



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:

Koochiching County Jail

Address: 715 Fourth Street, International Falls, MN 56649

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 04/24/2025

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

Officials Present During Inspection:

Officials Present for Exit Interview:

Issued Inspection Report to:

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	123	4	0	96.85%	Compliance rating of 100%
2911	Essential	100	94	6	0	94.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2025 **Ends On:** 06/30/2026 **Facility Type:** 90 Day Lockup
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:** Koochiching County Sheriff's Office
Special Conditions: Mailed on 6/12/2025

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	30	10/15/2004	80	24.00	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 4

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:

Orientation is not being conducted during the intake process for all newly admitted inmates. It is provided by the use of texters in the housing unit. The current practice does not ensure that all inmates are receiving orientation in a manner in which they can understand, nor does it provide an opportunity for the inmates to sign and date the orientation to verify its completion.

Corrective Actions:

Orientation shall be conducted as part of the formal intake process to ensure consistency, comprehension, and proper documentation including inmate acknowledgement through signature and date. The facility shall create a policy and procedure to reflect this procedure. All correctional staff shall be trained on the new procedure and documentation of the procedure and verification of training shall be submitted to the Department of Corrections within 45 days of receipt of this report.

Response Needed By: 05/30/2025

2. 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 does not include element (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 and element (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.

Corrective Actions:

In conjunction with the medical authority, the facility shall update the medical screen to include use of alcohol and other drugs, types of drugs used, mode of use, amounts used, frequency of use, and history of problems that may have occurred after ceasing use. Weight loss shall be added to the signs of tuberculosis. The facility shall submit the updated medical screen to the inspector within 15 days of receipt of this report. The inspector will continue to monitor for compliance.

Response Needed By: 05/30/2025

3. 2911.6500 STORAGE. Subpart 5. Controlled substances.

There shall be a procedure for maximum security storage of and accountability for controlled substances.

Inspection Findings:

The facility is not providing maximum-security storage for controlled medications as required in this rule part. During the medication review for accountability, one controlled substance was found stored in the same area as medications that do not require maximum security storage.

Corrective Actions:

In conjunction with the health authority, the facility shall ensure that all controlled medications are stored separately in a secure, locked area designated specifically for controlled substances. The facility shall train all correctional staff in the proper procedures for the maximum storage and accountability of all controlled substances and submit documentation to the Department of Corrections within 30-days of receipt of this report.

Response Needed By: 06/13/2025

4. 2911.6600 DELIVERY. Subpart 5. Recording deliveries.

A person responsible for delivering medications shall do so according to orders, and record the delivery of medications in a manner approved by the health care authority.

Inspection Findings:

Medication deliveries are not being documented in the manner approved by the health authority. Nine medical files and medication logs were reviewed. There were no inmate medical files that contained documentation of delivery of medication in a manner approved by the health authority.

Corrective Actions:

In conjunction with the health authority, the facility shall train all staff on the procedures for recording medication deliveries. Documentation of this training shall be submitted to the Department of Corrections within 30-days of receipt of this report.

Response Needed By: 06/13/2025

Chapter 2911 - Essential Rules Not In Compliance

Total: 6

1. 2911.2800 ADMINISTRATIVE SEGREGATION. Subpart 1. Administrative segregation.

Each facility administrator or designee shall develop and implement policies and procedures for administrative segregation.

Inspection Findings:

Nine inmate files were reviewed. Of the nine files reviewed, two inmates were placed on administrative segregation. One of the inmates placed on administrative segregation did not receive a review of his status every seven days.

Corrective Actions:

The facility shall ensure that all inmates placed on administrative segregation receive visits from the facility administrator or designee a minimum of once every seven days and that the review is documented in the inmates' file. The inspector will continue to monitor for compliance.

Response Needed By: 06/20/2025

2. 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:

The inmate discipline plan does not include a signature line for the inmate to waive their right to a hearing or the right to be heard by an impartial hearing officer.

Corrective Actions:

This was discussed with the facility at length during the inspection. The facility shall create a due process plan to include all items in this rule part. The facility shall submit the plan to the inspector within 30-days of receipt of this report.

Response Needed By: 06/20/2025

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:

The facility is not providing inmates with access to recreational opportunities a minimum of five days per week, as required in this rule part.

Corrective Actions:

The facility must develop a recreation plan consistent with the requirements listed in this rule part. This plan shall include recreational activity needs of geriatric and disabled inmates. Additionally, inmate recreation times must be documented for inspector review. The plan shall be submitted to the inspector within 15 days of receipt of this report. The inspector will continue to monitor for compliance.

Response Needed By: 05/30/2025

4. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 7. Health care follow-up.

A facility shall develop written policy and procedures that require that an inmate who presents with a chronic or persistent medical condition be provided with a health care follow-up.

Inspection Findings:

Nine inmate files were reviewed. Of the nine files reviewed, one inmate identified from the medical screen to have a chronic medical condition did not have a health care follow up documented. This was discussed in detail with the JA and the health authority on May 19, 2025.

Corrective Actions:

In conjunction with the health authority, the facility must create a policy and procedure which ensures all inmates who present with a chronic or persistent medical condition are provided with a health care follow up. This follow up shall be documented. The policy and procedure must be submitted to the inspector within 30-days of receipt of this report. The inspector will continue to monitor for compliance.

Response Needed By: 06/30/2025

5. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 9. Sick call.

A facility shall develop a written policy and procedure that requires that there is a continuous response to health care requests and that sick call, conducted by a physician or other health care personnel is available to each inmate as follows: A. In small facilities of less than 60 inmates, sick call is held once per week at a minimum; B. in medium sized facilities of 60 to 200 inmates, sick call is held at least three days per week; C. in facilities of over 200 inmates, sick call is held a minimum of five days per week; and D. if an inmate's custody status precludes attendance at sick call, arrangements are made to provide sick call services in the place of the inmate's detention.

Inspection Findings:

The facility is not conducting sick call at least once per week, as required by the rule. In addition, the facility is not documenting all sick call activities. It is difficult to verify that inmates are receiving timely access to medical services.

Corrective Actions:

In conjunction with the health authority, the facility shall create policy and procedure to ensure that sick call is being held a minimum of once per week, to include the requirement for documentation in the inmate's medical file. This policy and procedure shall be submitted to the Department of Corrections within 30 days of receipt of this report. The inspector will continue to monitor for compliance.

Response Needed By: 06/30/2025**6. 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 is not maintaining documentation of work orders to ensure that needed repairs to the facility are being completed.

Corrective Actions:

The facility shall maintain work order logs or requests for service for repairs and replacement needs in the facility and retain documentation when these corrections have been made. The inspector will continue to monitor for compliance.

Response Needed By: 05/30/2025**INSPECTION COMMENTS**

Physical Plant: The County is in the process of building a new facility that will eliminate the physical plant concerns addressed in previous inspection reports. The new facility is projected to be completed in the fall 2025.

The facility must continue to address the current facility's physical plant needs through preventative maintenance until the inmate population is fully transitioned to the new jail.

The facility will remain on annual inspections.

JJDPA Compliance

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

On 5/19/25, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Koochiching County Jail has received a "Rural Exception" to the 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 review are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

The Koochiching County Jail held or processed two (2) juveniles during the year auditing period. The findings are as follows:

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

Jail Removal: No violations for 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.

Court holding: The courtrooms do not have a secure court holding area.

Based on the documentation reviewed, no violations of the JJDP act during were found during the Koochiching County jail inspection.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature: _____

