



# 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:

### Cook County Jail

**Address:** 143 Gunflint Trail, Grand Marais, MN 55604

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

**Inspection Type:** Annual **Inspected By:** Justin Roberts – Senior Detention Facility Inspector **Inspected on:** 11/21/2023

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

**Officials Present During Inspection:** Jail Administrator Ben Hallberg

**Officials Present for Exit Interview:** Jail Administrator Ben Hallberg

**Issued Inspection Report to:** Jail Administrator Ben Hallberg; Sheriff Pat Eliasen; County Administrator James Joerke; 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	113	10	3	92.06%	Compliance rating of 100%
2911	Essential	92	87	2	3	97.83%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 12/01/2023 **Ends On:** 11/30/2024 **Facility Type:** 72 Hour Holding

**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:** Cook County Sheriff's Department

**Special Conditions:** None.

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

Bed Type	Gender	Approved Capacity	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	15	35	5.25	9/21/2001 -original date 11/05/2001	None.

## RULE COMPLIANCE DETAILS

### Chapter 2911 - Mandatory Rules Not In Compliance

Total: 10

- 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:**

The facility does not have an annual training plan for 2023.

**Corrective Actions:**

**The facility must create an annual training plan as required by the rule. The plan must be submitted to the assigned DOC inspector for review.**

**Response Needed By: 01/31/2024**

**2. 2911.1900 POLICY AND PROCEDURE MANUALS.**

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

**Inspection Findings:**

The policy and procedure manual shall be updated to reflect current practice. The manual must also include all applicable statutes. This was discussed at length with the jail administrator at the time of the inspection.

Additionally, the annual policy review that is required by both staff and administration has not been completed for 2023.

**Corrective Actions:**

**The facility was provided with a list of policies to update and shall have these corrected and submitted to the Department of Corrections by February 29, 2024.**

**The facility must also ensure that the annual policy review is completed annually by both staff and administration.**

**Response Needed By: 02/29/2024**

**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 is not completing orientation as required by the rule. The current process only states that the inmate has been provided an inmate handbook to read.

**Corrective Actions:**

**The facility must implement an orientation process that provides the inmates important information and the inmate must sign and date acknowledging that they have completed the orientation process. Once a process has been implemented, it must be submitted to the assigned DOC inspector for review.**

**Response Needed By: 01/31/2024**

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**4. 2911.4000 ANNUAL FOOD SERVICE REVIEW.**

A facility's menu content and cycle shall be reviewed at least once annually by a registered dietitian or nutritionist to ensure compliance with part 2911.3900. The review the findings shall be documented and on file.

**Inspection Findings:**

The facility has not completed the annual food service review as the facility is having difficulty finding a registered dietitian who will complete this review.

**Corrective Actions:**

**The facility must have a registered dietitian or nutritionist complete this review as required. Once completed it must be submitted to the Facility's assigned DOC inspector for review.**

**Response Needed By: 01/31/2024**

**5. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 4. Counting.**

A facility shall have a written policy describing the system of counting inmates. Formal counts shall be completed with an official entry made in the daily log at least once each eight hours. The facility shall maintain a system that identifies the whereabouts of all inmates in custody and includes a system of accountability for inmates approved for temporary absences from their assigned housing units. A written policy and procedure shall provide that staff regulate inmate movement.

**Inspection Findings:**

The facility is conducting formal inmate counts; however, they are not consistently being completed within the required 8 hours.

**Corrective Actions:**

**The facility must implement a process that ensured a formal inmate count is completed at least once every 8 hours.**

**Response Needed By: 01/31/2024**

**6. 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 not conducting daily inspections as required by the rule.

**Corrective Actions:**

**The facility must implement a process to complete and document the daily inspections as required. The facility must submit documentation to the assigned DOC inspector weekly for 30 days following the receipt of this report.**

**Response Needed By: 01/31/2024**

**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:**

Medications requiring refrigeration are stored in a refrigerator located in the dispatch/control room; however, the refrigerator's temperature is not checked and documented daily.

**Corrective Actions:**

**The facility must implement a process that requires that the medical refrigerator has its temperature checked and documented daily.**

**Response Needed By: 01/31/2024**

8. 2911.6500 STORAGE. Subpart 6. Needles and other medical sharps.

There shall be a written policy and procedure for the control and disposal of medical sharps and supplies. Medical sharps and supplies when used or stored in inmate housing areas shall be accounted for and secured in a locked area.

**Inspection Findings:**

The facility is storing needles and sharps in the dispatch/control room; however, they are not being accounted for.

**Corrective Actions:**

**The facility must implement a process that accounts for the needles and sharps being used and stored in the facility. Once a process has been implemented, it must be submitted to the facility's assigned DOC inspector for review.**

**Response Needed By: 01/31/2024**

9. 2911.6600 DELIVERY. Subpart 14. Expiration of medication order.

Health care personnel shall be notified of impending expiration of a medication order so that it can be determined whether the medication should be continued or altered.

**Inspection Findings:**

The facility has a cabinet that contains several over-the-counter medications. A large number of these medications were expired at the time of inspection.

**Corrective Actions:**

**The facility must discontinue use and dispose of all expired medications.**

**Response Needed By: 01/31/2024**

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 does document all medications received and dispensed; however, the facility does not document the quantity on hand when received or when dispensed.

**Corrective Actions:**

**The facility must implement a process of documenting the quantity of medications on hand when they are received and dispensed, in order to maintain an accurate account of the medications as required by the rule.**

**Response Needed By: 01/31/2024**

**Chapter 2911 - Essential Rules Not In Compliance**

**Total: 2**

1. 2911.0900 STAFFING REQUIREMENTS. Subpart 14. Backup resource assistance.

In facilities that use the dispatcher or custody position as sole supervision, policy and procedures shall be implemented that assure a reasonable level of security and backup resource assistance for the dispatcher or custody person in circumstances that require emergency response assistance. The DOC shall review and approve the policy and procedures.

**Inspection Findings:**

Back-up on the overnight hours is limited and at times there is no deputy on at all. Additionally, it is also possible that the sole deputy on-duty could be an hour away at any given time.

**Corrective Actions:**

**Update policy and procedure manual to reflect a reasonable level of security and back-up for emergency response.**

**Response Needed By: 01/31/2024**

**2. 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:**

Facility staff have not received training in response to resistance regulations and tactics training as required by the rule. The facility policy does not allow jail/dispatch staff to have inmate contact without a sheriff's deputy present.

Additionally, one staff member had not completed suicide risk and precautions training prior to being independently assigned to work a post. The Jail Administrator has provided documentation that it has since been completed.

**Corrective Actions:**

**All staff must receive response to resistance regulations and tactics training as required by the rule. Once completed, training documentation must be submitted to the assigned DOC inspector for review.**

**Response Needed By: 02/29/2024**

**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 3****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 via video for three different dates. All well-being checks observed were conducted within the 30-minute requirement. However, when inmate cells are unlocked, well-being checks are being conducted from the corridor located outside of the dayrooms. This presents problems when inmates are in their cells as not all cells can be observed from the corridor. Additionally, when cell doors are partially closed, visibility into the cells is obstructed from the corridor; however, facility staff use the dayroom door food slots to communicate with the inmates and have them fully open their cell doors.

**Corrective Actions:**

It was discussed with the Jail Administrator that the facility should discontinue use of the cells not visible from the corridor, in order to ensure that each inmate is being personally observed by staff on each well-being check. The facility must also continue to require that staff have inmates keep cell doors completely open in order to personally observe them from the corridor.

**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:**

The facility was not completing weekly lock inspections prior to the new Jail Administrator taking over in October. Since October the facility has been completing the weekly lock inspections.

**Corrective Actions:**

**The facility must continue to complete the weekly lock inspections as required.**

**Response Needed By:**

3. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 2. Maintenance plan.

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

**Inspection Findings:**

The facility was not completing weekly sanitation inspections prior to the new Jail Administrator taking over in October. Since October the facility has been completing the weekly sanitation inspections.

**Corrective Actions:**

**The facility must continue to complete the weekly sanitation inspections as required.**

**Response Needed By:****Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 3**

1. 2911.4900 SECURITY INSPECTION.

The facility shall have a written policy and procedure to require the facility administrator or designee to inspect all areas within the security perimeter, and equipment at least monthly and initiate corrective action if needed.

**Inspection Findings:**

The facility was not completing monthly security inspections prior to the new Jail Administrator taking over in October. Since October the facility has been completing the monthly security inspections.

**Corrective Actions:**

**The facility must continue to complete the monthly security inspections as required.**

**Response Needed By:**

2. 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:**

The facility was not completing monthly inventory of security equipment prior to the new Jail Administrator taking over in October. Since October the facility has been completing the monthly inventory of security equipment.

**Corrective Actions:**

**The facility must continue to complete the monthly security equipment inventory as required.**

**Response Needed By:**

3. 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 not completing weekly fire inspections prior to the new Jail Administrator taking over in October. Since October the facility has been completing the weekly fire inspections.

**Corrective Actions:**

**The facility must continue to complete the weekly fire inspections as required.**

**Response Needed By:**

**INSPECTION COMMENTS**

Medical: Although the medical policies have been signed, there is little or no oversight by the medical authority. There is no health trained staff reviewing medical or mental health screens. The jailer/dispatchers are required to make the decision for medical care.

There is no policy that reflects the requirements of pregnant females as it relates to statute 241.88-89.

Physical Plant: The facility was found to be clean and well maintained.

Hardel Sherrell Act:

There is no policy or procedure in place for the use of the ROI at intake.

There is no policy as required for death reviews or reporting deaths to the Department of Corrections within 24 hours.

There is no policy on the new duty to report requirements.

There is no policy that addresses the prone restraint.

The facility will remain on annual inspections.

**JJDPA Compliance**

On November 21, 2023, a Juvenile Justice and Delinquency Prevention (JJDP) Act Audit was conducted. A review of DOC Portal indicated that zero (0) juveniles were processed in the Cook County Jail from October 1, 2023, to November 21, 2023. 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 Cook County Jail inspection.

**Report completed By:** Justin Roberts – Senior Detention Facility Inspector

**Signature:**



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