



Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

Inspection and Enforcement Unit, 1450 Energy Park Drive, Suite 200, St.Paul MN 55108
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INSPECTION DETAILS FOR:

Le Sueur County Jail

Address: 435 E Derrynane Street, SUITE 1100, Le Center, MN 56057

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Rachel Dotseth – Detention Facility Inspector **Inspected on:** 03/31/2025 to 03/31/2025

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

Officials Present During Inspection: Jail Administrator Jeremy Swenson

Officials Present for Exit Interview: Jail Administrator Jeremy Swenson

Issued Inspection Report to: Jail Administrator Jeremy Swenson; Sheriff Brett Mason; County Administrator Joe Martin; 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	127	120	5	2	96.06%	Compliance rating of 100%
2911	Essential	102	100	1	1	99.02%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 05/01/2025 **Ends On:** 04/30/2027 **Facility Type:** Jail
Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 04/30/2026
Delinquent Juvenile Hold Approval: 24 hrs exclusive of weekends and holidays **Certificate Holder:** Le Sueur County Sheriff's Office
Special Conditions: Mailed on 4/9/25

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	80	8/16/2019	90	72.00	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 5

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:

The facility completes orientation on the tablets which does not allow for the inmate to sign that they have received orientation and understand it.

Corrective Actions:

The facility changed their process to comply with the rule allowing inmates to sign and date that they received orientation at booking and in a method they can understand. The facility submitted the new process and forms to the inspector, no further action is needed.

Response Needed By: 06/30/2025

2. 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:

Quarterly reviews are not being reviewed and signed off on by all staff.

Corrective Actions:

Ensure that all staff are reviewing the emergency procedures quarterly, signing, and initialing. This shall be documented to include all support staff, ie. kitchen and medical. The inspector will continue to monitor for compliance.

Response Needed By: 06/30/2025

3. 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 multiple dates, times, and shifts. Seven checks were found to be completed at too fast a pace to ensure the inmate's well-being, on 03/28/25 at 0109 hours, 0128 hours, 0148 hours, and 03/29/25 at 0309 hours, 0336 hours, 0404 hours, and 0427 hours.

Corrective Actions:

The facility has an auditing system for well-being checks. The facility shall send completed audits to the Department by the 30th of every month. The Department will reevaluate after 6 months.

Response Needed By: 06/30/2025

4. 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:

Weekly lock testing is not being completed or documented.

Corrective Actions:

Develop a process for weekly lock testing and ensure these are documented. The inspector will continue to monitor for compliance.

Response Needed By: 06/30/2025

5. 2911.7000 TUBERCULOSIS SCREENING, SEPARATION OF INMATES WITH INFECTIOUS DISEASE. Subpart 2. Screening.

Employees and inmates shall be screened for tuberculosis according to Minnesota Statutes, section 144.445. The Department of Corrections adopts by reference Minnesota Department of Health requirements for tuberculosis screening of employees and inmates in facilities governed by this chapter.

Inspection Findings:

Staff are not being screened for tuberculosis.

Corrective Actions:

The facility shall ensure that all staff are being screened for tuberculosis annually. Submit the plan to the Department for review by June 30, 2025.

Response Needed By: 06/30/2025

Chapter 2911 - Essential Rules Not In Compliance

Total: 1

1. 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:

Weekly fire inspections are not being completed or documented.

Corrective Actions:

Develop a process for staff to complete weekly fire inspections and ensure these are documented. The inspector will continue to monitor for compliance.

Response Needed By: 06/30/2025

Chapter 2911 - Mandatory Rules In Compliance With Recommendations

Total: 2

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:

The facility training plan was missing methods of instruction.

Corrective Actions:

The facility updated the training plan to include the requirements of the rule. No further action is required.

Response Needed By:

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 initial medical screening did not incorporate all areas of the rule; dental emergencies, other infectious diseases; Use of drugs; mode of use, frequency used, and history of problems that may have occurred after ceasing use, and other health problems designated by the health authority.

Corrective Actions:

This was discussed with the Jail Administrator at the time of the inspection and the facility has made the changes to the medical screen. No further action is needed.

Response Needed By:**Chapter 2911 - Essential Rules In Compliance With Recommendations****Total: 1****1. 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:

New custody staff receive 120 hours of training during their first year of employment; however, there was no documentation that staff received training in the following areas: inmate rules and regulations, rights and responsibilities of inmates, fire and emergency procedures, key control, interpersonal communication skills, and diversity training.

Corrective Actions:

The Jail Administrator has sent an updated list detailing a plan to ensure that all training is completed. The Department will continue to monitor this progress.

Response Needed By:**INSPECTION COMMENTS**

The facility will remain on biennial inspection.

JJDPA Compliance

On March 31, 2025, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Le Sueur County Jail has a 24-hold approval. The three core requirements included in the audit are the Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound Separation.

The Le Sueur County Jail held or processed zero (0) juveniles during the federal fiscal year from October 1, 2024, to the date of this inspection. 100 percent of the federal year juvenile data was reviewed. 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.

Based on the documentation reviewed, zero (0) violations of the JJDP Act were determined during the Le Sueur County inspection.

Report completed By: Rachel Dotseth – Detention Facility Inspector

Signature:

