



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:

Lyon County Jail

Address: 611 W Main, PO BOX 28, Marshall, MN 56258

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jacob Nelson – Detention Facility Inspector **Inspected on:** 10/25/2023

Inspection Method: Full inspection to include, policy review, facility tour, staff and resident interviews, employee and resident file reviews, and related documentation reviews.

Officials Present During Inspection: Assistant Administrator Gabriel Figueroa; Jail Administrator Brad Marks

Officials Present for Exit Interview: Assistant Administrator Gabriel Figueroa; Jail Administrator Brad Marks; Sheriff Eric Wallen

Issued Inspection Report to: Assistant Administrator Gabriel Figueroa; Jail Administrator Brad Marks; Sheriff Eric Wallen; County Administrator Loren Stomberg; Regional Manager Dayna Burmeister

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	118	6	2	95.24%	Compliance rating of 100%
2911	Essential	101	98	0	3	100.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2023 **Ends On:** 11/30/2024 **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:** Lyon County Sheriff's Office
611 W Main Street
Marshall, MN 56258

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	88	85	74.80	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 6**

1. 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:

The facility does not have a consistent process for ensuring that emergency medical information is obtained and documented within two hours admission.

Corrective Actions:

Within 30 days of receipt of this order, the facility must create a process for ensuring that emergency medical information is obtained within two hours of admission for all individuals. It is recommended that the facility implement a prebooking screening form that helps obtain and document emergency medical information immediately upon admission to the facility. Send documentation of new procedure to the DOC by December 15th, 2023.

Response Needed By: 12/15/2023

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:

The facility is referring the inmates to the inmate handbook, as a means to provide orientation. This does not meet the requirement in the Rule that inmates are receiving orientation as part of the admission process.

Corrective Actions:

Within 30 days of receipt of this report, an orientation process must be developed that meets the requirements of the rule. This must be submitted to the DOC, along with documentation that all inmates currently being held have received the orientation. Send documentation of new procedure to the DOC by December 15th, 2023.

Response Needed By: 12/15/2023

3. 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:

Well-being checks during inspection were found to be compliant. However, this violation is noted due to the facility currently being issued a Correction Order on 10/9/2023 for well-being check violations found during a special incident review.

Corrective Actions:

No action is required at this time. Corrective Action has already been issued for this violation.

Response Needed By:

4. 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 is no documentation of staff doing daily security inspections of their housing units.

Corrective Actions:

Facility shall immediately create a procedure documenting the daily security inspections as required in the Rule. Send documentation of the new procedure, and documentation of the completed daily security inspections to the DOC by January 1st, 2024.

Response Needed By: 01/01/2024

5. 2911.5450 DANGEROUS MATERIALS.

A facility shall have a written policy and procedure that specifies that materials dangerous to either security or safety shall be properly secured. Storage and use of flammable, toxic, and caustic materials must be in accordance with all applicable laws and regulations of governing jurisdictions. The policy must cover control and use of tools and culinary and medical equipment.

Inspection Findings:

Cleaning supplies, hoses, and ladders were unsecured in the vehicle sallyport.

Corrective Actions:

Immediately, upon receipt of this order, all tools must be either secured, or removed from the vehicle sallyport.

Response Needed By:

6. 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 is not maintaining counts of all prescription medications. They are only counting controlled medications.

Corrective Actions:

Within 30 days of receipt of this order, the facility shall implement a process for the accurate accounting of all prescription medications. Send documentation of new procedure by December 15th, 2023.

Response Needed By: 12/15/2023**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 2**

1. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 1. Emergency plan.

A facility shall have a written disaster plan. The plan shall include policies and procedures designed to protect the public by securely detaining inmates who represent a danger to the community or to themselves when the facility must be evacuated in total. The plan shall also include: A. location of alarms and fire fighting equipment; B. an emergency drill policy as follows: (1) at least annual drills at all facility locations; and (2) drills shall be conducted even when evacuation of extremely dangerous inmates may not be included; C. specific assignments and tasks for personnel; D. persons and emergency departments to be notified; E. procedure for evacuation of inmates; and F. arrangements for temporary confinement of inmates.

Inspection Findings:

No live drills have been conducted in 2023, and all drills have been conducted tabletop.

Corrective Actions:

Facility shall schedule and conduct a live fire drill, or emergency evacuation drill. These drills shall also be added to the yearly training plan in order to provide consistent training for staff. Facility shall send documentation of the completed drill by January 1, 2024.

Response Needed By: 01/01/2024

2. 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:

Weekly inspections were found to be inconsistent, and some months only had two (2) or three (3) documented inspections.

Corrective Actions:

Ensure weekly inspections are completed each week and develop a plan for completion when assigned staff may not be present for their shift. Send plan to DOC by January 1st, 2024.

Response Needed By:

Chapter 2911 - Essential Rules In Compliance With Concerns

Total: 3

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:

While custody staff are receiving their required 16 hours of annual training, the documentation showing the 40 hours of training required for new hires was not documented in the FTO training log, or the specific staff training transcripts.

Corrective Actions:

This was discussed with Jail Administrator, and documentation shall be added to staff training logs to show the required number of hours are being received by new hires. Send training hours documentation to the DOC by January 1st, 2024.

Response Needed By:

2. 2911.3500 VOLUNTEERS.

When volunteers are used in facility programs, a written policy and procedure shall provide that a staff member is responsible for coordinating the volunteer service program. The policy includes the following elements: A. lines of authority, responsibility, and accountability for the volunteer services; B. a procedure for the screening and selection of volunteers; C. an orientation training program appropriate to the nature of the assignment; D. a requirement that volunteers agree in writing to abide by all facility rules and policies, with emphasis on security and confidentiality of information; and E. a statement that the administrator may discontinue a volunteer activity at any time by written notice.

Inspection Findings:

One volunteer agreement didn't have a signed statement saying they agree to abide by facility rules and policies.

Corrective Actions:

Jail Administrator will audit volunteer files, and shall ensure that all volunteers have signed all necessary forms. Send documentation to DOC by January 1st, 2024 that all volunteer agreements are complete.

Response Needed By:

3. 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:

Some months were missing from the security equipment inventories.

Corrective Actions:

Ensure monthly inspections and inventories are being completed each month, and develop a plan for completion when assigned staff may not be present for their shift. Send plan to DOC by January 1st, 2024.

Response Needed By:**INSPECTION COMMENTS**

Due to the active Correction Order for well-being check violations, the Lyon County Jail shall remain on Annual Inspections.

The Lyon County Jail has the right to request reconsideration of this correction order. Under Minnesota Statutes Section 241.021 subdivision 1e, any request for reconsideration does not stay any provision of this order. A request for reconsideration must:

- Be in writing;
- Be sent by certified mail to the Commissioner and postmarked no later than 30 calendar days after receipt of this order;
- Specify the parts of the order that are alleged to be in error;
- Explain why the violation is in error; and
- Include any supporting documentation to show why the order is in error.

Failure to follow these requirements will result in the loss of the right to request reconsideration. The timeline to seek reconsideration begins upon receipt of this order. Please send any request for reconsideration to:

Commissioner, Department of Corrections
ATTN: Inspection and Enforcement Unit
1450 Energy Park Drive, Suite 200
St. Paul, MN 55108

JJDPA Compliance

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

On October 25, 2023, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Lyon County Jail has received a "Rural Exception" to the JJDP Act. 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 audit are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

According to Lyon County records, they held or processed zero (0) juveniles during the current federal fiscal year. The audit reviewed 100 percent juvenile data and 100 percent of the juvenile files. The findings are as follows:

DSO: No violations of the facility holding status offenders in the jail were found. Upon review of the files, indication was that youth that were brought into the facility were indeed there for delinquent offenses. Most of the juveniles were booked and released.

Jail Removal: Files and DOC Portal data indicate that any youth brought into the jail are removed well within the 24-hour time frame allowed per the "Rural Exception."

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation. Lyon County uses Prairie Lakes Juvenile Detention Center.

The facility does not participate in any "Scared Straight" programs for any youth that are under public authority.

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

Report completed By: Jacob Nelson – Detention Facility Inspector

Signature: 