



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:

Aitkin County Jail

Address: 217 Second Street NW, ROOM 185, Aitkin, MN 56431

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Lori Schopf – Senior Detention Facility Inspector **Inspected on:** 12/03/2025

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 Elizabeth Eddy; Jail Administrator Karla White

Officials Present for Exit Interview: Assistant Jail Administrator Elizabeth Eddy; Jail Administrator Karla White

Issued Inspection Report to: Jail Administrator Karla White; Sheriff Dan Guida; County Administrator Jessica Selbert

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance	Total Compliance With Recommendations	Compliance Rating	Substantial Compliance Result/Criteria
2911	Mandatory	121	115	6	0	95.04%	Compliance rating of 100%
2911	Essential	96	94	2	0	97.92%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 01/01/2026 **Ends On:** 12/31/2027 **Facility Type:** Jail
Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 12/31/2026
Delinquent Juvenile Hold Approval: 24 hrs exclusive of weekends and holidays **Certificate Holder:** Aitkin 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	89	12/29/2004	90	80.10	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

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 and procedure manual was conducted as part of the inspection. There are 16 policies that do not meet all of the requirements of the Chapter 2911 Rules or State Statutes governing county jails.

Corrective Actions:

The facility was notified of the policies that need to be revised and is actively working to update the Policy and Procedure Manual. The facility will submit the revised policies to the Inspector for review.

Response Needed By: 01/12/2026

2. 2911.2525 ADMISSIONS. Subpart 1. Policies and procedures.

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

Inspection Findings:

A review of six medical files showed that two files did not have the referral portion of the Brief Jail Mental Health Screen (BJMHS) properly completed. In another file, the BJMHS was not completed, and there was no documentation indicating that the inmate refused to answer the questions.

Corrective Actions:

The facility shall provide refresher training to correctional staff on proper completion of the BJMHS, including accurate completion of the referral section. Supervisors should periodically audit inmate files to verify accurate and consistent documentation. Documentation confirming completion of the refresher training must be recorded and submitted for review.

Response Needed By: 01/12/2026

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

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

Inspection Findings:

The facility has a procedure requiring all inmates to receive orientation during the admission process. However, a review of five inmate files found that three did not contain the documentation by a statement signed and dated by the inmate that the inmate completed and understands orientation.

Corrective Actions:

The facility shall update their policy and provide refresher training to correctional staff on completing and filing the orientation acknowledgment form. Supervisors should periodically audit inmate files to verify accurate and consistent documentation. Documentation confirming completion of the refresher training must be recorded and submitted for review.

Response Needed By: 01/12/2026

4. 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 from four separate days and times identified one check on 11/20/25 that exceeded the required 30-minute interval. A check was conducted at 0623 hours, and the next check did not occur until 0657 hours, resulting in a 34-minute lapse.

Corrective Actions:

The facility must ensure that all well-being checks are conducted and documented within the required 30-minute intervals. Staff should receive refresher training on this requirement. Documentation confirming completion of the refresher training must be recorded and submitted for review.

Response Needed By: 01/12/2026

5. 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:

A review of daily inspection records for November and December of 2025 indicated that daily inspections were only documented on one date during this period.

Corrective Actions:

Within 15 days, the facility must implement corrective measures to ensure daily inspections are completed and documented. A tracking system or supervisory review process should be established to monitor compliance.

Response Needed By: 12/29/2025

6. 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 intake medical screen was missing the required section indicating the inmate's disposition. The disposition options include: (1) general population; (2) general population with referral to appropriate health care service; (3) referral to appropriate health care service on an emergency basis; and (4) other.

Corrective Actions:

Within 30 days, the facility must update the intake medical screen on their Jail Management System to ensure it includes the required disposition section. All staff should be trained on completing this new section. Once updated, submit for review.

Response Needed By: 01/12/2026

Chapter 2911 - Essential Rules Not In Compliance

Total: 2

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:

There was no documentation available to demonstrate that staff had completed required training on part D. Vulnerable Inmates and part L. Diversity Training.

Corrective Actions:

Since the inspection, the facility has submitted documentation confirming that all staff have completed the required training on 'Vulnerable Inmates' and 'Diversity Training.' The inspector will continue to monitor for compliance.

Response Needed By:

2. 2911.3500 VOLUNTEERS.

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

Inspection Findings:

A review of volunteer files found that although volunteers signed forms indicating they had read policies and completed orientation, the agreement lacked language affirming that volunteers agree to comply with all facility rules and policies, part D.

Corrective Actions:

Since the inspection, the facility has updated the volunteer agreement form to include language stating that volunteers agree to abide by all facility rules and policies and will get updated signatures from all volunteers. The inspector will continue to monitor for compliance.

Response Needed By:

INSPECTION COMMENTS

The Aitkin County Jail will remain on a biennial inspection cycle.

JJDPA Compliance

On November 3, 2025, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Aitkin County Jail has received a "Rural Exception" to the Juvenile Justice and Delinquency Prevention Act (JJDP). 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 the facility audit are, Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

The Aitkin County Jail did not hold or process any juveniles from October 1, 2025, to the day of inspection.

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

No violations of the JJDP act during were found during the Aitkin County Jail inspection.

Report completed By: Lori Schopf – Senior Detention Facility Inspector

Signature:

