



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:

Mille Lacs County Jail

Address: 640 Third Street SE, Milaca, MN 56353

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 05/02/2023

Inspection Method: Facility tour, staff and resident interviews, employee and resident file reviews, and related documentation reviews.

Officials Present During Inspection: Assistant Jail Administrator Dustin Naumann; Jail Administrator Bradley Hunt; Sheriff Don Lorge

Officials Present for Exit Interview: Assistant Jail Administrator Dustin Naumann; Jail Administrator Bradley Hunt

Issued Inspection Report to: Assistant Jail Administrator Dustin Naumann; Jail Administrator Bradley Hunt; Sheriff Don Lorge; County Coordinator Dillon Hayes; Regional Manager Jacob 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	126	121	3	2	97.62%	Compliance rating of 100%
2911	Essential	100	98	2	0	98.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2023 **Ends On:** 06/30/2024 **Facility Type:** Jail
Placed on Biennial Status: No **Biennial Status Annual Compliance Form Due On:**
Delinquent Juvenile Hold Approval: 6 hrs **Certificate Holder:** Mille Lacs Sheriff's Office
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	120	85	102.00	None.	Facility may not operate any additional housing units without approval from the DOC due to staffing concerns.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 3**

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 completed at intake. This is done through texters; however, it doesn't ensure that all inmates are receiving it or in a manner in which they understand.

Corrective Actions:

Develop the orientation for inmates to be completed during the intake process. Submit to the Department of Corrections for review.

Response Needed By: 08/01/2023

2. 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:

Chemicals considered to be dangerous are not secured.

Corrective Actions:

The facility shall provide secure cages for chemicals not considered diluted and with warning labels that indicate significant health concerns.

Response Needed By: 08/01/2023

3. 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:

Medication counts were found to be inaccurate. Additionally, medication counts were not being accounted for on a regular basis. This was discussed in detail at the time of the inspection.

Corrective Actions:

Ensure that medication counts are recorded accurately.

The facility shall work directly with the medical authority to establish a system of accounting to ensure the dispensing of medication is accurately documented. Submit a plan to the Department for review.

Response Needed By: 06/01/2023**Chapter 2911 - Essential Rules Not In Compliance****Total: 2**

1. 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:

The facility is not submitting incidents as required by the rule.

Corrective Actions:

All qualifying incidents shall be submitted to the Department of Corrections within 10 days of the incident. The facility shall submit all incidents from January 1, 2023, to the present that qualify.

Response Needed By: 06/01/2023

2. 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 has a procedure for the identification of building and equipment deterioration. Administration is aware of the deficiencies and defects identified in the summary section of this report but, little has been done to address the issues.

Corrective Actions:

It is recommended the elected officials of Mille Lacs County identify the long term incarceration needs of the county and take steps to ensure the safety and security of the inmate population.

Response Needed By:

Chapter 2911 - Mandatory Rules In Compliance With Concerns**Total: 2****1. 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:

The policy manual shall be updated to reflect current practice and requirements of the Hardel Sherrell Act.

Corrective Actions:

Submit the updated policy manual to the Department of Corrections by December 31, 2022.

Response Needed By:

2. 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:

Well-being checks were noted to be at too fast a pace to determine signs of life.

Corrective Actions:

The facility has a robust system of auditing well-being checks. The facility shall continue the system of auditing and submit the results of those audits to the inspector upon request.

Response Needed By:

INSPECTION COMMENTS

Physical Plant: Facility design is staff intensive and difficult to maintain separation standards for classification.

Medical unit: The medical unit is drastically undersized. The Nurse's station shares office space with the exam room, storage, and pharmacy. Items are not safely secured and does pose a safety risk for both staff and inmates.

Laundry and Kitchen: Laundry and kitchen areas are undersized for the number of inmates served. When housing additions were made in 1999 and 2007 the size of these core functions was not increased. The circulation in the kitchen is hindered by a lack of storage causing racks and equipment to be kept in walkways.

Intake: Intake is the highest traffic area of the jail and is not of sufficient size for the number of inmates processed. The intake area has 5 cells, but only one with a toilet. This increases movement and slows productivity in the area as staff are required to bring inmates to the bathroom as needed. Three of the five cells do not meet square footage requirements for living space.

Staffing: The Mille Lacs County Jail is currently understaffed. The facility is maintaining compliance with the rule by filling posts with overtime. However, it has been shown, long term use of overtime can lead to poor officer retention exacerbating staffing shortages.

Programing: Inmate programing is extensive and diverse. The Program Staff have an excellent relationship with community partners including ministerial, education, and Native American groups. The only drawback to inmate programing is the lack of programing space. The facility has 2 program rooms (one male and one female) that can only accommodate 18 inmates.

The facility will remain on annual inspections.

JJDPA Compliance

On May 2, 2023, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Mille Lacs County jail has 6-hour hold approval. This allows the facility to hold a delinquent juvenile up to 6 hours, excluding weekends and holidays. The three core requirements that are looked at during our facility review are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

According to facility records, the Mille Lacs County Jail held or processed zero (0) juveniles between October 1, 2022, and the day of the inspection.

DSO: No violations of the facility holding status offenders in the jail were found. Upon review of the files, indication was that juveniles that were brought into the facility were indeed there for delinquent offenses. No juveniles were brought into the secure portion of the jail and were processed in the facility lobby.

Jail Removal: There were no violation for this core requirement.

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation. This includes the route taken to Court holding. Policies and the court schedule also indicate proper sight and sound separation are maintained.

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

Based on the documentation reviewed, the facility has no violations of the JJDP act.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature: _____

Jennifer Pfeifer