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: **Brown County Jail**

Address: 15 S Washington Street, PO BOX 877, New Ulm, MN 56073

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 06/03/2026

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 Steve Appel

Officials Present for Exit Interview: Jail Administrator Steve Appel

Issued Inspection Report to: Jail Administrator Steve Appel; Sheriff Jason Seidl; County Administrator Sam Hansen

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	127	119	8	0	93.70%	Compliance rating of 100%
2911	Essential	99	97	2	0	97.98%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2026 **Ends On:** 06/30/2027 **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:** Brown 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	Effective Date	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	56	7/1/2002	80	44.80	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance **Total: 8**

1. 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:

The facility is not completing the Brief Jail Mental Health Screen as designed. Part of the screen has been incorporated into the medical screen; however, additional questions have been added to the screen. The screen is not scored and there is no area for the staff to identify whether or not the inmate is to be referred to mental health.

Corrective Actions:

The facility has implemented the Brief Jail Mental Health Screen as designed. There is no further action required at this time. The inspector will continue to monitor for compliance.

Response Needed By: 07/27/2026

2. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 1. Emergency plan.

A facility shall have a written disaster plan. The plan shall include policies and procedures designed to protect the public by securely detaining inmates who represent a danger to the community or to themselves when the facility must be evacuated in total. The plan shall also include: A. location of alarms and fire fighting equipment; B. an emergency drill policy as follows: (1) at least annual drills at all facility locations; and (2) drills shall be conducted even when evacuation of extremely dangerous inmates may not be included; C. specific assignments and tasks for personnel; D. persons and emergency departments to be notified; E. procedure for evacuation of inmates; and F. arrangements for temporary confinement of inmates.

Inspection Findings:

The facility was unable to provide documentation that an annual emergency drill was conducted.

Corrective Actions:

The facility shall conduct an emergency drill at the facility and provide documentation to the DOC within 30 days of receipt of this report. It is recommended that the facility include local emergency departments in the drill.

Response Needed By: 07/27/2026

3. 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:

Chemicals found to be toxic, and caustic were found unsecured in inmate housing areas.

Corrective Actions:

The facility shall ensure that all chemicals labeled as toxic and caustic are secured. The facility shall ensure that inmates are provided with appropriate PPE when handling these types of chemicals. This was corrected on-sited during the inspection. The inspector will continue to monitor for compliance.

Response Needed By: 06/26/2026

4. 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:

One weekly lock inspection was missing in the months of January, February, and March 2026.

Corrective Actions:

The facility shall ensure that weekly lock inspections are being conducted as required in this rule part. The inspector will continue to monitor for compliance.

Response Needed By: 06/26/2026

5. 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 medical screen is missing elements (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;,(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, and (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.

Corrective Actions:

The facility shall update the medical screen to include elements 3, 6, and C and submit to the DOC within 15 days of receipt of this report.

Response Needed By: 07/13/2026

6. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 6. Transfer of records.

A facility shall have a written policy and procedure regarding the transfer of health records and information that establishes the following requirements: A. summaries or copies of the health record are sent to the facility to which the inmate is transferred. Upon the request and written authorization of the inmate, physicians or medical facilities in the community shall be provided health record information; and B. The facility administrator or designee, which may include the responsible physician, health care personnel, or health-trained staff of the facility from which the inmate is being transferred, shall minimally share with the facility administrator of the facility designated to receive the inmate information regarding the inmate's medical management, security, and ability to participate in programs. In the absence of informed consent forms signed by the inmate involved, the information may be provided in summary manner to ensure a level of medical care consistent with the inmate's needs.

Inspection Findings:

The facility is not providing a summary of the inmate's health record upon transfer to another facility.

Corrective Actions:

This was discussed in detail during the inspection. The facility implemented a plan during the inspection. No further action is required at this time. The inspector will continue to monitor for compliance.

Response Needed By: 06/26/2026

7. 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 checks were not completed for a total of 11 days between the months of January-May of 2026.

Corrective Actions:

This was out of compliance during the last inspection. The facility shall develop a plan that ensures daily temperature checks are being conducted by staff on days when nursing staff are not present. Submit documentation of the plan to the inspector within 15 days of receipt of this report.

Response Needed By: 07/13/2026

8. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 2. Maintenance plan.

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

Inspection Findings:

One weekly sanitation inspection was missing in the months of January, February and March 2026.

Corrective Actions:

The facility shall ensure that weekly sanitation inspections are being completed as required in this rule part. The inspector will continue to monitor for compliance.

Response Needed By: 06/26/2026

Chapter 2911 - Essential Rules Not In Compliance **Total: 2**

1. 2911.2850 INMATE DISCIPLINE PLAN. Subpart 3. Due process.

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

Inspection Findings:

A review of 3 inmate files found 2 instances where an inmate was placed in segregation; the inmate did not waive his right to a hearing in writing and there was no indication on the form by correctional staff that the inmate refused to sign the waiver.

Corrective Actions:

The facility shall ensure that all inmates who are receiving disciplinary segregation are given the opportunity to waive or request a hearing in writing. The facility shall provide training on due process to all staff and submit documentation to the inspector within 30-days of receipt of this report. The inspector will continue to monitor for compliance.

Response Needed By: 07/27/2026

2. 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 was missing documentation of one weekly fire inspection for the months of January, February, and March 2026.

Corrective Actions:

The facility shall ensure that weekly fire inspections are conducted as required in this rule part. The inspector will continue to monitor for compliance.

Response Needed By: 06/26/2026

INSPECTION COMMENTS

This is an amended report.

The following were identified during the inspection:

1) 241.021 4(f)-The medical authority was unaware of the medication requirements in the statute.

2) 641.15 Sub.3-The facility is not using the Brief Mental Health Screen referral area as a basis for quarterly reporting in S3.

3) 241.021 Sub.7-One inmate file was missing the ROI as required.

The facility will remain on biennial inspections.

JJDPA Compliance

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

On June 3, 2026, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Brown 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. 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 the DOC Portal System, the Brown County Jail has held zero (0) juveniles during the federal fiscal year October 1, 2025 - June 3, 2026.

The findings are as follows:

DSO: There were no violations of the facility holding status offenders in the jail.

Jail Removal: There were no violations for the jail removal standard.

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation. Brown County does not hold delinquent juveniles in the facility per their policy. All delinquent juveniles are brought to Prairie Lakes Juvenile Detention Center.

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

Court Holding: There is one secure holding cell that is connected to the jail and is not used for juveniles. The courtrooms do not have a secure court holding area.

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

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector **Signature:** Jennifer Pfeifer