



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:

Lake County Jail

Address: 613 Third Avenue, Two Harbors, MN 55616

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 10/08/2024

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

Officials Present During Inspection: Jail Administrator Janel Peer

Officials Present for Exit Interview: Jail Administrator Janel Peer

Issued Inspection Report to: Jail Administrator Janel Peer; Sheriff Nathan Stadler; County Administrator/PZ Administrator Matt Huddleston; Regional Manager Jake 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 | 119 | 109 | 9 | 1 | 92.44% | Compliance rating of 100% |
| 2911 | Essential | 93 | 85 | 8 | 0 | 91.40% | Compliance rating of 90% |

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 11/01/2024 **Ends On:** 10/31/2025 **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:** Lake 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 | 27 | 11/5/2001 | 80 | 21.60 | None. | |

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 9

1. 2911.1350 MEDICAL TRAINING FOR CUSTODY STAFF.

By policy and procedure a training program shall be established by the facility administrator in cooperation with the health authority, that provides instruction in the following areas: A. first aid training for custody personnel responsible for the supervision, safety, and well-being of prisoners; B. recognition of signs and symptoms of illness and knowledge of action required in potential emergency situations; C. administration of first aid and cardiopulmonary resuscitation (CPR). Recertification training shall occur as required with respect to first aid and CPR. The training shall be documented; D. methods of obtaining assistance; E. recognition of signs and symptoms of mental illness, developmental disabilities, emotional disturbance, and chemical dependency; and F. procedures for inmate transfers to appropriate medical facilities or other health care providers.

Inspection Findings:

Custody staff are not receiving training in part E., recognizing signs and symptoms of mental illness, developmental disability, emotional disturbance, and chemical dependency.

Corrective Actions:

The facility shall provide training as required in this rule part. Submit documentation of the completed training by December 31, 2024. Additionally, it is strongly recommended that the facility provide training in recognizing signs and symptoms of withdrawal and create policy and procedures that directly correlates this training with the more frequent checks required in Chapter 2911.5000.5

Response Needed By: 12/31/2024**2. 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:

Eight inmate files were reviewed during the inspection and three of those files did not have documentation that orientation was completed.

Corrective Actions:

The facility shall create a procedure to ensure that all required paperwork is being completed during the intake process. This new procedure and documentation that all staff were trained on this new procedure shall be submitted to the Department of Corrections by November 30, 2024.

Response Needed By: 11/30/2024**3. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 2. Quarterly review of emergency procedures.**

There shall be a review of emergency procedures once every three months. The review shall include: A. assignment of persons to specific tasks in case of emergency situations; B. instructions in the use of alarm systems and signals; C. systems for notification of appropriate persons outside the facility; D. information on the location and use of emergency equipment in the facility; E. specification of evacuation routes and procedures; and F. that the review be documented and require signature or initialing by all staff.

Inspection Findings:

The facility was unable to provide verification that the review of quarterly emergency procedures was completed.

Corrective Actions:

The Jail Administrator shall ensure that all staff are completing the required quarterly review of emergency procedures. Kitchen staff and the public health nurse shall be included in these reviews. Submit verification to the Department of Corrections each quarter until the date of the next annual inspection.

Response Needed By: 12/31/2024**4. 2911.4500 SUPERVISION OF MEAL SERVING.**

Meals shall be served under the direct supervision of staff.

Inspection Findings:

Meal trays are delivered to the housing units on carts, but custody staff do not supervise the delivery of those meals.

Corrective Actions:

The facility shall ensure that each meal service is directly supervised by staff. The inspector will continue to monitor through on-site visits.

Response Needed By: 10/31/2024

5. 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 showed well-being checks were completed within the 30-minute timeframe. However, there were checks viewed on October 1, 2024 at 0331 and again on October 5, 2025, at 752 and 1146 that were completed at too fast pace to observe the well-being of the inmate.

Corrective Actions:

The facility shall develop and implement a procedure/protocol that all inmates experiencing withdrawal symptoms are placed on more frequent observation. Additionally, the facility shall provide training to all staff on the requirements under this rule part and the importance of well-being checks. The procedure/protocol for all inmates experiencing withdrawals and well-being check training shall be documented and submitted to the Department of Corrections by November 30, 2024.

Response Needed By: 11/30/2024

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 facility is completing the mental health screen; however, it is not being scored and referrals are not being made to a mental health professional when required.

Corrective Actions:

The Jail Administrator shall ensure that all mental health screens are being scored as required and that those inmates who screen as needing a referral are being seen by a trained health care professional. Inmates needing a referral shall be placed on more frequent checks until they can be appropriately triaged. The inspector will monitor through on-site visits.

Response Needed By: 11/15/2024

7. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 8. Health complaints.

A facility shall develop a written policy and procedure that requires that inmates' health complaints are acted upon daily by health-trained staff, followed by triage and treatment by health care personnel if indicated.

Inspection Findings:

The facility was unable to provide documentation that health care complaints are acted upon daily by health trained staff. Nine medical files were reviewed and there was no documentation from public health that health complaints were being reviewed.

Corrective Actions:

In conjunction with the medical authority and Lake County Public Health, the facility must create a process/procedure to ensure that all health complaints are being acted upon by health-trained staff. Submit procedure to the Department of Corrections for approval by November 15, 2024.

Response Needed By: 11/15/2024

8. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 1b. Release of information consent forms.

Release of information consent forms must comply with applicable federal and state regulations.

Inspection Findings:

Nine inmate files were reviewed and two were found not to have the ROI form signed as required by Statute 241.021

Corrective Actions:

The facility shall ensure that all ROI forms are being completed at the time of intake. The inspector will continue to monitor through on-site visits.

Response Needed By: 11/15/2024

9. 2911.7100 INMATES WITH SPECIAL NEEDS. Subpart 1. Postadmission screening.

The facility written policy and procedure shall require postadmission screening and referral for care of inmates with special needs, whose adaptation to the correctional environment is significantly impaired.

Inspection Findings:

The facility is not providing post admission screening for those inmates with special needs whose adaptation to the correctional environment is significantly impaired. Lake County Public health is not completing post admission screening.

Corrective Actions:

The facility must develop a procedure to ensure that post admission screenings are being completed for those inmates with special needs. This procedure shall be submitted to the Department of Corrections for approval by November 15,2024.

Response Needed By: 11/15/2024**Chapter 2911 - Essential Rules Not In Compliance****Total: 8**

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:

Inmates receiving disciplinary segregation time are not provided the right to a hearing.

Corrective Actions:

The facility shall develop an inmate discipline plan which provides inmates with due process according to this rule part. Submit documentation to the Department of Corrections by November 30, 2024.

Response Needed By: 11/30/2024

2. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 1. Written plan.

A facility administrator or designee shall have and implement a written plan for the constructive scheduling of inmate time. The plan shall: A. identify programs offered in the facility and when the programs are offered; B. identify persons conducting the program and whether or not the persons are facility staff, external community resources under contract, or volunteers; C. be consistent with established legal rights of inmates, type and status of inmates detained in the facility, and rule requirements associated with the facility's classification; D. provide inmates with the option to refuse to participate in facility programs, except work assignments and programs required by statute or court order; E. when males and females are housed in the same facility, provide comparable opportunities for participation in programs and services; and F. require documentation of programs offered and inmates participating in programs.

Inspection Findings:

The facility was unable to provide a written plan for the constructive scheduling of inmate time.

Corrective Actions:

The facility must create a written plan for the constructive scheduling of inmate time. Submit the plan to the Department of Corrections by November 30, 2024.

Response Needed By: 11/30/2024

3. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 2.A. Arrangements for religious services and counseling.

A facility shall have either a chaplain with the minimum qualifications of clinical pastoral education or equivalent specialized training and endorsement by the appropriate religious certifying body or a community clergy consultant meeting the qualifications to assist the facility administrator in arranging for religious services and counseling as requested. No inmate shall be required to attend religious services. Religious services shall be held in a location that the inmates who do not wish to participate are not exposed to the service. Attendance or lack of attendance at religious services shall not be considered a criterion for rights or privileges within the facility. The facility administrator or designee in cooperation with the chaplain or community religious resource, plans, directs, and advises on aspects of the religious program, including approval and training of both lay and clergy volunteers from faiths represented by the inmate population. When a religious leader of an inmate's faith is not represented through chaplaincy staff, community religious resources, or volunteers, the chaplains or community religious resource shall assist the inmate in contacting such a person. That person shall have the appropriate credentials from that faith judicatory and may minister to the inmate with the approval of the chaplain or community religious resource. An inmate requesting private interviews or counseling in a setting not capable of being audio monitored with chaplaincy staff, community religious resources, or volunteers, or persons with the approval of the chaplain or community religious resource shall be given the opportunity within the policies as are reasonable and necessary to protect the facility's security. Bibles or sacred books of another religion may be made available to inmates by the facility, through local library or other community resources and limited to the inmate's period of confinement.

Inspection Findings:

The facility does not have a chaplain or approved equivalent to assist the facility in arranging for religious services.

Corrective Actions:

The facility shall obtain a chaplain or approved equivalent to assist the facility in arranging for religious services and submit documentation to the Department of Corrections by December 31, 2024.

Response Needed By: 12/31/2024

4. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 4. Education.

A facility shall have a written policy and procedure that provides for inmate access to educational programs, vocational counseling, and when available, vocational training. When possible, a facility shall arrange to have these educational programs delivered in classroom specifically designed and equipped for educational or vocational programming. Class I facilities are exempt from this requirement with the exception of those approved by the commissioner to house inmates serving alternative sentences. Text books necessary to complete a course of study, to the extent that local resources permit, shall be made available to inmates. The facility shall not be responsible for the purchase of text books to complete a course of study.

Inspection Findings:

The facility does not provide educational programs for inmates.

Corrective Actions:

The facility must provide access to educational programming and submit verification to the Department of Corrections by December 31, 2024.

Response Needed By: 12/31/2024

5. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 4. Reporting of unusual occurrences.

Incidents of an unusual or serious nature shall be reported within ten days of the incident in writing to the Department of Corrections in the format required by the department. The reports shall include the names of persons involved, staff and inmates, nature of the unusual occurrence, actions taken, and the date and time of the occurrence. Unusual occurrences requiring reporting to the DOC include such occurrences as: A. attempted suicide; B. suicide; C. homicide; D. death, by means other than suicide or homicide; E. serious injury or illness subsequent to detention including incidents resulting in hospitalization for medical care; F. hospitalization associated with mental health needs; G. attempted escape or escape from a secured facility; H. incidents of fire requiring medical treatment of staff or inmates or a response by a local fire authority; I. riot; J. assaults of one inmate by another that result in criminal charges or outside medical attention; K. assaults of staff by inmates that result in criminal charges or outside medical attention; L. injury to inmates through response to resistance by staff controlling inmate behavior; M. occurrences of infectious diseases and action taken relative to same when a medical authority has determined that the inmate must be isolated from other inmates; and N. reporting of all notices of intent to file litigation against the facility resulting from matters related to the detention or incarceration of an inmate; O. sexual misconduct, such as inmate on inmate, staff on inmate, and inmate on staff; and P. use of sexual materials, electronic media for sexual purposes, or both. In the event of an emergency such as serious illness or injury where death may be imminent, individuals designated by the inmate shall be notified. Permission for notification, if possible, shall be obtained from the inmate.

Inspection Findings:

Through conversation with the Jail Administrator the Inspector found that the facility has not submitted qualifying unusual occurrences to the Statewide Supervision System. The facility failed to submit 3 qualifying unusual occurrences that required reporting.

Corrective Actions:

the facility shall review all incidents from January 1, 2024, to present and submit all qualifying incidents per this rule part.

Response Needed By: 11/30/2024

6. 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:

The facility does not have a procedure in place that requires a health-care follow-up for those inmates who present with a chronic or persistent medical condition.

Corrective Actions:

In conjunction with the medical authority and Lake County public health, the facility shall develop a procedure to ensure that all inmates who present with a chronic or persistent medical condition receive a health care follow-up. This procedure shall be submitted to the Department of Corrections for approval by November 15, 2024.

Response Needed By: 11/15/2024

7. 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:

Nine medical files were reviewed and there was no documentation provided to the inspector that sick call was being completed at least once a week. Medical request forms were found to be unanswered and there was no documentation provided that follow-up with the inmate was completed.

Corrective Actions:

In conjunction with the medical authority and Lake County Public Health, the facility must create a process/procedure that requires documentation that sick call is being completed. Submit to the Department of Corrections for approval by November 15, 2024.

Response Needed By: 11/15/2024

8. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 3. Available information.

Medical record file information available to health-trained staff and custody personnel shall minimally include summary medical information provided by the health authority or health care personnel that ensures sufficient detail to allow health-trained staff persons or other custody personnel to ensure medical care of inmates in their custody in a manner consistent with that prescribed by the responsible physician or health care personnel.

Inspection Findings:

Nine medical files were reviewed on-site during the inspection. None of the files contained a summary of medical information provided by the health authority or Lake County Public Health.

Corrective Actions:

The facility shall ensure that all medial files contain the required medical summary provided by the health authority or health care personnel that provides sufficient detail to allow health-trained staff persons to ensure medical care of inmates in their custody.

The facility shall submit a detailed procedure for Lake County Public to ensure that detailed summaries of all contacts with inmates is being documented by November 15, 2024 for approval by the Department of Corrections.

Response Needed By: 11/15/2024**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 1**

1. 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 provided minimal documentation for each weekly lock check.

Corrective Actions:

It is recommended that the facility list out all locks for interior and exterior doors to ensure that each lock is being tested both electronically and manually.

Response Needed By:

INSPECTION COMMENTS

The facility has a medical authority in place and a contract with Lake County Public Health to provide care to inmates; however, there does not appear to be a sufficient procedure in place for these services to be provided. The Jail Administrator and Public Health nurse were unable to provide the inspector with detailed information in regard to the medical care inmates in custody were receiving and there was no documentation provided to the inspector to verify much of the information given.

Additionally, there is no referral process in place for those inmates requiring a referral based on scores from the required mental health screen.

There is one public health nurse for the county who also serves as the nurse for the jail. According to the public health nurse, there are not enough resources to ensure the medical requirements under the Chapter 2911 rules are being met.

The Lake County Jail will remain on an annual inspection schedule.

JJDPA Compliance

On October 9, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Lake County Jail has received a "Rural Exception" to the JJDP 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.

The Lake County Jail held or processed 0 (zero) juveniles between October 1, 2024, and 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 were identified during this inspection.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature:

