



# 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:

### Sibley County Jail

**Address:** 419 Harrison Avenue, Gaylord, MN 55334

**MN Governing Rule:** 2911 Local Adult Detention Facilities

**Inspection Type:** Biennial **Inspected By:** Jacob Nelson – Detention Facility Inspector **Inspected on:** 08/30/2023

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

**Officials Present During Inspection:** Jail Administrator Aaron Louwagie

**Officials Present for Exit Interview:** Jail Administrator Aaron Louwagie; Sheriff Pat Nienaber

**Issued Inspection Report to:** Jail Administrator Aaron Louwagie; Sheriff Pat Nienaber; County Administrator John Glisczinski; 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	5	3	96.03%	Compliance rating of 100%
2911	Essential	101	98	2	1	98.02%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 10/01/2023 **Ends On:** 09/30/2025 **Facility Type:** Jail  
**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 09/30/2024  
**Delinquent Juvenile Hold Approval:** 24 hrs exclusive of weekends and holidays **Certificate Holder:** Sibley County 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	19	80	15.20	None.	None.

## RULE COMPLIANCE DETAILS

### Chapter 2911 - Mandatory Rules Not In Compliance

**Total: 5**

- 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 does not have an orientation process, and refers inmates to the Inmate Handbook. This does not meet the requirements of providing an orientation process for all newly admitted inmates.

**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.**

**Response Needed By: 11/01/2023**

**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:**

Shovels, brooms, and hoses were left unsecured in the garage.

**Corrective Actions:**

**Immediately upon receipt of this report, all equipment stored in the garage shall be secured for inmate and officer safety.**

**Response Needed By:**

**3. 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:**

Medical screenings completed at intake continue to be missing elements of the rule, to include the mode of drug use, frequency of use, and history of problems that have occurred after ceasing use.

**Corrective Actions:**

**This was addressed in the previous inspection report. Within 30 days of receipt of this report, submit an initial medical screening that meets all applicable requirements.**

**Response Needed By: 11/01/2023**

**4. 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 inaccurate. This includes stock medications and inmate's prescription medications.

**Corrective Actions:**

**Immediately ensure medication audits are occurring to ensure accurate accounting of medications. A system shall be immediately developed to ensure the accurate record keeping of medications in the facility. Also, all staff need to be trained on the procedures of logging the usage of stock medications, to ensure medication counts are accurate.**

**Response Needed By: 12/01/2023**

5. 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:**

Expired over-the-counter medications were still being used.

**Corrective Actions:**

**Immediately ensure medication audits are being conducted, and expired medications are disposed of according to regulations.**

**Response Needed By:**

**Chapter 2911 - Essential Rules Not In Compliance**

**Total: 2**

1. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 7. Recreation plan.

The facility administrator or designee shall have a plan providing opportunities for physical exercise and recreational activities for all inmates consistent with the facility's classification and design. Class I facilities are exempt from this requirement. The plan shall include policies and procedures necessary to protect the facility's security and the welfare of inmates. Policy and procedure shall provide: A. inmates with access to recreational opportunities and equipment, including seven hours of physical exercise or recreation outside the cell and adjacent dayroom areas per week; B. recreational opportunities a minimum of five days per week; C. indoor space and equipment for active recreational activities in all Class II to Class VI facilities; D. outdoor recreational space and equipment for outdoor recreational programming in all Class VI facilities. The space and equipment shall be provided in a manner consistent with the facility's security classification; E. passive and active recreation needs and equipment for a variety of inmates consistent with the facility's classification and offenders served. As an example, activity needs of geriatric, disabled, or geriatric and disabled offenders shall be addressed; F. inmates in segregation with a minimum of one hour a day, seven days a week, of exercise outside the inmates' cells, unless security or safety considerations dictate otherwise; and G. discretionary access by inmates on segregation status to the same recreational facilities as other inmates unless security or safety considerations dictate otherwise. When inmates on segregation status are excluded from use of regular recreation facilities, the alternative area for exercise used shall be documented.

**Inspection Findings:**

The recreation space is small and the limited space does not meet the needs for active exercise and recreation.

**Corrective Actions:**

**This has been addressed in previous inspection reports. There is no corrective action at this time. The only way to increase the space is through a facility addition. If there is a jail expansion project in the future, recreation space must be addressed.**

**Response Needed By:**

2. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 1. Post orders and accountability.

There shall be written orders for every security post that are reviewed annually and updated if necessary. A written policy and procedure shall require that personnel read, sign, and date applicable post orders at least annually, or as needed for new posts or revisions. Medium and large facilities with multiple posts may need to conduct these reviews more often.

**Inspection Findings:**

Staff are not documenting that they are reviewing post orders annually.

**Corrective Actions:**

**Incorporate post orders into your annual training, and have staff sign that they have reviewed. Submit documentation of this review to the Department of Corrections by 12/31/2023.**

**Response Needed By: 12/31/2023**

**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 3****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:**

Policy review was completed prior to the inspection and discovered minor updates that need to be made. These updates were discussed with the Jail Administrator at the time of inspection.

**Corrective Actions:**

**Within 60 days of receipt of this order, submit policy revisions for Chapter 2911 Rules: 2911.1000, 2911.1400, 2911.2525, 2911.2525 subp 3, 2911.2750, 2911.2850 subp 7, 2911.3100 subp 2A, 2911.3100 subp 4, 2911.3100 subp 5, 2911.3400, 2911.3700 subp 5, 2911.5300 subp 3, 2911.5800 subp 6, 2911.6600 subp 16.**

**Response Needed By:**

**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:**

Medical staff are not being included in the quarterly emergency procedures review.

**Corrective Actions:**

**Immediately begin including all staff in the quarterly reviews.**

**Response Needed By:**

**3. 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:**

Nursing staff primarily handle the temperature checks. However, temperature checks are inconsistent on days when nursing staff are not present.

**Corrective Actions:**

**Ensure temperature checks are completed daily and assign someone to do the checks on days when nursing staff are not present.**

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

Equipment inventory was not accurate, and there was two different ways that staff have been documenting the equipment inventory inspection.

**Corrective Actions:**

**Develop a consistent process to accurately account for all equipment. Submit plan to the Inspector within 30 days of receipt of the report.**

**Response Needed By:****INSPECTION COMMENTS**

The jail continues to be clean, and it's clear that deficiencies are addressed in a timely manner, before further deterioration occurs. The staff were knowledgeable when discussing procedures and offered feedback in areas that needed further clarification or changes.

The Jail Administrator continues to work diligently to update the policy manual. Areas of concern were discussed at the time of the inspection.

**Training:**

Since going to a more online practice due to COVID, the facility has moved back to consistent in person training for staff. While some online training is still required, staff are given in person more frequently that is relevant to their job responsibilities. Drills are conducted during the Quarterly Emergency Procedures reviews, and there is an emergency evacuation drill scheduled for November 2023 with Gaylord Fire Department.

**Programming:**

Programming opportunities for inmates has increased since the COVID 19 pandemic. While the size of the recreation/programming area continues to be a concern, many different opportunities are offered to inmates including anger management, pilot outreach, religious services, and AA/NA. Due to the current structure and responsibilities of the Jail Administrator, it is recommended that a staff person be appointed to handle the coordination of programming within the jail.

**Medical:**

Medical procedures were discussed at length during the inspection. Areas of concern addressed were medication audits, organization of inmate files, and ensuring that proper documentation is present in medical files. While electronic records are convenient, procedures need to be implemented to ensure that information is present in the medical file and can be found when needed. The facility has good documentation of handling inmates chronic care needs, and inmate's mental health needs are handled immediately either in-person or via tele-health.

The facility will remain on biennial inspections.

**JJDP A Compliance****COMPLIANCE REPORT FOR THE JUVENILE JUSTICE AND DELIQUENCY PREVENTION ACT OF 2002.**

On August 30th, 2023, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Sibley County Jail has received a "Rural Exception" to the Juvenile Justice and Delinquency Prevention Act (JJDP A). 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.

According to the DOC Portal, the Sibley County Jail held or processed five juveniles from October 1st, 2022, to the date of this inspection.

DSO: I did not find any violations of the facility holding status offenders in the jail. Upon review of the files, indication was that juveniles that were brought into the facility were indeed there for delinquent offenses.

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

Sight and Sound Separation: The facility design allow for proper sight and sound separation.

The facility does not participate in any "Scared straight" programs.

Based on the documentation reviewed, I did not find any violations of the JJDP act during the Sibley County inspection.

**Report completed By:** Jacob Nelson – Detention Facility Inspector

**Signature:** 