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

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INSPECTION DETAILS FOR: Becker County Jail

Address: 1428 Stony Road, Detroit Lakes, MN 56502

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Lori Schopf – Senior Detention Facility Inspector **Inspected on:** 02/19/2026

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 Chris Burton; Jail Administrator Paula Peterson

Officials Present for Exit Interview: Assistant Jail Administrator Chris Burton

Issued Inspection Report to: Jail Administrator Paula Peterson; Sheriff Todd Glander

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	102	99	3	0	97.06%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 04/01/2026 **Ends On:** 03/31/2028 **Facility Type:** Jail

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 03/31/2027

Delinquent Juvenile Hold Approval: 24 hrs exclusive of weekends and holidays **Certificate Holder:** Becker 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	186	3/26/2019	90	167.40	168 bed at operational capacity.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance Total: 6

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 and procedure manual was conducted as part of the inspection. There are 20 policies that do not meet all of the requirements of the Chapter 2911 Rules or State Statutes governing county jails.

Corrective Actions:

The facility was notified of the policies that need to be revised and is actively working to update the Policy and Procedure Manual. The facility will submit the revised policies to the Inspector for review.

Response Needed By: 04/10/2026

2. 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:

In 2025, the facility conducted an emergency drill; however, only staff on one shift participated. This limited approach did not provide the opportunity for all required staff to participate, preventing full compliance with annual drill expectations.

Corrective Actions:

The facility shall conduct an emergency drill and ensure participation by all required staff. Submit documentation of attendance to the inspector upon completion.

Response Needed By: 04/10/2026

3. 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:

A review of quarterly emergency procedure records indicated that emergency procedures were not reviewed by all staff for each quarter.

Corrective Actions:

Jail Administration has established a process to ensure quarterly reviews are completed for all staff. Documentation of the first two quarters of 2026 must be submitted to the inspector upon completion.

Response Needed By: 04/10/2026

4. 2911.5300 SEARCHES, SHAKEDOWNS, AND CONTRABAND CONTROL. Subpart 4. Daily inspections.

A facility shall be inspected at least daily for contraband, evidence of breaches in security, and inoperable security equipment, and shall document the inspection.

Inspection Findings:

A review of daily inspection records indicates that there is no documentation for daily security inspections for multiple days in 2025.

Corrective Actions:

The facility has implemented a plan to ensure daily inspections are conducted for contraband, evidence of breaches, and inoperable security equipment. Send the inspector 30 days of completed inspections to ensure compliance with the rule.

Response Needed By: 04/10/2026

5. 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:

A review of facility records indicates that weekly lock testing was not conducted on a consistent basis. Specifically, documentation was missing for the weeks of January 11, 2026, and January 25, 2026.

Corrective Actions:

The facility must ensure that lock testing is 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: 04/10/2026

6. 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 screen was missing part (c), indicating the inmate's disposition. The disposition options include: (1) general population; (2) general population with referral to appropriate health care service; (3) referral to appropriate health care service on an emergency basis; and (4) other.

Corrective Actions:

Within 30 days, the facility must update the intake medical screen on its Jail Management System to ensure it includes the required disposition section. All staff should be trained on completing this new section. Once updated, submit for review.

Response Needed By: 04/10/2026

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

1. 2911.1300 CUSTODY STAFF TRAINING.

A facility shall have a written policy and procedure that provides that all custody staff receive 120 hours of orientation and training during the first year of employment. Forty of these hours are completed prior to being independently assigned to a particular post. All persons in this category are given an additional 16 hours of training each subsequent year. At a minimum, training completed before independent assignment to a particular post shall include: A. security procedures; B. supervision of inmates; C. signs of suicide risk and suicide precautions; D. vulnerable inmates; E. response to resistance regulations and tactics; F. report writing; G. inmate rules and regulations; H. rights and responsibilities of inmates; I. fire and emergency procedures; J. key control; K. interpersonal relations and communication skills; L. diversity training; M. distribution of medications; N. right to know; and O. blood-borne pathogens and communicable diseases.

Inspection Findings:

A review of staff files shows that one custody staff member did not complete all required training during their first year of employment. Specifically, E. Response to resistance, G. Inmate Rule and Regulations, H. Rights and responsibility of inmates, and L. Diversity training.

Corrective Actions:

Upon identification of these findings, the facility is going to implement a revised tracking and oversight process to ensure all new staff complete the required orientation training.

Once the staff has completed these trainings, submit the documentation to the inspector. The inspector will continue to monitor for compliance.

Response Needed By: 04/10/2026

2. 2911.1600 DESIGNATED TRAINING OFFICER.

A facility shall have a designated training officer responsible for: A. maintenance of training plans as required in part 2911.1000; B. maintenance of training records in sufficient detail to allow inspector assessment of compliance with parts 2911.1100 to 2911.1700; and C. documentation of waivers of training requirements based on equivalent training received before employment or demonstrated competency through proficiency testing.

Inspection Findings:

The training records were unorganized and lacked sufficient detail, preventing the inspector from verifying that all staff had completed the required annual training hours.

Corrective Actions:

Upon identification of these findings, the facility is going to implement a revised tracking and oversight process to ensure all staff complete the required annual training hours.

Update training records in order to clearly outline each staff member's completed training and hours completed each year. Submit the updated training records to the inspector upon completion.

Response Needed By: 04/10/2026

3. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 1. Post orders and accountability.

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

Inspection Findings:

A review of records indicated that no staff completed the required annual post-order review for the calendar year 2025.

Corrective Actions:

The facility will ensure that all staff complete the required annual post-order review. Staff will read, sign, and date their applicable post orders, and documentation of completion will be submitted to the inspector.

Response Needed By: 04/10/2026

INSPECTION COMMENTS

The Becker County Jail will remain on biennial inspections.

JJDPA Compliance

On February 19, 2026, a Juvenile Justice and Delinquency Prevention Act (JJDPA) audit was conducted.

A review of DOC Portal data indicated that 9 juvenile(s) was/were processed in the Becker County Jail from October 1, 2025, to February 19, 2026. A review of the data identified zero violations. The facility has been given a rural exception.

The three core requirements that were reviewed are the Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jails and Lockups (Jail Removal), and Site and Sound separation.

DSO: No violations were identified for the facility holding status offenders in the facility.

Jail Removal: No violations were identified for the jail removal requirements.

Sight and Sound Separation: The facility design and policies allow for sight and sound separation that meet JJDPA requirements.

The facility does not participate in any “Scared Straight” programs for any juveniles that are under public authority.

Based on the documentation reviewed, no violations of the JJDPA were identified during the inspection of Becker County Jail.

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