed quarterly and inspected annually by federal inspectors.

A new administrative director has recently taken over overseeing the daily operations of this facility. The administration has implemented a monthly monitoring plan to review facility operations per recommendations from the previous inspection.

The administration shared plans that are in place for partnering with the Department of Employment and Economic Development (DEED), which will allow DEED staff to be on-site and officed in the building. The plans consist of updating a large space in the basement to include offices for DEED staff, computers for resumes and job searching, and a room for residents to have virtual interviews. Staff are very excited about this upcoming change.

The administration was welcoming and very accommodating. Even with the age of the building, it appeared in good condition, and they seem to continue looking for new ways to update the facility. The staffs' cooperation during the inspection was appreciated.

The facility will remain on biennial inspections.

JJDP A Compliance

N/A

Report completed By: Lauren Bizzotto – Detention Facility Inspector

Signature:





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INSPECTION DETAILS FOR:

Sherburne County Jail

Address: 13880 Highway 10, Elk River, MN 55330

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 05/07/2024

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, facility documentation review, and video footage review.

Officials Present During Inspection: Assistant Jail Administrator Tom Zerwas; Captain JD Coolidge; Captain Lisa Eckhart; Commander Dave Isais; Jail Administrator Ty Hoppe; Program Coordinator Mark Fritel

Officials Present for Exit Interview: Assistant Jail Administrator Tom Zerwas; Captain JD Coolidge; Commander Dave Isais; Jail Administrator Ty Hoppe; Sheriff Joel Brott

Issued Inspection Report to: Commander Dave Isais; Sheriff Joel Brott; County Administrator Bruce Messelt; Regional Manager Jacob McLellan

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	2	2	98.41%	Compliance rating of 100%
2911	Essential	101	100	1	0	99.01%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2024 **Ends On:** 06/30/2026 **Facility Type:** Jail

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2025

Delinquent Juvenile Hold Approval: 6 hrs **Certificate Holder:** Sherburne County Sheriff's Department

Special Conditions:

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	732	95	695.40	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 2****1. 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 is unable to provide documentation that daily inspections are being completed.

Corrective Actions:

The facility shall ensure that all housing units are completing daily inspections and that those inspections are documented. The inspector shall monitor through onsite visits to the facility.

Response Needed By: 06/30/2024**2. 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 chemical used by inmates was found to be corrosive and not secured.

Corrective Actions:

The facility shall remove all corrosive chemicals used by inmates. This will be monitored by on-site visits and no further action is required at this time.

Response Needed By: 07/01/2024**Chapter 2911 - Essential Rules Not In Compliance****Total: 1****1. 2911.0900 STAFFING REQUIREMENTS. Subpart 15. Ratio of custody staff to inmates, reporting incidents, and responding to emergencies.**

A. A facility with a design capacity of 60 or fewer beds shall meet the staffing ratios in this item. For inmate supervision, the overall facilitywide minimum ratio of custody staff to inmates shall be one custody officer to 25 inmates. These staff must be in the facility and on duty at all times and not involved in temporary duties outside of the facility. Included in this ratio are all staff who are assigned and trained in the custody and supervision of inmates as their primary duty. Staff not directly responsible for custody and supervision of inmates such as administrative, supervisory, program, bailiff, or support staff shall not be included in this ratio; B. A facility with a design capacity of 60 or more beds shall meet the staffing ratios in this item. For inmate supervision, the overall facilitywide minimum ratio of custody staff to inmates shall not be less than: (1) 1 to 60 inmates for direct supervision housing units with lockdown capability; (2) 1 to 48 inmates for direct supervision dormitories; (3) 1 to 40 for indirect or podular inmate supervision; and (4) 1 to 25 inmates for linear housing areas; C. A facility administrator may apply for a specific variance from the staffing requirements in this subpart from the commissioner. Consideration of this variance shall require that supervision of inmates is accomplished in an appropriate manner and that the safety and security of the facility, staff, and inmates are not compromised.

Inspection Findings:

The facility has several direct supervision housing units that house over 60 inmates that are staffed with one housing unit officer from the hours of 2200-0600 with one correctional staff.

Corrective Actions:

It is recommended that the facility, provide two staff for the hours in which only one correctional officer is assigned to each direct supervision housing unit that has over 60 inmates.

Response Needed By: 12/31/2024

Chapter 2911 - Mandatory Rules In Compliance With Concerns**Total: 2****1. 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:

Three well-being checks were viewed as being too fast a pace to observe signs of life.

Corrective Actions:

The facility has an extensive system for auditing well-being checks. Any discrepancies noted in these audits should be documented. The inspector will continue to monitor through on-site visits to the facility.

Response Needed By:**2. 2911.5550 LOCKS AND KEYS. Subpart 3. Regular testing.**

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

Inspection Findings:

Lock inspections are recorded on a log form weekly, but there is no verification that all locks to security doors and gates have been tested for proper function.

Corrective Actions:

It is recommended that the facility, create a form that clearly identifies all locks to be tested to ensure that all required areas are being tested to ensure proper operation.

Response Needed By:**INSPECTION COMMENTS**

Physical Plant: The Sherburne County Jail has had several housing unit expansions over the years but the core features of the facility to include the kitchen, property room, vehicle sally port, and laundry were not enlarged to accommodate the additional population. The most glaring shortfall in space is the intake area. The number of bookings and additional traffic due to court movement in and out of the facility make it cumbersome to maintain classification separation.

The HVAC system is unable to maintain consistent temperatures throughout the jail. Sherburne County would benefit from the addition of negative pressure cells for quarantine procedures and inmates with airborne communicable illness. The facility also lacks storage space. The narrow hallways of the segregation areas are being used as a storage area and should be free of clutter for officer safety.

The facility will remain on a biennial inspection schedule.

JJDPA Compliance

On May 7, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Sherburne County Jail has 6-hour juvenile hold approval. 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.

According to facility records, the Sherburne County Jail held or processed zero (0) juveniles between October 1, 2023 and the day of inspection. The findings are as follows:

DSO: No status offenders were held in the jail.

Jail Removal: No juveniles were held or processed during the timeframe referenced above.

Sight and Sound Separation: The facility's design and policies allow for proper sight and sound separation. Policies and the court schedule also indicate that these are maintained.

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 Sherburne County inspection.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature:

