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:** Rachel Dotseth – Detention Facility Inspector **Inspected on:** 09/03/2025

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

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	120	111	9	0	92.50%	Compliance rating of 100%
2911	Essential	93	92	1	0	98.92%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 11/01/2025 **Ends On:** 10/31/2026 **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

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance Total: 9

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 did not include the objectives.

Corrective Actions:

This was fixed on-site. No further action is required at this time, and the Inspector will continue to monitor for compliance.

Response Needed By:

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:

A policy and procedure review was completed prior to the inspections. The review identified 13 policies containing minor items requiring correction in order to achieve full compliance with applicable policy and procedure requirements.

Corrective Actions:

The facility is in the process of updating its policies to Lexipol. Update the 13 policies and submit them to the Inspector for review. Once the full policy manual has been updated, submit to the Inspector for review. The Inspector will continue to monitor for compliance.

Response Needed By: 11/28/2025

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 one inmate was not referred for mental health services, when their mental health screening 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 Inspector. The Inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025

4. 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:

Documentation showed that on August 31, 2025, and September 03, 2025, formal counts were passed the 8-hour time frame required within the rule.

Corrective Actions:

The facility shall review their count times to ensure counts are being documented every 8-hours. Send updated policy and procedure to the Inspector. The Inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025

5. 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:

There was no documentation that daily inspections were completed on August 02, 2025, and August 03, 2025.

Corrective Actions:

The facility must review its procedure for completing and documenting daily security inspections. Send the updated procedure to the Inspector. The Inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025

6. 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:

There was no documentation that a weekly lock inspection was completed on August 09, 2025.

Corrective Actions:

The facility shall review their procedures and make any needed updates to ensure the completion of the required lock and key inspections weekly. Send the updated procedure to the Inspector. The Inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025

7. 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 general populations, general population and referral to appropriate health care services, referral to appropriate health care service on an emergency basis; and other.

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 Inspector. The Inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025

8. 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:

There was no documentation that a daily temperature check occurred on September 03, 2025.

Corrective Actions:

The facility shall review their procedure for ensuring the medication fridge temperature is checked daily. Send the updated procedure to the Inspector. The Inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025

9. 2911.6800 CONTROL. Subpart 4. Destruction of medication.

The destruction of medication on expiration dates or when retention is no longer necessary or suitable must be consistent with requirements of the Minnesota Pollution Control Agency.

Inspection Findings:

A box of Loratadine stock medication was found expired with a labeled expiration date of May 2024.

Corrective Actions:

This was fixed on-site. No further action is required, and the Inspector will continue to monitor for compliance.

Response Needed By:

Chapter 2911 - Essential Rules Not In Compliance **Total: 1**

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:

Documentation reviewed showed that the facility has not implemented due process for the following elements A, B, C, D, and E.

Corrective Actions:

This was fixed on-site. No further action is required at this time, and the Inspector will continue to monitor for compliance.

Response Needed By:

INSPECTION COMMENTS

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

JJDPA Compliance

On September 02, 2025, 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 September 02, 2025, 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: Rachel Dotseth – Detention Facility Inspector **Signature:**