

# Health & Safety in Correctional Facilities 2025 Legislative Report



Minnesota Department of Corrections  
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This report can be provided in another format upon request.

## **2021 LEGISLATIVE REPORT ON HEALTH AND SAFETY IN CORRECTIONAL FACILITIES**

### **I. Background**

The Minnesota Department of Corrections (DOC) operates 11 [state prison facilities](#) and licenses all other local correctional facilities run by counties and cities in Minnesota pursuant to [Minn. Stat. § 241.021](#).

In June 2021, the Minnesota Legislature created new reporting requirements pertaining to the health and safety of incarcerated individuals in Minnesota (Laws of Minnesota 2021, 1<sup>st</sup> Spec. Sess. Chapter 11, article 9, section 11). [Minn. Stat. § 241.021](#) was amended June 30, 2021, requiring the DOC to file a report with the legislature by February 15 of each year, reporting on the health and safety of individuals confined or incarcerated in state correctional facilities and facilities licensed by the commissioner.

This report includes information on the commissioner's authority and responsibility to inspect and license local correctional facilities and set minimum standards for those facilities with respect to their management, operation, physical condition, and the security, safety, health, treatment, and discipline of persons confined or incarcerated therein.

The new reporting requirements established by Minn. Stat. § 241.021, subd. 1f pertain to either state correctional facilities or facilities licensed by the Commissioner of Corrections, and in some instances, both. As such, this report is broken into three parts: the first presenting data from state correctional facilities; the second presenting data received from licensed facilities; and the third addressing the status of the implementation of the authority provided to the Commissioner of Corrections by the legislature in Minn. Stat. § 241.021, subd. 1 – 1i.

### **II. Minnesota State Correctional Facilities**

#### **a. In custody deaths**

Below is information regarding the number of confined or incarcerated persons who died while committed to the custody of a Minnesota Correctional Facility (MCF), regardless of whether the death occurred at the facility or after removal from the facility for medical care as the result of an incident or need for medical care at the correctional facility, including demographic information, between January 1 and December 31, 2025.

**Table 1. In custody deaths - MCF**

<b>Facility</b>	<b>Deaths</b>	<b>Suicides<sup>1</sup></b>	<b>Death demographic info (gender, race and age group)<sup>2</sup></b>
Faribault	3	0	Male, Black, 66+ (1), Male, White, 26-35 (1), Male White, 66+ (1)
Lino Lakes	0	0	
Moose Lake	1	0	Male, Black, 66+
Oak Park Heights	8	0	Male, Asian or Pacific Islander, 26-35 (1), Male, White, 56-65 (3), Male, White, 66+ (4)
Red Wing	0	0	
Rush City	1	0	Male, Black, 36-45
St. Cloud	3	0	Male, White, 26-25 (1), Male, White, 66+ (1), Male, American or Alaskan Native, 36-45 (1)
Shakopee	0	0	
Stillwater	0	0	
Togo	0	0	
Willow River	0	0	
<b>Total</b>	<b>16</b>	<b>0</b>	

**b. Policy, practice, or training changes resulting from death reviews**

Below is information regarding the results of the death reviews by state correctional facilities as required by Minn. Stat. § 241.021 subdivision 8, including any implemented policy changes from January 1 through December 31, 2025. Minnesota DOC [Policy 500.200](#), “Health Services Death Review” describes the process DOC follows when a death occurs of an incarcerated

<sup>1</sup> This column captures how many of the total deaths were by suicide.

<sup>2</sup> Age groups for reporting purposes: under 18; 18-35, 36-55, 51-65, 65+.

individual. All reviews and any changes to policy, practice, or training as a result of those reviews are reported below.

**Note:** Death Reviews are not conducted on cases where the individual escaped from custody and was on fugitive status at the time of death, on Conditional Medical Release, or community supervision.

**Table 2. Reviews and related policy, practice, or training changes – MCF**

<b>Facility</b>	<b>Reviews</b>	<b>Description of change</b>
Faribault	3	Education on Tamiflu for high-risk patients
Lino Lakes	0	N/A
Moose Lake	1	N/A
Oak Park Heights	4	N/A
Rush City	1	N/A
Red Wing	0	N/A
St. Cloud	3	N/A
Shakopee	0	N/A
Stillwater	3	N/A
Togo	0	N/A
Willow River	0	N/A
<b>Total</b>	<b>12</b>	<b>N/A</b>

**c. Number of reportable uses of force and whether they were determined to be justified by the facility**

Below is information regarding the number of uses of force by staff on persons confined or incarcerated in the correctional facility, including but not limited to whether those uses of force were determined to be justified by the facility from January 1 through December 31, 2025. The

Commissioner of Corrections consulted with the Minnesota Sheriffs’ Association and a representative from the Minnesota Association of Community Corrections Act Counties which is responsible for the operations of an adult correctional facility to develop criteria for reporting and define reportable uses of force.

Reportable uses of force are defined as: Any application of physical, manual, or mechanical intervention, techniques or tactics, chemical agents, or weapons to a confined or incarcerated person resulting in substantial bodily harm as defined by Minn. Stat. § [609.02](#) as:

*“bodily injury which involves a temporary but substantial disfigurement, or which causes a temporary but substantial loss or impairment of the function of any bodily member or organ, or which causes a fracture of any bodily member.”*

**Table 3. Reportable uses of force - MCF**

<b>Facility</b>	<b>Reportable Uses of Force</b>	<b>Determined to be justified?</b>
Faribault	0	N/A
Lino Lakes	0	N/A
Moose Lake	0	N/A
Oak Park Heights	0	N/A
Rush City	0	N/A
Red Wing	0	N/A
St. Cloud	0	N/A
Shakopee	0	N/A
Stillwater	0	N/A
Togo	0	N/A
Willow River	0	N/A
<b>Total</b>	<b>0</b>	<b>N/A</b>

**d. Number of suicide attempts, people transported to a medical facility, and people placed in segregation**

Below is information on the number of suicide attempts, the number of people transported to a medical facility, and the number of people placed in segregation from January 1 through December 31, 2025.

**Table 4. Suicide attempts, medical facility transports, and people placed in segregation - MCF**

<b>Suicide attempts</b>		<b>15</b>
Faribault		1
Lino Lakes		1
Moose Lake		0
Oak Park Heights		8
Rush City		0
Red Wing		0
St. Cloud		3
Shakopee		0
Stillwater		1
Togo		0
Willow River		1
<b>Medical transports</b>		<b>7557</b>
Faribault		1629
Lino Lakes		965
Moose Lake		909
Oak Park Heights		997
Rush City		901
Red Wing		16
St. Cloud		391

Shakopee	764
Stillwater	831
Togo	33
Willow River	120
Other	1
<b>Restrictive housing<sup>3 4</sup></b>	<b>3.334</b>
Faribault	624
Lino Lakes	385
Moose Lake	283
Oak Park Heights	171
Rush City	418
St. Cloud	702
Shakopee	191
Stillwater	560

**e. Number of people committed to the Commissioner of Corrections' custody housed in licensed facilities**

Below is information regarding the number of persons committed to the Commissioner of Corrections' custody that the commissioner is housing in facilities licensed under Minn. Stat. §

<sup>3</sup> The statute is silent on what constitutes segregation. DOC submits a restrictive housing report pursuant to Minn. Stat. § 243.521 on January 15 of each year, reporting administrative and disciplinary segregation. A "restrictive housing admission" is an entry into a segregation-unit living assignment during the fiscal year, either as a movement from a non-segregation living assignment, or as the initial living assignment upon new commitment or release violator admission. In the restrictive housing report, an individual may have more than one such admission during the fiscal year. The same methodology is used in both reports, but with different reporting parameters.

<sup>4</sup> This table does not include MCF-Red Wing, MCF-Togo, or MCF-Willow River. MCF-Red Wing (adults), MCF-Togo, and MCF-Willow River do not have restrictive housing units, so those residents are transferred to other facilities as needed. MCF-Red Wing juvenile data is not captured in this report, as it relates to different statutory and rule-based obligations and a fundamental difference in approach to working with juveniles.

241.021, subdivision 1, including but not limited to: (i) aggregated demographic data of those individuals; (ii) length of time spent housed in a licensed correctional facility; and (iii) any contracts the DOC has with correctional facilities to provide housing, from January 1 through December 31, 2025.

***Table 5. People housed in licensed facilities<sup>5</sup> - MCF***

Total	53
<i>Gender</i>	
Male	52
Female	1
Non-binary	0
<i>Age</i>	
14-17	0
18-25	9
26-35	20
36-45	13
46-55	8
56-65	2
66+	1
<i>Race</i>	
White	31
Black	17
American Indian/Alaska Nat.	3
Asian or Pacific Islander	2
Other	0
<i>Length of Time HOF</i>	
1-30 days	4
31-90 days	47
91-180 days	2
181-365 days	0
1+ year	0

<sup>5</sup> The DOC contracts with six facilities – Nobles, Olmsted, Pine, Polk (Tri-County), Washington, and Wright counties – to house individuals committed to the custody of the Commissioner of Corrections. Additionally, some non-contract facilities will occasionally house individuals without a contract if the incarcerated person has significant historical ties to the particular county.

**f. On-duty staff misconduct complaints, including investigation results**

Below is summary data from state correctional facilities regarding complaints involving alleged on-duty staff misconduct, including but not limited to the: (i) total number of misconduct complaints and investigations; (ii) total number of complaints by each category of misconduct, as defined by the Commissioner of Corrections; (iii) number of allegations dismissed as unfounded; (iv) number of allegations dismissed on grounds that the allegation was unsubstantiated; and (v) number of allegations substantiated, any resulting disciplinary action, and the nature of the discipline from January 1 through December 31, 2025.

***Table 6. On-duty staff misconduct complaints - MCF***

Total	347
<i>Misconduct category</i>	
Appearance/dress/hygiene	3
Code of conduct	135
Contraband	15
Discrimination/harassment	13
Hours of work/pay	107
Licensure/certification	1
Medical errors	3
Misc. policy violations	0
Reporting/records	1
Safety	10
Security	117
Unsatisfactory work perf.	16
Dismissed as unfounded	9
Dismissed as unsubstantiated	12
<i>Substantiated</i>	
Total	235
Resulted in discipline	205
<i>Nature of Discipline</i>	
Oral reprimand	74
Written reprimand	48
Suspension	71
Demotion	3
Discharge	8

**III. Correctional Facilities Licensed by the Commissioner of Corrections**

**a. In custody deaths**

Below is information regarding the number of confined or incarcerated persons who died while committed to the custody of a licensed facility, regardless of whether the death occurred at the facility or after removal from the facility for medical care as a result of an incident or need for medical care at the correctional facility, including aggregated demographic information and the correctional facilities' most recent inspection reports and any corrective orders or conditional licenses issued, between January 1 and December 31, 2025.

**Table 7. In custody deaths – licensed facilities**

<b>Variable</b>	<b>deaths</b>	<b>suicides<sup>6</sup></b>	<b>Death demographic info (gender, race and age group)<sup>7</sup></b>	<b>Facility most recent inspection report<sup>8</sup></b>
Anoka County Jail	1	0	Male, White, 56-65	11/05/2025 Appendix A
Dakota County Jail	1	0	Male, White, 36-45	06/24/2025 Appendix B
Hennepin County Adult Detention Center	2	0	Male, American Indian or Alaskan Native, 36-45 (1), Male, Asian or Pacific Islander, 56-65 (1)	07/08/2025 Appendix C
Isanti County Jail	1	0	Male, White, 36-45	02/25/2025 Appendix D
Lyon County Jail	1	0	Male, White, 66+	10/09/2024 Appendix E
Olmsted County Jail	1	1	Male, White, 36-35	05/23/2024 Appendix F
Ramsey County ADC	1	0	Male, Black, 66+	10/22/2025 Appendix G
Sherburne County Jail	2	1	Female, Black, 18-25, Male, White, 46-55	05/07/2024 Appendix H
St. Louis County Jail	1	0	Male, Black, 56-65	03/26/2024 Appendix I
Stearns County Jail	1	0	Female, White, 26-35	04/16/2024 Appendix J
<b>TOTAL</b>	<b>12</b>	<b>2</b>		

<sup>6</sup> This column captures how many of the total deaths were by suicide.

<sup>7</sup> Age groups for reporting purposes: under 18; 18-35, 36-55, 51-65, 65+.

<sup>8</sup> These inspection reports are included in Appendix A-I.

**b. Policy, practice, or training changes resulting from death reviews**

Below is information regarding the aggregated results of the death reviews by licensed facilities as required by Minn. Stat. § 241.021 subdivision 8, including any implemented policy changes from January 1 through December 31, 2025.

***Table 8. Policy, practice, or training changes – reported changes from licensed facilities***

<b>Facility</b>	<b>Reviews</b>	<b>Description of change</b>
Anoka County Jail	1	N/A
Dakota County Jail	1 schedule d	Within 90-day window
Hennepin County Adult Detention Center	2 schedule d	Both within 90-day window
Isanti County Jail	1	N/A
Lyon County Jail	1	N/A
Olmsted County Jail	1	Review expectations and procedures with the new jail medical provider. Recommend that the jail command staff further discuss and analyze its staffing plan requirements for its Intake/Segregation housing unit.
Ramsey County ADC	1	Quicker change to manual blood pressure cuffs when difficulty obtaining this information.
Sherburne County Jail	2	Changes were made to how the facility inventories medical equipment.
St. Louis County Jail	1	Add blood sugar testing to our withdrawal screening done by the medical team. Add more information on signs, symptoms, and differences between withdrawals and Diabetic

		ketoacidosis to the training the correctional staff and the medical staff receive yearly.
Stearns County Jail	1	N/A
<b>Total</b>	<b>12</b>	

**c. Number of reportable uses of force and whether those uses of force were determined to be justified by the facility**

Below is information regarding the number of uses of force by facility staff on persons confined or incarcerated in the correctional facility, including but not limited to whether those uses of force were determined to be justified by the facility from January 1 through December 31, 2025. The commissioner of corrections consulted with the Minnesota Sheriffs’ Association and a representative from the Minnesota Association of Community Corrections Act Counties, who is responsible for the operations of an adult correctional facility to develop criteria for reporting and define reportable uses of force.

Reportable uses of force are defined as: Any application of physical, manual, or mechanical intervention, techniques or tactics, chemical agents, or weapons to a confined or incarcerated person resulting in substantial bodily harm as defined by Minn. Stat. § [609.02](#) as:

*“bodily injury which involves a temporary but substantial disfigurement, or which causes a temporary but substantial loss or impairment of the function of any bodily member or organ, or which causes a fracture of any bodily member.”*

**Table 9. Reportable uses of force – licensed facilities**

<b>Facility</b>	<b>Reportable Uses of Force</b>	<b>Determined to be justified?</b>
Winona County Jail	1	Yes

**d. Number of suicide attempts, number of people transported to a medical facility, and number of people placed in segregation**

Below is information on the number of suicide attempts, the number of people transported to a medical facility, and the number of people placed in segregation from January 1 through December 31, 2025.

**Table 10. Suicide attempts, medical facility transports, and people placed in segregation – licensed facilities**

<b>Suicide attempts</b>	<b>92</b>
Aitkin	0
Anoka	1
Anoka Workhouse	0
Becker	0
Beltrami	1
Benton	0
Blue Earth	0
Brown	0
Carlton	0
Carver	1
Cass	0
Chippewa	0
Chisago	0
Clay	0
Clearwater	0
Cook	0
Cottonwood	0
Crow Wing	0
Dakota	3
Douglas	2
Faribault	1
Fillmore	0
Freeborn	1
Goodhue	1
Hennepin Men	0
Hennepin North	0
Hennepin ADC	30
Houston	0
Hubbard	1
Isanti	0
Itasca	1
Jackson	0
Kanabec	0
Kandiyohi	1
Kittson	0
Koochiching	2
Lac Qui Parle	0
Lake	2

Lake of the Woods	0
Le Sueur	1
Lincoln	0
Lyon	1
Marshall	Closed
Martin	0
McLeod	1
Meeker	0
Mille Lacs	1
Morrison	1
Mower	2
Murray	0
Nicollet	0
Nobles	0
Norman	Closed
Northeast Regional	0
Northwest Regional	1
Olmsted	6
Otter Tail	0
Pennington	3
Pine	0
Pipestone	0
Ramsey ACF	0
Ramsey ADC	5
Redwood	0
Renville	0
Rice	1
Roseau	0
Scott	1
Sherburne	8
Sibley	0
St. Louis	2
St. Louis - Hibbing	0
St. Louis - Virginia	0
Stearns	0
Steele	1
Swift	0
Todd	0
Traverse	0
Wabasha	0
Wadena	0
Waseca	1

Washington	6
Watonwan	0
Wilkin	0
Winona	0
Wright	2
Yellow Medicine	0

<b>Medical transports</b>	<b>3077</b>
Aitkin	20
Anoka	144
Anoka Workhouse	33
Becker	10
Beltrami	40
Benton	54
Blue Earth	51
Brown	6
Carlton	34
Carver	63
Cass	2
Chippewa	1
Chisago	4
Clay	45
Clearwater	17
Cook	4
Cottonwood	10
Crow Wing	94
Dakota	172
Douglas	2
Faribault	9
Fillmore	0
Freeborn	10
Goodhue	7
Hennepin Men	31
Hennepin North	6
Hennepin ADC	383
Houston	1
Hubbard	52
Isanti	1
Itasca	109
Jackson	2
Kanabec	30
Kandiyohi	63

Kittson	0
Koochiching	4
Lac Qui Parle	0
Lake	12
Lake of the Woods	2
Le Sueur	23
Lincoln	3
Lyon	12
Marshall	Closed
Martin	10
McLeod	32
Meeker	19
Mille Lacs	5
Morrison	39
Mower	32
Murray	0
Nicollet	13
Nobles	14
Norman	Closed
Northeast Regional	2
Northwest Regional	64
Olmsted	87
Otter Tail	37
Pennington	2
Pine	7
Pipestone	0
Ramsey ACF	70
Ramsey ADC	281
Redwood	25
Renville	4
Rice	27
Roseau	0
Scott	114
Sherburne	214
Sibley	2
St. Louis	99
St. Louis - Hibbing	15
St. Louis - Virginia	17
Stearns	28
Steele	1
Swift	0
Todd	4

Traverse	1
Wabasha	5
Wadena	22
Waseca	1
Washington	64
Watonwan	4
Wilkin	1
Winona	48
Wright	101
Yellow Medicine	0

<b>Restrictive housing<sup>9</sup></b>	<b>5339</b>
Aitkin	15
Anoka	153
Anoka Workhouse	0
Becker	1
Beltrami	12
Benton	33
Blue Earth	53
Brown	92
Carlton	20
Carver	47
Cass	0
Chippewa	0
Chisago	85
Clay	106
Clearwater	0
Cook	2
Cottonwood	1
Crow Wing	133
Dakota	608
Douglas	0
Faribault	0
Fillmore	0

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<sup>9</sup> The statute is silent on what constitutes segregation. DOC submits a restrictive housing report pursuant to Minn. Stat. § 243.521 on January 15 of each year, reporting administrative and disciplinary segregation. Licensed facilities have been asked to report the same information for consistency. Licensed correctional facilities operate independently and may utilize numerous forms of segregation based on the vulnerability, behavioral watch, protective custody, suicide watch, medical and mental health needs, disciplinary, safety, security, and administrative needs of the population served. Most facilities classify housing as “segregation” when a person is housed outside of the general population.

Freeborn	14
Goodhue	13
Hennepin Men	102
Hennepin North	55
Hennepin ADC	277
Houston	0
Hubbard	74
Isanti	11
Itasca	0
Jackson	0
Kanabec	7
Kandiyohi	91
Kittson	0
Koochiching	0
Lac Qui Parle	0
Lake	0
Lake of the Woods	0
Le Sueur	0
Lincoln	0
Lyon	4
Marshall	Closed
Martin	4
McLeod	3
Meeker	23
Mille Lacs	82
Morrison	51
Mower	8
Murray	0
Nicollet	0
Nobles	70
Norman	Closed
Northeast Regional	47
Northwest Regional	61
Olmsted	269
Otter Tail	54
Pennington	12
Pine	10
Pipestone	0
Ramsey ACF	185
Ramsey ADC	225
Redwood	2
Renville	Not Provided

Rice	28
Roseau	0
Scott	216
Sherburne	335
Sibley	7
St. Louis	1236
St. Louis - Hibbing	21
St. Louis - Virginia	24
Stearns	97
Steele	39
Swift	0
Todd	17
Traverse	1
Wabasha	8
Wadena	4
Waseca	0
Washington	73
Watsonwan	2
Wilkin	0
Winona	0
Wright	116
Yellow Medicine	0



**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  
 Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

**INSPECTION DETAILS FOR:**

**Anoka County Jail**

**Address:** 325 E Jackson Street, Anoka, MN 55303

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

**Inspection Type:** Annual **Inspected By:** Lori Schopf – Senior Detention Facility Inspector **Inspected on:** 11/05/2025

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

**Officials Present During Inspection:** Jail Administrator Sheila Larson; Administrative Lieutenant Matt Woitel; Administrative Lieutenant Carrie Wood

**Officials Present for Exit Interview:** Jail Administrator Sheila Larson

**Issued Inspection Report to:** Jail Administrator Sheila Larson; Sheriff Brad Wise

**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	126	121	5	0	96.03%	Compliance rating of 100%
2911	Essential	102	101	1	0	99.02%	Compliance rating of 90%

**TERMS OF OPERATION**

**Authority to Operate:** approval **Begins On:** 12/01/2025 **Ends On:** 11/30/2026 **Facility Type:** Jail

**Placed on Biennial Status:** No **Biennial Status Annual Compliance Form Due On:**

**Delinquent Juvenile Hold Approval:** no approval **Certificate Holder:** Anoka County Sheriff's Office  
 325 E. Jackson Street  
 Anoka, MN 55303

**Special Conditions:** Mailed on 11/13/25  
 Amended 11/20/25- Approved by TH and KS

**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	238	8/12/2004	90	214.20	None.	

**RULE COMPLIANCE DETAILS**

**Chapter 2911 - Mandatory Rules Not In Compliance****Total: 5****1. 2911.0300 INTENDED USE AND NONCONFORMANCE WITH RULES Subpart 2. Nonconformance, unsafe, unsanitary, or illegal conditions.**

When conditions do not substantially conform or where specific conditions endanger the health, welfare, or safety of inmates or staff, the facility's use is restricted pursuant to Minnesota Statutes, section 241.021, subdivision 1, or legal proceedings to condemn the facility will be initiated pursuant to Minnesota Statutes, section 641.26 or 642.10.

**Inspection Findings:**

The Anoka County jail has been in continuous operation for over 40 years. The age of the structure raises concerns regarding the condition and reliability of original infrastructure components, including cast-iron plumbing and outdated electrical systems. A significant amount of conduit is visible on the ceilings throughout the facility, indicating multiple prior electrical renovations and additions.

The medical area, intake area, laundry room, kitchen, and property room were originally constructed to serve a capacity of 139 inmates. The current inmate population of 238 has exceeded the design capacity, resulting in undersized and inefficient work areas.

Storage throughout the facility is inadequate. All available storage areas are fully utilized, resulting in equipment and supplies being stored in hallways. In the medical area, exam rooms are being used for medication and supply storage as well as for office functions, which reduces available space for medical evaluations and treatment.

The design of the intake area includes only four cells and two holding areas. This configuration does not provide sufficient holding cells or adequate separation capabilities for the current volume of inmates being processed annually. The property room is also undersized and cannot adequately store inmate property when the facility is at or near capacity. The kitchen and laundry areas are cramped and are also being used for storage, further limiting operational efficiency.

The facility has minimal access to natural light. The lack of natural light is not conducive to the mental health and well-being of both inmates and staff.

Overall, the current jail facility does not meet the operational or spatial requirements necessary to safely and efficiently house the existing inmate population.

**Corrective Actions:**

**The facility must develop and implement a comprehensive plan to address physical plant deficiencies. Submit the plan to the inspector by the response date. These deficiencies cannot be corrected through minor repairs and require a major remodel, facility expansion, or construction of a new jail to meet current and future capacity, safety, and operational requirements.**

**Response Needed By: 12/31/2025****2. 2911.2500 SEPARATION OF INMATES. Subpart 1. General.**

A combination of separate housing units inclusive of special management areas, general population, and minimum security areas and cells, dormitories, and dayroom spaces shall be provided to properly segregate inmates pursuant to Minnesota Statutes, section 641.14. The facility shall provide for the separate housing of the following categories of inmates: A. female and male inmates; B. community custody inmates such as work release or sentencing to service; C. inmates requiring disciplinary segregation; D. inmates requiring administrative segregation; E. juveniles who do not meet Minnesota statutory requirements for placement with adults; F. special management, general population, and minimum security inmates as considered appropriate to the facilities design intent and classification system; and G. inmates classified as mentally ill or special needs inmates in a manner consistent with Minnesota Statutes, section 253B.05.

**Inspection Findings:**

The facility's design constraints, combined with the current inmate population, limit its ability to maintain adequate separation of inmates. As a result, the facility is occasionally required to board inmates at other agencies or implement tiered lockdowns within housing units to achieve appropriate separation.

**Corrective Actions:**

**The facility must evaluate operational needs and design options to improve inmate separation for all populations, including special management, mental health, co-defendants, incompatible inmates, and other vulnerable individuals. Potential actions may include revising housing assignments, expanding protective custody or specialized units, or modifying the physical layout to ensure compliance with safety, security, and state standards for inmate management. The facility must develop and implement a comprehensive plan to address the separation capabilities. Submit the plan to the inspector by the response date.**

**Response Needed By: 12/31/2025**

3. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 1a. Medical and dental records.

A facility shall record complaints of illness or injury and actions taken. Medical or dental records are maintained on inmates under medical or dental care. Records shall include: A. the limitations and disabilities of the inmate; B. instructions for inmate care; C. orders for medication including stop date; D. any special treatment or diet; E. activity restriction; and F. times and dates when the inmate was seen by medical personnel. Medical and dental records shall be available to staff for consultation in case of illness and for recording administration of medications.

**Inspection Findings:**

During the review of 10 inmate medical files, it was found that one file had a medical screening that was completed upon intake, and the inmate informed staff that they were taking medication, although they were unsure of the specific medications. Documentation indicated that staff appropriately referred the inmate to Medical. Further review of the Medication Administration Record (MAR) identified that the inmate was prescribed three medications by the following morning, however, the medical record lacked documentation verifying the inmate's reported medications prior to administration. Specifically, there was no evidence of verification through an external pharmacy, prior medical records, or other standard verification procedures. Additionally, there was no documentation indicating that a licensed provider authorized the prescriptions.

According to Minnesota Statute 241.021, Subdivision 4f(a), "Correctional facilities licensed by the commissioner shall administer to confined and incarcerated persons the same medications prescribed to those individuals prior to their confinement or incarceration."

Due to the absence of medication verification documentation, inspectors were unable to confirm whether the medications administered were consistent with those prescribed to the inmate prior to incarceration.

**Corrective Actions:**

**The absence of documented medication verification poses a potential risk for medication errors and may indicate noncompliance with standard medication administration and verification protocols.**

**It is recommended that medical staff receive retraining on medication verification procedures and documentation requirements consistent with your medical policy and procedure. In the absence of consistent contracted medical supervision, Anoka County supervisory staff should conduct ongoing monitoring and perform weekly audits of inmate medical records to ensure that all medication verifications are accurately completed and properly documented in accordance with facility policy and applicable state standards. Send the inspector completed audits every Friday for 30 days.**

**Response Needed By: 12/31/2025**

4. 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:**

During the review of daily temperature logs, in 2025, six instances were identified where there was no documentation of refrigerator temperatures.

**Corrective Actions:**

**Develop a process to ensure the temperature is checked on the medication refrigerator daily and send the updated process to the inspector. The inspector will continue to monitor for compliance.**

**Response Needed By: 12/31/2025**

5. 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:**

A review of the Medication Administration Records (MARs) revealed that medical staff do not conduct regular medication audits, preventing accurate accounting of all prescription medications.

**Corrective Actions:**

**The facility must implement procedures requiring medical staff to document routine medication audits to ensure the accuracy and completeness of the MARs. Anoka County supervisory staff should establish ongoing monitoring of these audits to verify that all prescribed medications are properly accounted for. Additionally, completed audit documentation must be submitted to the inspector every Friday for a period of 30 days to ensure compliance and accountability.**

**Response Needed By: 12/31/2025****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:**

Documentation indicates that a fire and safety inspection was completed on 08/30/2025; however, the next inspection was not conducted until 09/14/2025, resulting in a lapse in the weekly inspection schedule.

**Corrective Actions:**

**The facility must ensure that fire and safety inspections are conducted weekly. Send completed weekly inspections to the inspector at the end of each month for a period of 3 months. The inspector will continue to monitor for compliance.**

**Response Needed By: 02/27/2026****INSPECTION COMMENTS**

Operationally, the Anoka County Jail is in substantial compliance with applicable standards. However, the inspection also identified significant concerns related to the physical plant. The facility exhibits signs of aging, including deteriorating infrastructure, outdated mechanical systems, and limited space for essential services such as programming and medical care. These deficiencies are consistent with a facility that has surpassed its intended service life and requires ongoing attention.

The Anoka County Jail was constructed in 1982 and underwent remodeling in 2000. It is currently the oldest county jail in the metro area. The National Institute of Corrections estimates the life expectancy of a jail facility operating 24 hours a day to be 25 to 30 years.

In light of the facility's age and the physical plant concerns identified during this and previous inspections, it is recommended that Anoka County's elected officials continue to prioritize long-term planning efforts to address the future needs of the county's incarcerated population. This planning should include consideration of renovation, expansion, or replacement of the current facility to ensure the continued safe and effective operation of the jail.

Due to the ongoing structural and infrastructure concerns, the inspector will continue to closely monitor and review the facility for compliance. The Anoka County Jail will remain on an annual inspection schedule.

**JJDPA Compliance**

On November 5, 2025, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Anoka County Jail has no juvenile hold approval. According to the DOC Portal system and facility records, the Anoka County Jail held or processed zero (0) juveniles between October 2025 and the day of inspection.

DSO: No violations were found in the area of holding any status offenders.

Jail Removal: No juveniles were held at the facility.

Sight and Sound Separation: The facility has no delinquent juvenile hold approval.

The facility does not participate in any "Scared Straight" programs for any youth under public authority. No violations of the JJDP act were found during the Anoka County jail inspection.

**Report completed By:** Lori Schopf – Senior Detention Facility Inspector

**Signature:**





# 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  
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

## INSPECTION DETAILS FOR:

### Dakota County Jail

**Address:** 1580 W Highway 55, PO BOX 247-J, Hastings, MN 55033

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

**Inspection Type:** Biennial **Inspected By:** Rachel Dotseth – Detention Facility Inspector **Inspected on:** 06/24/2025

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

**Officials Present During Inspection:** Assistant Jail Administrator Kevin Engel; Jail Administrator Benjamin Verby

**Officials Present for Exit Interview:** Assistant Jail Administrator Kevin Engel; Commander James Gabriel; Jail Administrator Benjamin Verby

**Issued Inspection Report to:** Assistant Jail Administrator Kevin Engel; Chief Deputy Dan Bianconi ; Commander James Gabriel; Jail Administrator Benjamin Verby; Sheriff Joe Leko; County Administrator Heidi Welsch; 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	128	127	1	0	99.22%	Compliance rating of 100%
2911	Essential	111	110	1	0	99.10%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 08/01/2025 **Ends On:** 07/31/2027 **Facility Type:** Jail

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 07/31/2026

**Delinquent Juvenile Hold Approval:** no approval **Certificate Holder:** Dakota 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
Secure	Coed	270	4/4/2025	95	256.50	The facility's previous capacity was listed as 245; however, there was an error by 1 bed. The actual approved capacity was 244 beds. With the IHU addition of 26 beds, the new approved capacity is 270 beds. Although the new beds in the IHU are special management beds, it was designed with the intent to be long term housing similar to general population. Because of this the 26 beds were added to the approved capacity total. The facility remains at a 95% operational capacity which will be 256	

**RULE COMPLIANCE DETAILS**

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

**Total: 1**

- 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:**

Documentation showed that the temperature was not checked or logged for 22 different days from 01/01/25 thru 05/11/25.

**Corrective Actions:**

**The facility is in the process of developing a plan to ensure the temperature is checked daily. The facility shall submit the plan to the inspector. The inspector will continue to monitor for compliance.**

**Response Needed By: 07/31/2025**

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

## 1. 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:**

The volunteer agreement packet was missing a written statement indicating that the administrator may discontinue a volunteer activity at any time by providing written notice. While this statement was included in the contractor agreement packet, it was not present in the volunteer agreement packet.

**Corrective Actions:**

**The facility has updated the volunteer agreement packet, and no further action is required at this time. The Inspector will continue to monitor for compliance.**

**Response Needed By: 07/31/2025****INSPECTION COMMENTS**

The Dakota County Jail has established a new 26-person Integrative Health Unit, designed to support individuals experiencing mental health or chemical dependency crises. This specialized unit features trauma-informed design elements that foster wellness, recovery, and a more therapeutic environment.

The jail will remain on biennial inspection.

**JJDPA Compliance**

On June 23, 2025, a Juvenile Justice and Delinquency Prevention Act audit was conducted. Dakota County Jail does not have authorization to hold juveniles. The Dakota County Jail did not book any juveniles between October 1, 2024, and the inspection date.

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

Based on the information that I received and reviewed, I did not find any violations of the JJDP act during the Dakota County inspection.

**Report completed By:** Rachel Dotseth – Detention Facility Inspector**Signature:**



**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  
 Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

**INSPECTION DETAILS FOR:**

**Hennepin County ADC**

**Address:** 401 Fourth Avenue S, Minneapolis, MN 55415

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

**Inspection Type:** Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 07/07/2025 to 07/08/2025

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

**Officials Present During Inspection:** Captain Joel Field; Captain Jeff Lamberson; Major Sherman Otto

**Officials Present for Exit Interview:** Captain Joel Field; Captain Jeff Lamberson; Major Sherman Otto

**Issued Inspection Report to:** Captain Joel Field; Captain Jeff Lamberson; Sheriff Dawanna Witt; County Administrator David J. Hough; Regional Manager Dayna Burmeister; Major Sherman Otto

**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	126	122	4	0	96.83%	Compliance rating of 100%
2911	Essential	101	99	2	0	98.02%	Compliance rating of 90%

**TERMS OF OPERATION**

**Authority to Operate:** approval **Begins On:** 10/01/2025 **Ends On:** 09/30/2026 **Facility Type:** Adult Detention Center

**Placed on Biennial Status:** No **Biennial Status Annual Compliance Form Due On:**

**Delinquent Juvenile Hold Approval:** no approval **Certificate Holder:** Hennepin County Sheriff's Department

**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
Secure	Coed	835	3/28/2005	95	793.25	None.	A CLO has limited the facility's population to 700 with special conditions given for weekends.

**RULE COMPLIANCE DETAILS**

**Chapter 2911 - Mandatory Rules Not In Compliance****Total: 4**

1. 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:**

The facility uses a checklist to conduct daily inspections of the facility; however, completion of those inspections is not being documented.

**Corrective Actions:**

**The facility shall ensure that all daily inspections are being documented.  
The inspector will continue to monitor for compliance.**

**Response Needed By: 08/15/2025**

2. 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:**

Lock inspections are not being conducted on all security doors every week.

**Corrective Actions:**

**Lock inspections shall be conducted and documented every week on all security doors. The facility shall provide documentation of all weekly lock inspections to the inspector for review on the 30th day of every month beginning July 30, 2025, and submitted August 30, September 30, and October 30, 2025.**

**Response Needed By: 08/15/2025**

3. 2911.6600 DELIVERY. Subpart 10. Refusal of prescribed medications.

There shall be procedures for health-trained staff to report an inmate's refusal of prescribed medications to the attending physician, responsible physician, or health care personnel. The refusal and directives by the health care personnel shall be documented.

**Inspection Findings:**

The facility does not have procedures in place to document the refusals of prescribed Pro Re Nata (PRN) medications. Sixteen PRN medications were found to be unaccounted for in the medication cart and were not documented as refusals on the inmate MAR.

**Corrective Actions:**

**In conjunction with the medical authority, the facility shall update their procedure to include the recording of medication refusals in the inmate's medical file. Submit the updated procedure to the DOC for review within 30 days of receipt of this report.**

**Response Needed By: 08/15/2025**

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:**

The facility is not maintaining the disposition of all prescription medications. Sixteen PRN medications were found unaccounted for in the medication cart and the medical staff were unable to account for these prescribed PRN medications.

**Corrective Actions:**

**The facility must update their medication audit procedure to ensure that all prescribed medications are accurately accounted for. Submit the updated audit procedure to the DOC for review within 30 days of receipt of this report.**

**Response Needed By: 08/15/2025**

**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 facility is not providing recreational activities 5 days a week to those inmates housed in the City Hall building. Facility documentation indicated that inmates housed in this area of the facility are receiving recreational opportunities 1-2 days per month. The DOC is concerned with this violation, as prolonged deprivation of physical activity can result in serious physical deterioration, mental health decline and the overall wellbeing of the inmates housed in this area of the facility. This was noted in the last inspection and continues to be a compliance issue with rules and facility policy.

**Corrective Actions:**

**The facility shall submit a detailed plan that provides recreational activities for inmates housed in the City Hall building of the facility.**

**The plan must include:**

- 1). A list of recreational opportunities to be made available to inmates five days per week.**
- 2). How program staff will facilitate recreation to ensure compliance and document data on recreational activities.**

**The plan shall be submitted to the DOC for approval within 30 days of receipt of this report.**

**Response Needed By: 08/15/2025**

**2. 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 did not report incidents (#32453), (#32454), (#32493), (#32495), and (#32498) within 10 days of charges being filed as required.

**Corrective Actions:**

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The facility shall create a plan to ensure that all incidents are being submitted to the DOC Portal within 10-days of the incident or within 10-days of the charge date for "assault" incident types. The plan shall be submitted to the DOC for approval within 30 days of receipt of this report.

Response Needed By: 08/15/2025

### INSPECTION COMMENTS

The facility will remain on an annual inspection status to ensure compliance with corrective actions issued, continued compliance with the rules, and to ensure the conditions of the Conditional License Order are followed.

### JJDPa Compliance

The Hennepin County Jail is not currently approved to hold juveniles. Since October 1,2024, there have not been any juveniles detained.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature:





# 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  
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

## INSPECTION DETAILS FOR:

### Isanti County Jail

**Address:** 509 Eighteenth Avenue SW, Cambridge, MN 55008

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

**Inspection Type:** Annual **Inspected By:** Rachel Dotseth – Detention Facility Inspector **Inspected on:** 02/25/2025 to 02/25/2025

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

**Officials Present During Inspection:** Jail Administrator Cortney Altergott; Sheriff Wayne Seiberlich

**Officials Present for Exit Interview:** Jail Administrator Cortney Altergott; Sheriff Wayne Seiberlich

**Issued Inspection Report to:** Jail Administrator Cortney Altergott; Sheriff Wayne Seiberlich; Regional Manager Jacob McLellan

## 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	126	120	6	0	95.24%	Compliance rating of 100%
2911	Essential	98	97	1	0	98.98%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 04/01/2025 **Ends On:** 03/31/2026 **Facility Type:** Jail  
**Placed on Biennial Status:** No **Biennial Status Annual Compliance Form Due On:**  
**Delinquent Juvenile Hold Approval:** 6 hrs **Certificate Holder:** Isanti 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
Secure	Coed	111	2/4/2005	85	94.35	None	

## RULE COMPLIANCE DETAILS

### Chapter 2911 - Mandatory Rules Not In Compliance

**Total: 6**

- 2911.0300 INTENDED USE AND NONCONFORMANCE WITH RULES Subpart 2. Nonconformance, unsafe, unsanitary, or illegal conditions.

When conditions do not substantially conform or where specific conditions endanger the health, welfare, or safety of inmates or staff, the facility's use is restricted pursuant to Minnesota Statutes, section 241.021, subdivision 1, or legal proceedings to condemn the facility will be initiated pursuant to Minnesota Statutes, section 641.26 or 642.10.

**Inspection Findings:**

The Isanti County Jail has been operating for over 40 years, bringing into question the original infrastructure concerns such as old electrical work, outdated camera systems, and cast-iron plumbing. Throughout the facility, there are several blind spots, no emergency distress call buttons, conduit on the ceilings, floors are peeling from lack of maintenance, and low false ceilings that could be pushed up to hide contraband or an inmate could climb up. The medical room is being utilized for medication storage, supply storage, as well as an office space. The contact visiting room is a small space that is being utilized as an exam room for inmates and contact visits. The recreation room is being utilized as storage, recreation for inmates, and a program room. Storage space is at a minimum for the facility, as every available storage area is utilized. The facility has a lack of natural light. A facility that lacks natural light is not conducive to the well-being or mental health of inmates or staff. Overall, the building does not meet the needs of the current population.

**Corrective Actions:**

**The facility must outline a plan detailing how they will address the above safety and security concerns and submit it to the inspector.**

**Response Needed By: 06/30/2025**

**2. 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 had a training plan for 2024 but does not have a written plan for 2025.

**Corrective Actions:**

**The facility shall create a training plan for 2025 and submit it to the Department of Corrections for review.**

**Response Needed By: 05/30/2025**

**3. 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 shall change their process to comply with the rule allowing inmates to sign and date that they received orientation at booking and understand it. Submit the new process or any forms to the inspector for review.**

**Response Needed By: 05/30/2025**

**4. 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:**

The facility did not complete quarterly reviews for the second, third or fourth quarters of 2024.

**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. Submit documentation showing the completion of the review of emergency procedures for the first quarter of 2025 to the inspector for review.**

**Response Needed By: 03/31/2025**

5. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 3. Health care policy review.

Facility policy shall ensure that each policy, procedure, and program in the health care delivery system is reviewed and documented at least annually under the direction of the health authority and revised as necessary.

**Inspection Findings:**

The facility does not have current health care policies that have been reviewed and signed.

**Corrective Actions:**

**The facility shall ensure that its medical policies are reviewed and signed annually by the health authority. Submit signed policies to the inspector by 03/31/2025.**

**Response Needed By: 03/31/2025**

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:**

A review of inmate medications found that prescribed medications are not being accounted for. The inspector was able to verify that control and stock medications are being properly accounted for.

**Corrective Actions:**

**The facility shall develop a system to properly record and account for all prescribed medications. Once the system is developed, send to the Inspector for review. The inspector will then follow up with the facility to ensure compliance with the rule.**

**Response Needed By: 05/30/2025**

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

**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: security procedures, vulnerable inmates, and the right to know.

**Corrective Actions:**

**Ensure that all new custody staff are receiving training as required by the rule. Upon completion of this training submit documentation to the inspector.**

**Response Needed By: 06/30/2025**

**INSPECTION COMMENTS**

The Isanti County Jail was built in 1985. The National Institute of Corrections estimates the life expectancy of a jail facility, utilized 24 hours a day, to be 25 to 30 years. The physical plant concerns and building deficiencies are noted in the inspection findings. The facility needs to address the issues and establish a plan to remedy deficiencies that will meet the future needs of the incarcerated population. Due to the physical plant concerns the Isanti County Jail will stay on an annual inspection schedule.

**JJDPA Compliance**

On February 25, 2025, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Isanti County Jail has a six hour 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 Isanti County Jail held or processed 3 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. Juveniles are held in a cell off of booking, away for the male population. Isanti County uses Anoka County Regional Juvenile Center for juvenile placement.

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 Isanti County inspection.

**Report completed By:** Rachel Dotseth – Detention Facility Inspector

**Signature:**



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# 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  
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

## 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:** Biennial **Inspected By:** Gretta Holder – Detention Facility Inspector **Inspected on:** 10/09/2024

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

**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

**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	120	4	2	96.83%	Compliance rating of 100%
2911	Essential	101	99	0	2	100.00%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 12/01/2024 **Ends On:** 11/30/2026 **Facility Type:** Jail

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2025

**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:

**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	88	9/22/2009	85	74.80	None.	

## RULE COMPLIANCE DETAILS

**Chapter 2911 - Mandatory Rules Not In Compliance****Total: 4****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:**

Facility does not have a written disaster plan and has not completed an evacuation drill in the last 12 months. They have attempted to schedule an evacuation drill plan with local agencies but nothing is confirmed.

**Corrective Actions:**

**Facility shall create a disaster plan and schedule an emergency evacuation drill to include local agencies. Submit documentation to the Department of Corrections by December 31, 2024. Submit documentation of the completed drill by January 31, 2025.**

**Response Needed By: 12/31/2024****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 intake medical screening is missing part B of the observation element (2) body deformities, trauma markings, body piercings, bruises, lesions and jaundice.

**Corrective Actions:**

**Update medical screening to incorporate all elements of the Rule. Send updated medical screening to DOC by December 31, 2024.**

**Response Needed By: 12/31/2024****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:**

When reviewing refrigerator temperature logs for the last 6 months, several days were missed. These days were weekends or days when medical was not at the facility.

**Corrective Actions:**

**The facility must establish a procedure to ensure daily refrigeration checks are being completed when medical is not at the facility. Facility will submit refrigeration logs for the next 3 months for review starting in November.**

**Response Needed By: 12/31/2024**

## 4. 2911.6500 STORAGE. Subpart 6. Needles and other medical sharps.

There shall be a written policy and procedure for the control and disposal of medical sharps and supplies. Medical sharps and supplies when used or stored in inmate housing areas shall be accounted for and secured in a locked area.

**Inspection Findings:**

While reviewing the medical unit, medical supplies used by staff, were not being inventoried or accounted for.

**Corrective Actions:**

**Inventory/log procedure was implemented during the inspection, no further action required.**

**Response Needed By: 12/31/2024****Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 2**

## 1. 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:**

One week was missing from weekly inspection logs in September after reviewing reports for the last 8 months.

**Corrective Actions:**

**Ensure procedures are followed for the consistent logging of weekly Locks and Keys inspections.**

**Response Needed By:**

## 2. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 1. General.

A facility shall have a policy and procedure that provides that the facility shall: A. be kept in good repair to protect the health, comfort, safety, and well-being of inmates and staff; B. document weekly sanitation inspections; and C. document deficiencies from the weekly sanitation inspection, if any, have been ordered.

**Inspection Findings:**

One week was missing from weekly inspection logs in September after reviewing reports for the last 8 months.

**Corrective Actions:**

**Ensure procedures are followed for the consistent logging of weekly Housekeeping, Sanitation and Plant Maintenance inspections.**

**Response Needed By:****Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 2**

## 1. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 1. Written plan.

A facility administrator or designee shall have and implement a written plan for the constructive scheduling of inmate time. The plan shall: A. identify programs offered in the facility and when the programs are offered; B. identify persons conducting the program and whether or not the persons are facility staff, external community resources under contract, or volunteers; C. be consistent with established legal rights of inmates, type and status of inmates detained in the facility, and rule requirements associated with the facility's classification; D. provide inmates with the option to refuse to participate in facility programs, except work assignments and programs required by statute or court order; E. when males and females are housed in the same facility, provide comparable opportunities for participation in programs and services; and F. require documentation of programs offered and inmates participating in programs.

**Inspection Findings:**

The facility does have a written program plan. However, at this time they are lacking an educational program due to a lack of resources.

**Corrective Actions:**

**Develop a program plan which includes both educational and vocational programming. During the inspection, several ideas were shared to aid in the search for an educational program volunteer.**

**Response Needed By:**

2. 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:**

One week was missing from weekly inspection logs in September after reviewing reports for the last 8 months.

**Corrective Actions:**

**Ensure procedures are followed for the consistent logging of weekly Fire inspections.**

**Response Needed By:**

**INSPECTION COMMENTS**

Since the last inspection, staff have been retrained and an audit process is in place to ensure that well-being checks are being conducted in a thorough and timely manner.

The Lyon County Jail operates at a high level of compliance and therefore will be placed on biennial inspections.

**JJDPA Compliance**

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

On October 22, 2024, 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: Gretta Holder – Detention Facility Inspector

Signature:

*Gretta Holder*



# 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  
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

## INSPECTION DETAILS FOR:

### Olmsted County Jail

**Address:** 101 Fourth Street SE, Rochester, MN 55904

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

**Inspection Type:** Biennial **Inspected By:** Jacob Nelson – Detention Facility Inspector **Inspected on:** 05/23/2024

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

**Officials Present During Inspection:** Captain Macey Tesmer; Director Samantha Reps

**Officials Present for Exit Interview:** Captain Macey Tesmer; Director Samantha Reps

**Issued Inspection Report to:** Captain David Adams; Captain Macey Tesmer; Director Samantha Reps; Sheriff Kevin Torgerson; County Administrator Heidi Welsch; 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	122	1	3	99.21%	Compliance rating of 100%
2911	Essential	102	102	0	0	100.00%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 07/01/2024 **Ends On:** 06/30/2026 **Facility Type:** Jail  
**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2025  
**Delinquent Juvenile Hold Approval:** 6 hrs **Certificate Holder:** Olmsted 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	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Minimum secure	Coed	60	100	60.00	Minimum secure beds located outside of the secure perimeter in a separate building across the street.	
Secure	Coed	170	90	153.00	Located at 101 Fourth Street SE, Rochester, MN 55904.	

**RULE COMPLIANCE DETAILS****Chapter 2911 - Mandatory Rules Not In Compliance****Total: 1**

## 1. 2911.0900 STAFFING REQUIREMENTS. Subpart 1. Staffing plan and staffing analysis.

The facility administrator shall prepare and retain a staffing plan. The staffing plan shall identify: A. jail personnel assignments for: (1) facility administration and supervisors; (2) facility programs including exercise and recreation; (3) inmate admission, booking, supervision, and custody; (4) support services including medical, food services, maintenance, and clerical; and (5) other jail-relevant functions such as escort and transportation of inmates; B. the days of the week that the assignments are filled; C. the hours of the day that the assignments are covered; and D. any deviations from the plan with respect to weekends, holidays, or other atypical situations must be considered. The facility administrator or designee shall review the facility's staffing plan at least once each year. The review shall be documented in written form sufficient to indicate that staffing plans have been reviewed and revised as appropriate to the facility's needs or referred to the facility's governing body for funding consideration. A facility with a design capacity of more than 60 beds must have a staffing analysis and staffing plan approved by the commissioner of corrections. This staffing analysis shall include all posts, functions, net annual work hours appropriate to each post, and total number of employees to fill the identified posts and functions.

**Inspection Findings:**

The facility had no documentation of its staffing plan being reviewed for this year.

**Corrective Actions:**

**This has been corrected, and the facility has a plan in place for the annual documented review of its staffing plan. No further action is needed at this time.**

**Response Needed By:****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:**

A review of the facility's policy was conducted prior to the inspection. Seven policies do not meet all of the requirements of the Chapter 2911 Rules or State Statutes governing county jails.

**Corrective Actions:**

**This was discussed with the Jail Administrator at the time of the inspection and the facility is working on updating these policies. Once updated, have staff review the changes to the policy manual. Submit the changes to the Department of Corrections for review by September 2, 2024.**

**Response Needed By:**

## 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:**

Orientation sheets were found unsigned in two inmate files.

**Corrective Actions:**

**The facility shall develop a consistent process for ensuring all inmates are signing that they received orientation, prior to being moved to inmate housing areas. Send procedure to the DOC by September 2, 2024.**

**Response Needed By:**

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 and times. There were three checks found to be completed at too fast a pace to ensure the inmate's well-being.

**Corrective Actions:**

**The facility has an auditing plan in place that is conducted by supervisors. The Inspector will continue to monitor for compliance for well-being checks.**

**Response Needed By:**

## INSPECTION COMMENTS

The facility shall remain on biennial inspections

## JJDPA Compliance

On May 23, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Olmsted County Jail has no approval to hold delinquent juveniles.

DSO: No violations of the facility holding status offenders.

Jail Removal: Juveniles held at the jail would have been certified as adults.

Sight and Sound Separation: The facility houses no juveniles. Juveniles are brought through the garage sally port and booking area at times when higher security is needed as an access route to court. Steps are taken to ensure that juveniles are kept separate from adults both in the booking area and court holding areas. The facility does not participate in any "Scared Straight" programs for any youth under public authority. No violations of the JJDP Act were identified at the Olmsted County Jail.

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

**Signature:** 



**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  
 Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

**INSPECTION DETAILS FOR:**

**Ramsey County ADC**

**Address:** 425 Grove Street, St. Paul, MN 55101

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

**Inspection Type:** Biennial **Inspected By:** Jake Nelson – Senior Detention Facility Inspector **Inspected on:** 10/21/2025 to 10/22/2025

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

**Officials Present During Inspection:** DOC Liaison Duane Renville

**Officials Present for Exit Interview:** Under Sheriff Ashlee Bryant; DOC Liaison Duane Renville

**Issued Inspection Report to:** Sheriff Bob Fletcher; County Manager Ryan O'Connor; Under Sheriff Ashlee Bryant; DOC Liaison Duane Renville

**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	126	119	7	0	94.44%	Compliance rating of 100%
2911	Essential	100	99	1	0	99.00%	Compliance rating of 90%

**TERMS OF OPERATION**

**Authority to Operate:** approval **Begins On:** 12/01/2025 **Ends On:** 11/30/2027 **Facility Type:** Adult Detention Center  
**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2026  
**Delinquent Juvenile Hold Approval:** no approval **Certificate Holder:** Ramsey 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
Secure	Coed	460	7/20/2006	90	414.00	None.	

**RULE COMPLIANCE DETAILS**

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

**Total: 7**

- 2911.2525 ADMISSIONS. Subpart 4. Inmate personal property.

A facility shall have a written policy and procedure that: A. provides for the itemized inventory and secure storage of all personal property of a newly admitted inmate, including money and other valuables; B. specifies any personal property an inmate may retain in the inmate's possession; and C. provides that the inmate shall sign a receipt for all property held until release.

**Inspection Findings:**

While reviewing property sheets for inmates currently in custody, it was found that the facility is not consistently having inmates sign their property sheet at the time of intake.

**Corrective Actions:**

**The facility shall retrain all intake staff on the booking process, to ensure that all property sheets are signed by the inmate at the time of intake. Send documentation of completed training to the DOC by the assigned date. The DOC shall continue to monitor for future compliance.**

**Response Needed By: 12/31/2025**

**2. 2911.3200 INMATE VISITATION**

The facility administrator or designee shall develop and implement an inmate visiting policy. The policy shall be in writing and include: A. attorney/client interviews allowed in a manner consistent with Minnesota Statutes, section 481.10; B. a schedule of visiting hours that includes the days and times for visits that includes visits during the normal business day, and evenings or weekends; C. establishment of a uniform number of permissible visits and the number of visitors permitted per visit; D. that an adult inmate be permitted an initial visit with a member or members of the inmate's immediate family at the next regularly scheduled visiting period; E. that all facilities schedule a minimum of eight visiting hours per week: (1) a minimum of three separate and distinct visiting days per week; and (2) 20 minutes' duration minimum for each visit unless the number of persons attempting to visit exceeds the facility's ability to meet this requirement, or the inmate's behavior dictates a need to terminate a visit earlier; F. allowed visits for identified members of an inmate's immediate family; G. when a visit to an inmate is denied for reasonable grounds on the belief that the visit might endanger the security of the facility, the action and reasons for denial shall be documented; H. that visitors register, giving names, addresses, and relationship to inmate; I that any area used for inmate visiting may be subject to audio monitoring, recording, or both. The facility shall use signs and the inmate handbook to inform the inmate about audio monitoring and recording. Professional visits not be audio recorded, unless a court order has been issued; J. that policies for parents, guardians, and attorneys visiting juveniles are unrestrictive as administratively possible and the initial visit of a juvenile by parents, guardians, and attorneys be permitted at any time; K. picture identification of visitors be required for identification purposes; L. that juvenile children be allowed to visit parents, regardless of age, as deemed appropriate by the parent or guardian accompanying the child and when a dispute over children visiting occurs between the inmate and the parent or legal guardian, the inmate be referred to the court for resolution; and M. facility policy and procedures setting forth criteria for authorized friend visiting.

**Inspection Findings:**

The facility is currently offering only 7.5 hours of available in-person visiting per week.

**Corrective Actions:**

**The facility must update its visiting schedule to meet the required 8 hours per week, as specified in the Rule. Send the updated visit schedule to the DOC by the assigned date.**

**Response Needed By: 12/31/2025**

**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 video review of three different housing units over a three-day period, showed two instances of staff completing inmate well-being checks at too fast a pace to adequately observe the well-being of inmates.

**Corrective Actions:**

**The facility has a well-established audit system in place for staff development and coaching. The facility also implements well-being check refresher training regularly throughout the year for all staff. The DOC will continue to monitor for compliance in this area through random facility visits.**

**Response Needed By:**

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4. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 1b. Release of information consent forms.

Release of information consent forms must comply with applicable federal and state regulations.

**Inspection Findings:**

A review of ten files found three instances in which the release of information form required in MN Statute 241.021 was not completed properly, or at all.

**Corrective Actions:**

**The facility shall retrain all intake staff on the booking process to ensure that releases of information are completed properly, and in their entirety for all inmates at the time of intake. Send documentation of training to the DOC by the assigned date. The DOC shall continue to monitor for future compliance.**

**Response Needed By: 12/31/2025**

5. 2911.6600 DELIVERY. Subpart 5. Recording deliveries.

A person responsible for delivering medications shall do so according to orders, and record the delivery of medications in a manner approved by the health care authority.

**Inspection Findings:**

A review of inmate medication records showed one inmate whose medication record did not have a recorded delivery, or a documented refusal, on 9 days over a three-month period.

**Corrective Actions:**

**The facility shall develop a procedure to ensure the accurate recording of delivery, or refusal of all prescribed medications. Send documentation of this procedure to the DOC by the assigned date. The DOC shall continue to monitor for future compliance.**

**Response Needed By: 12/31/2025**

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:**

When medications are marked for destruction, there is no record of what was initially put into the medication destruction bin. The facility only accounts for those medications, once they are taken to be destroyed.

**Corrective Actions:**

**The facility shall develop a procedure to ensure that all medications marked for destruction are accurately accounted for, up until the time of disposal. Send the procedure to the DOC by the assigned date. The DOC shall continue to monitor for future compliance.**

**Response Needed By: 12/31/2025**

7. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 1. General.

A facility shall have a policy and procedure that provides that the facility shall: A. be kept in good repair to protect the health, comfort, safety, and well-being of inmates and staff; B. document weekly sanitation inspections; and C. document deficiencies from the weekly sanitation inspection, if any, have been ordered.

**Inspection Findings:**

Documentation reviewed for calendar year 2025 showed one month that had two missed weekly inspections, and one month that had one missed weekly inspection.

**Corrective Actions:**

**The facility shall ensure there are multiple staff trained and available to complete required sanitation inspections weekly. Send the updated plan to the DOC by the assigned date. The DOC shall continue to monitor for future compliance.**

**Response Needed By: 12/31/2025**

**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:**

Documentation reviewed for calendar year 2025 showed two different months that each had one missed weekly inspection.

**Corrective Actions:**

**The facility shall ensure there are multiple staff trained and available to complete required fire inspections weekly. Send the updated plan to the DOC by the assigned date. The DOC shall continue to monitor for future compliance.**

**Response Needed By: 12/31/2025**

**INSPECTION COMMENTS**

The facility shall be placed on a biennial inspection cycle.

**JJDP A Compliance**

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

The three core requirements reviewed 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.

The Ramsey County ADC has no juvenile hold approval and no violations with the Juvenile Justice Delinquency Prevention Act were found.

**Report completed By:** Jake Nelson – Senior Detention Facility Inspector

**Signature:**





# 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  
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

## INSPECTION DETAILS FOR:

### Sherburne County Jail

**Address:** 13880 Highway 10, Elk River, MN 55330

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

**Inspection Type:** Biennial **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 05/07/2024

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

**Officials Present During Inspection:** Assistant Jail Administrator Tom Zerwas; Captain JD Coolidge; Captain Lisa Eckhart; Commander Dave Isais; Jail Administrator Ty Hoppe; Program Coordinator Mark Fritel

**Officials Present for Exit Interview:** Assistant Jail Administrator Tom Zerwas; Captain JD Coolidge; Commander Dave Isais; Jail Administrator Ty Hoppe; Sheriff Joel Brott

**Issued Inspection Report to:** Commander Dave Isais; Sheriff Joel Brott; County Administrator Bruce Messelt; 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	122	2	2	98.41%	Compliance rating of 100%
2911	Essential	101	100	1	0	99.01%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 07/01/2024 **Ends On:** 06/30/2026 **Facility Type:** Jail  
**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2025  
**Delinquent Juvenile Hold Approval:** 6 hrs **Certificate Holder:** Sherburne County Sheriff's Department  
**Special Conditions:**

### 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	732	95	695.40	None.	

## RULE COMPLIANCE DETAILS

**Chapter 2911 - Mandatory Rules Not In Compliance****Total: 2**

1. 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:**

The facility is unable to provide documentation that daily inspections are being completed.

**Corrective Actions:**

**The facility shall ensure that all housing units are completing daily inspections and that those inspections are documented. The inspector shall monitor through onsite visits to the facility.**

**Response Needed By: 06/30/2024**

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:**

A chemical used by inmates was found to be corrosive and not secured.

**Corrective Actions:**

**The facility shall remove all corrosive chemicals used by inmates. This will be monitored by on-site visits and no further action is required at this time.**

**Response Needed By: 07/01/2024****Chapter 2911 - Essential Rules Not In Compliance****Total: 1**

1. 2911.0900 STAFFING REQUIREMENTS. Subpart 15. Ratio of custody staff to inmates, reporting incidents, and responding to emergencies.

A. A facility with a design capacity of 60 or fewer beds shall meet the staffing ratios in this item. For inmate supervision, the overall facilitywide minimum ratio of custody staff to inmates shall be one custody officer to 25 inmates. These staff must be in the facility and on duty at all times and not involved in temporary duties outside of the facility. Included in this ratio are all staff who are assigned and trained in the custody and supervision of inmates as their primary duty. Staff not directly responsible for custody and supervision of inmates such as administrative, supervisory, program, bailiff, or support staff shall not be included in this ratio; B. A facility with a design capacity of 60 or more beds shall meet the staffing ratios in this item. For inmate supervision, the overall facilitywide minimum ratio or custody staff to inmates shall not be less than: (1) 1 to 60 inmates for direct supervision housing units with lockdown capability; (2) 1 to 48 inmates for direct supervision dormitories; (3) 1 to 40 for indirect or podular inmate supervision; and (4) 1 to 25 inmates for linear housing areas; C. A facility administrator may apply for a specific variance from the staffing requirements in this subpart from the commissioner. Consideration of this variance shall require that supervision of inmates is accomplished in an appropriate manner and that the safety and security of the facility, staff, and inmates are not compromised.

**Inspection Findings:**

The facility has several direct supervision housing units that house over 60 inmates that are staffed with one housing unit officer from the hours of 2200-0600 with one correctional staff.

**Corrective Actions:**

**It is recommended that the facility, provide two staff for the hours in which only one correctional officer is assigned to each direct supervision housing unit that has over 60 inmates.**

**Response Needed By: 12/31/2024**

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

## 1. 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:**

Three well-being checks were viewed as being too fast a pace to observe signs of life.

**Corrective Actions:**

**The facility has an extensive system for auditing well-being checks. Any discrepancies noted in these audits should be documented. The inspector will continue to monitor through on-site visits to the facility.**

**Response Needed By:**

## 2. 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:**

Lock inspections are recorded on a log form weekly, but there is no verification that all locks to security doors and gates have been tested for proper function.

**Corrective Actions:**

**It is recommended that the facility, create a form that clearly identifies all locks to be tested to ensure that all required areas are being tested to ensure proper operation.**

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

Physical Plant: The Sherburne County Jail has had several housing unit expansions over the years but the core features of the facility to include the kitchen, property room, vehicle sally port, and laundry were not enlarged to accommodate the additional population. The most glaring shortfall in space is the intake area. The number of bookings and additional traffic due to court movement in and out of the facility make it cumbersome to maintain classification separation.

The HVAC system is unable to maintain consistent temperatures throughout the jail. Sherburne County would benefit from the addition of negative pressure cells for quarantine procedures and inmates with airborne communicable illness. The facility also lacks storage space. The narrow hallways of the segregation areas are being used as a storage area and should be free of clutter for officer safety.

The facility will remain on a biennial inspection schedule.

**JJDPA Compliance**

On May 7, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Sherburne County Jail has 6-hour juvenile hold approval. 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 facility records, the Sherburne County Jail held or processed zero (0) juveniles between October 1, 2023 and the day of inspection. The findings are as follows:

DSO: No status offenders were held in the jail.

Jail Removal: No juveniles were held or processed during the timeframe referenced above.

Sight and Sound Separation: The facility's design and policies allow for proper sight and sound separation. Policies and the court schedule also indicate that these 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, no violations of the JJDP Act were found during the Sherburne County inspection.

**Report completed By:** Jen Pfeifer – Senior Detention Facility Inspector

**Signature:**





# 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  
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

## INSPECTION DETAILS FOR:

### St. Louis County Jail

**Address:** 4334 Haines Road, Duluth, MN 55811

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

**Inspection Type:** Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 03/26/2024

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

**Officials Present During Inspection:** Captain Brandon Hartwick; Captain Eric Stabs; Jail Administrator Jessica Pete

**Officials Present for Exit Interview:** Captain Brandon Hartwick; Captain Eric Stabs; Jail Administrator Jessica Pete

**Issued Inspection Report to:** Captain Brandon Hartwick; Captain Eric Stabs; Jail Administrator Jessica Pete; Sheriff Gordon Ramsey; County Administrator Kevin Gray; 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	127	125	1	1	99.21%	Compliance rating of 100%
2911	Essential	103	102	0	1	100.00%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 05/01/2024 **Ends On:** 04/30/2025 **Facility Type:** Jail

**Placed on Biennial Status:** No **Biennial Status Annual Compliance Form Due On:**

**Delinquent Juvenile Hold Approval:** no approval **Certificate Holder:** St. Louis 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	197	85	167.45	None.	None.

## RULE COMPLIANCE DETAILS

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

## 1. 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:**

Knives and other tools, used in the kitchen, are locked in a secure cabinet and checked twice a day, but there is no list to positively determine if a tool or knife is missing. This was noted in the last inspection.

**Corrective Actions:**

**The facility developed and implemented a complete inventory tool, prior to the inspection report being completed. The inspector will monitor for on- going compliance.**

**Response Needed By: 04/30/2024****Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 1**

## 1. 2911.2500 SEPARATION OF INMATES. Subpart 1. General.

A combination of separate housing units inclusive of special management areas, general population, and minimum security areas and cells, dormitories, and dayroom spaces shall be provided to properly segregate inmates pursuant to Minnesota Statutes, section 641.14. The facility shall provide for the separate housing of the following categories of inmates: A. female and male inmates; B. community custody inmates such as work release or sentencing to service; C. inmates requiring disciplinary segregation; D. inmates requiring administrative segregation; E. juveniles who do not meet Minnesota statutory requirements for placement with adults; F. special management, general population, and minimum security inmates as considered appropriate to the facilities design intent and classification system; and G. inmates classified as mentally ill or special needs inmates in a manner consistent with Minnesota Statutes, section 253B.05.

**Inspection Findings:**

The facility is currently meeting the standard by utilizing tiered time out in the housing units and additional movement of inmates in intake. The facility utilizes an unusually high number of over-rides to meet the needs of the physical plant constraints.

**Corrective Actions:**

**Separating inmates using a tiered system and overrides is a short-term solution and does not meet the long-term needs of the facility. If the facility is unable to meet separation requirements, they must find alternative housing out of county.**

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

## 1. 2911.2700 INFORMATION TO INMATES. Subpart 1. Information made available to inmates.

Copies of policies and rules governing conduct and disciplinary consequences; procedures for obtaining personal hygiene and commissary items; and policies governing visiting, correspondence, bathing, laundry, and clothing and bedding exchange shall be made available to all inmates. Information will be made available to disabled inmates including those that are hearing impaired, visually impaired, or unable to speak in a form that is accessible to them. Information required under this subpart shall be available in English. There shall be procedures in place to address the language barriers of non-English-speaking inmates. Policy and procedures shall ensure, to the extent practical, that inmates who are unable to speak English are provided with the information outlined in this part within 24 hours of admission to the facility in a form that is accessible to the inmate.

**Inspection Findings:**

The facility is currently using TTY machine for the deaf or hard of hearing.

**Corrective Actions:**

**It is best practice to allow the inmate to determine their preferred method of communication when they are deaf or hard of hearing. This was discussed at the time of the inspection. The jail currently has more modern technology ordered and is expected to be in place by early summer.**

**Response Needed By:**

**INSPECTION COMMENTS**

Physical plant-

#1 Separation- The intake area of the facility is too small to accommodate for the number of bookings being completed annually and does not allow for the required separation requirements under Chapter 2911 standards. The intake area also lacks sufficient space to store inmate property. Due to the number of bookings each year it is recommended this area be staffed with two correctional staff.

The St. Louis County Jail was constructed in 1995. The National Institute of Corrections estimates the life expectancy of a jail operating 24 hours a day 7 days a week to be between 25 and 30 years, depending on facility usage. It is recommended that St. Louis County continue to study the long-term correctional needs of the community and their current facility. Any future planning for additional bed space should include a review of the core functions of the facility including intake areas, kitchen, laundry, storage, and inmate programming to ensure they can support the addition.

The St. Louis County Jail will be placed on biennial inspections.

**JJDPA Compliance**

On March 26, 2024, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The St. Louis County jail has no approval to hold delinquent juveniles.

The St. Louis County Jail held or processed zero (0) juveniles between October 2023 and the date of inspection.

**Report completed By:** Jen Pfeifer – Senior Detention Facility Inspector

**Signature:**





# 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  
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

## INSPECTION DETAILS FOR:

### Stearns County Jail

**Address:** 807 Courthouse Square, PO BOX 217, St. Cloud, MN 56302

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

**Inspection Type:** Biennial **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 04/16/2024

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

**Officials Present During Inspection:** Jail Administrator Mark Maslonkowski

**Officials Present for Exit Interview:** Jail Administrator Mark Maslonkowski

**Issued Inspection Report to:** Jail Administrator Mark Maslonkowski; Sheriff Steve Soyka; County Administrator Michael Williams; Regional Manager Jake 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	122	3	1	97.62%	Compliance rating of 100%
2911	Essential	100	99	0	1	100.00%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 06/01/2024 **Ends On:** 05/31/2026 **Facility Type:** Jail  
**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 05/31/2025  
**Delinquent Juvenile Hold Approval:** 6 hrs **Certificate Holder:** Stearns 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	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	151	90	135.90	None.	

## RULE COMPLIANCE DETAILS

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

## 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:**

The facility has not completed the annual fire drill/evacuation drill as required. The last documented drill was conducted April 11, 2023.

**Corrective Actions:**

**The facility shall complete the annual required fire/evacuation drill and submit documentation to the Department of Corrections by May 31, 2024.**

**Response Needed By: 05/31/2024**

## 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:**

The facility was unable to provide documentation that all staff completed quarterly review of emergency procedures.

**Corrective Actions:**

**Documentation of completed quarterly reviews shall be submitted to the Department of Corrections each quarter to verify compliance until December 31, 2024.**

**Response Needed By: 12/31/2024**

## 3. 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:**

Daily inspections are not being documented.

**Corrective Actions:**

**Daily inspections shall be documented in facility logs. The inspector will monitor through requested audits to ensure compliance.**

**Response Needed By: 05/31/2024****Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 1**

## 1. 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 medical screen is missing elements A3 and A6 as required in this rule part.

**Corrective Actions:**

**In conjunction with the medical authority, the facility shall include the requirements listed and submit to the Department of Corrections for review.**

**Response Needed By:****Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 1****1. 2911.2400 DETENTION INFORMATION SYSTEM REQUIREMENTS.**

The facility administrator shall designate a staff person responsible for reporting of information on persons detained or incarcerated to the DOC in a manner consistent with requirements in the DOC's Statewide Supervision System. Detention Entry Guide (2010) and any amendments, which is incorporated by reference, subject to frequent change, and available at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155. Detention information system reporting requirements shall be met in an accurate manner daily.

**Inspection Findings:**

The data provided in DOC Portal continues to be inaccurate. Captain Maslonkowski manually sends data to the Inspection and Enforcement Unit monthly.

**Corrective Actions:**

**It is strongly recommended the facility work with the Jail Management System vendor to resolve the data extraction issue. Accuracy of the information is critical in planning for future public safety needs of Stearns County.**

**Response Needed By:**

## INSPECTION COMMENTS

### Physical Plant:

Several physical plant deficiencies were noted. The poured and concrete masonry unit walls are showing signs of stress in the way of cracks and deterioration. The plumbing chases inspected had original cast iron plumbing exceeding 30 years in age. Many of the materials used in the original construction, including laminate counters and tile floors, are no longer used in detention facilities. The Stearns County Jail was built in 1987 with a capacity of 98 beds. The capacity today is 151 beds. This increase in beds adds additional strain to the facility infrastructure and impacts the life expectancy of the building.

The control panels in the inmate housing areas are antiquated and part replacement is becoming increasingly difficult.

Given the physical plant and capacity issues identified, the County's elected officials are strongly encouraged to determine a course of action to address long term public safety needs.

The facility will remain on biennial inspections.

## JJDPA Compliance

On April 16, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted at the Stearns County Jail. The three core requirements that are looked at during the facility audit include 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 Stearns County Jail held or processed 0 juveniles during the time frame from October 1, 2023 (the beginning of the Federal fiscal year) to the date of the review. One hundred percent of the juvenile data for this time frame was reviewed. The findings are as follows:

Stearns County policies, physical plant, and juvenile data, indicate that juveniles are not brought into the facility. There is a processing area outside the secure perimeter where all juveniles are processed. Youth are not typically held in this area for time periods longer than necessary to complete the processing and transport of the youth.

DSO: Upon review of facility data and physical plant, no violations of the facility holding status offenders in the jail were identified.

Jail Removal: All juveniles are processed outside the secure perimeter of the jail.

Sight and Sound separation: Based on facility policy and physical plant, there were no violations of sight and sound. Youth are transported to a juvenile facility, and they are brought directly to court on the hearing date. 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 identified during the Stearns County jail inspection.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature:

