



## 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:

#### Chippewa County Jail

**Address:** 629 N 11th Street, Montevideo, MN 56265

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

**Inspection Type:** Biennial **Inspected By:** Jake Nelson – Senior Detention Facility Inspector **Inspected on:** 07/02/2025

**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 J.T. Schacherer

**Officials Present for Exit Interview:** Jail Administrator J.T. Schacherer

**Issued Inspection Report to:** Jail Administrator J.T. Schacherer; Sheriff Derek Olson; County Auditor/Treasurer Michelle May; Regional Manager Dayna Burmeister

### 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	126	115	11	0	91.27%	Compliance rating of 100%
2911	Essential	97	95	2	0	97.94%	Compliance rating of 90%

### TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 08/01/2025 **Ends On:** 07/31/2027 **Facility Type:** Jail  
**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 07/31/2026  
**Delinquent Juvenile Hold Approval:** 24 hrs exclusive of weekends and holidays **Certificate Holder:** Chippewa 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	17	7/16/2002	85	14.45	None.	

### RULE COMPLIANCE DETAILS

#### Chapter 2911 - Mandatory Rules Not In Compliance

Total: 11

1. 2911.1000 TRAINING PLAN.

A facility administrator or designee shall develop and implement a training plan for the orientation of new employees and volunteers and provide for continuing in-service training programs for all employees and volunteers. Training plans shall be documented and describe curriculum, methods of instruction, and objectives. In-service training plans shall be prepared annually and shall provide documentation indicating that training for individual employees has taken into consideration their length of service, position within the organization, and previous training completed.

**Inspection Findings:**

Documentation reviewed showed that the training plan had not been updated or reviewed since 2023.

**Corrective Actions:**

**This was corrected on-site. No further action is required at this time.**

**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:**

A review of facility housing units found two inmates, of different classifications, being housed in the same housing unit. These inmates were also allowed to be out of their cells at concurrent times.

**Corrective Actions:**

**This was corrected on-site. No further action is required at this time. The inspector will continue to monitor for compliance.**

**Response Needed By:**

3. 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 all inmate files showed that two inmates who were not referred for mental health services, when their mental health screenings indicated a referral should have been made.

**Corrective Actions:**

**All staff must be retrained on the proper procedure for completing the mental health screenings. Specifically, the scoring requirements for when inmates need to be referred for mental health services.**

**Send documentation of completed training to the Department of Corrections (DOC) by the response date.**

**Response Needed By: 08/29/2025****4. 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 does not complete the orientation process at the time of admission for all new inmates.

**Corrective Actions:**

**The facility must create and implement an orientation process that allows for all new inmates to receive orientation at the time of admission, in a manner that they can understand.**

**Send documentation of the new plan to the DOC by the response date.**

**Response Needed By: 08/29/2025****5. 2911.2600 CLASSIFICATION OF INMATES. Subpart 1. Policy and procedure.**

A facility shall have a written policy and procedure that provides for inmate classification in terms of level of custody required, housing assignment, participation in facility programs, and use of any overrides. The facility's policy and procedure on classification shall include consideration of the following: A. inmate gender; B. juvenile or adult status; C. category of offense; D. severity of current charges, convictions, or both; E. degree of escape risk; F. potential risk of safety to others and self; G. institutional disciplinary history; H. serious offense history; I. special needs assessment, inclusive of vulnerable adults, which includes a determination of how medical needs, mental health needs, developmental disability, or other behavioral or physical limitations or disabilities may impact on the classification of an inmate and appropriate housing of same; and J. special management inmate status.

**Inspection Findings:**

A review of all current inmate files showed two inmates who did not have any classification completed at the time of admission.

**Corrective Actions:**

**This was completed and fixed on-site. However, the facility must retrain all staff on the booking process, and the importance of properly completing classifications for all inmates at the time of admission.**

**Send documentation of completed training to the DOC by the response date. The inspector will continue to monitor for compliance.**

**Response Needed By: 08/29/2025****6. 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:**

Video review of two overnight shifts showed 4 checks that were outside the 30-minute timeframe allowed in the Rule.

**Corrective Actions:**

**The facility must complete refresher training for all staff on the importance of well-being checks, and the consequences of late checks.**

**Send documentation of completed training to the DOC by the response date. The inspector will continue to monitor for compliance.**

**Response Needed By: 08/29/2025****7. 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:**

Documentation reviewed showed there were 8 days in June 2025, that staff did not document their daily security inspections.

**Corrective Actions:**

**The facility must review its procedure for completing and documenting daily security inspections. Send the updated procedure to the DOC by the response date. The inspector will continue to monitor for compliance.**

**Response Needed By: 08/29/2025**

8. 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 medical screening does not include all required elements in the Rule, including 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.

**Corrective Actions:**

**The facility must update the medical screening to incorporate all elements required in the Rule. Send documentation of the updated screening to the DOC by the response date.**

**Response Needed By: 08/29/2025**

9. 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:**

Documentation reviewed showed 7 days in June 2025 that were missing daily temperature checks.

**Corrective Actions:**

**The facility must update any post orders or staff checklists to ensure the medication refrigerator is checked daily. Send documentation of updated procedures to the DOC by the response date.**

**Response Needed By: 08/29/2025**

10. 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 maintaining medication counts for prescription PRN medications. Additionally, there is no documentation tracking the medications that are placed in the disposal bin. Medications placed in that bin are only accounted for at the time of destruction. This practice does not allow for verification of what was initially placed in the destruction bin.

**Corrective Actions:**

**The facility must update their medication audit procedure to ensure that all prescribed medications are accurately accounted for. Send updated procedure to the DOC by the response date. The inspector will continue to monitor for compliance.**

**Response Needed By: 08/29/2025**

11. 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:**

Documentation reviewed showed there were two weekly sanitation inspections missed in May 2025, and two missed in June 2025.

**Corrective Actions:**

**The facility must review their procedure for completing weekly sanitation inspections. Send updated procedure to the DOC by the response date.**

**Response Needed By: 08/29/2025****Chapter 2911 - Essential Rules Not In Compliance****Total: 2**

1. 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:**

The facility does not have a volunteer orientation program, and volunteers do not agree in writing to abide by all facility rules and policies.

**Corrective Actions:**

**The facility must develop a volunteer orientation program that includes all the required elements in the Rule. Send documentation of the new procedure to the DOC by the response date.**

**Response Needed By: 08/29/2025**

2. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 1. Post orders and accountability.

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

**Inspection Findings:**

There was no documentation showing that staff reviewed or signed post orders for 2025.

**Corrective Actions:**

**The facility must have all staff review applicable post orders for 2025. Send documentation showing completion to the DOC by the response date.**

**Response Needed By: 08/29/2025**

## INSPECTION COMMENTS

The facility shall remain on biennial inspections. Through random facility visits, the Inspector will monitor the implementation of the corrective actions required in this report, as well as the facility's ongoing compliance overall.

### JJDPA Compliance

Compliance Report for the Monitoring Facilities Pursuant to the Juvenile Justice and Delinquency Prevention Act.

On July 2, 2025, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Chippewa 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 DOC Portal records, the Chippewa County Jail held or processed 0 (zero) juveniles during the federal fiscal year 2025. The findings are as follows:

DSO: I did not find any violations of the facility holding status offenders in the jail. Upon review of the files, indication was that children that were brought into the facility were indeed there for delinquent offenses or for book and release only. All status offenders are held in an interview room outside of the jail facility and has free egress to the outside.

Jail Removal: Files and DOC Portal System 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. 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.

Policies- The facility has updated all juvenile policies to reflect proper placement and separation of juveniles.

Court Holding- There is one secure court holding room at Chippewa County but the court holding is not used for juveniles, the juveniles are brought straight into court. The juvenile policy reflects this protocol.

Based on the documentation reviewed, there were no violations of the JJDP act during the Chippewa County inspection.

Report completed By: Jake Nelson – Senior Detention Facility Inspector

Signature:

