



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:

Prairie Lakes Youth Programs - Youth Services

Address: 1808 Civic Center Drive NE, PO BOX 894, Willmar, MN 56201

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Peter Zimprich – Detention Facility Inspector

Inspected on: 07/08/2025

Inspection Method: Scheduled on-site inspection of facility on 07/08/2025

Officials Present During Inspection:

Officials Present for Exit Interview:

Issued Inspection Report to:

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	350	328	22

TERMS OF OPERATION

Authority to Operate: **Begins On:** 09/01/2025 **Ends On:** 08/31/2027 **Facility Type:** Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 08/31/2026

Delinquent Juvenile Hold Approval: **Certificate Holder:** Prairie Lakes Joint Powers Board
1808 Civic Center Drive NE
Willmar, MN 56201

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	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Detention Services	Coed	23	10/15/2021	100	23.00	4	10	None.	
Restrictive Technique Services	Male	16	10/15/2021	100	16.00	0	0	None.	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 22****1. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 3.B.. Basic rights information.**

The license holder must meet the requirements of this subpart. The license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.

Inspection Findings:

One of five resident files reviewed contained no notification to parents of resident rights and basic services.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding resident rights and basic services.

Response Needed By:**2. 2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT. Subpart 3. Program evaluation.**

A. The license holder must annually evaluate strengths and weaknesses of the program using at least the performance indicators in subitems (1) to (7): (1) accidents; (2) the use of restrictive procedures; (3) grievances; (4) adverse findings, allegations of maltreatment under Minnesota Statutes, section 626.556, citations, and legal actions against the license holder; (5) results of a resident and family satisfaction survey required in part 2960.0140, subpart 1; (6) information from subparts 1 and 2; and (7) critical incidents. B. The program evaluation in item A must be kept for two licensing periods.

Inspection Findings:

The license holder does not perform an annual evaluation of the strengths and weaknesses of the program.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding annual evaluations.

Response Needed By:**3. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.B.2.. Resident screening.**

A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of human services and corrections. B. The license holder must make an effort to determine the resident's culture and gender based needs. (2) Gender specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff.

Inspection Findings:

Five of five resident files reviewed contained no gender specific needs screening.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding resident screening.

Response Needed By:**4. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.D.. Resident screening.**

A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of human services and corrections. D. The screenings must include documented inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility. The resident and resident's family response must be documented.

Inspection Findings:

Five of five resident files reviewed did not address the desired degree of family involvement from the resident and the resident's family.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding resident screening.

Response Needed By:

5. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.1.. Health and hygiene services.

The license holder must meet the conditions in items A to F. D. The license holder, in consultation with a medically licensed person, must have a plan for the safe storage and delivery of medicine. The license holder must meet the requirements in subitems (1) to (5). (1) The license holder must contact a newly admitted resident's prescribing medically licensed person to verify the following information regarding prescribed medication: (a) instructions about how the medication must be administered; (b) the symptoms that the medication will alleviate; and (c) the symptoms that would warrant consultation with the physician.

Inspection Findings:

Two of four resident files reviewed did not contain documentation that the medication were verified with the resident's prescribing medically licensed person.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding contacting a resident's prescribing medically licensed person.

Response Needed By:

6. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 14.d.. Emergency plan.

The plan must specify responsibilities assumed by the license holder for assisting a resident who requires emergency care or special assistance to a resident in emergencies. The license holder must review the plan with staff and residents at least once every six months.

Inspection Findings:

The license holder did not review the emergency plan with residents.
The license holder reviewed the emergency plan with staff once annually.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must submit documentation showing that the emergency plan has been reviewed with both staff and residents. The emergency plan must meet the requirements in MN rule 2960.

Response Needed By: 09/13/2025

7. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 6.1.. Daily resident activities.

The license holder must develop a written schedule of daily activities that generally describes the resident's activities for each day of the week.

Inspection Findings:

The license holder did not have a current written schedule available.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding written schedule.

Response Needed By:

8. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.1.a.. Facility programs.

The license holder must prepare written program descriptions and policies and procedures that implement the program described. Measurable program outcomes must also be identified. B. Each resident must have a treatment plan. If the resident's case plan or screening or assessment results indicates that the needs of the resident cannot be met by the license holder, the license holder must document contact with the placement agency and notify the placement agency of the results of the screening or assessment and tell the placement agency that the program is not able to meet the resident's needs.

Inspection Findings:

One of five resident files reviewed did not contain individual treatment plans.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must submit the next three treatment plans. Each plan must comply with the requirements of MN rule 2960.

Response Needed By: 09/13/2025

9. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.2.. Facility programs.

The license holder must prepare written program descriptions and policies and procedures that implement the program described. Measurable program outcomes must also be identified. B. Each resident must have a treatment plan. (2) The license holder must review the resident's case and treatment plans on a monthly basis or, if necessary, more often and recommend changes, if appropriate.

Inspection Findings:

Four of five resident files reviewed contained a treatment plan, however that treatment plan did not contain monthly documented reviews by the license holder.

Corrective Actions:

Within 60 days of the receipt of this inspection report the license holder must submit an initial treatment plan, and monthly treatment plan reviews for the next 3 admitted residents.

Response Needed By: 10/13/2025

10. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.B.. Discharge.

The license holder must meet requirements of items A and B. B. The transition services plan must include at least the elements in subitems (1) to (7): (1) housing, recreation, and leisure arrangements; (2) appropriate educational, vocational rehabilitation, or training services; (3) a budget plan and a description of the resident's financial and employment status; (4) transportation needs; (5) treatment services; (6) health services; and (7) personal safety needs. For a resident with a disability, the transition services plan must address the resident's need for transition from secondary education services to postsecondary education and training, employment provider participation, recreation and leisure, and home living according to Minnesota Statutes, section 125A.08.

Inspection Findings:

Five of five resident files reviewed contained no transition services plan.

Corrective Actions:

Within 30 days of the receipt of this inspection report the license holder must submit a template and plan for following 2960 requirements regarding transition services.

Response Needed By: 09/13/2025

11. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.C.. Discharge.

The license holder must meet requirements of items A and B. C. The license holder must give written notice of the resident's projected discharge date to: (1) the resident; (2) the resident's case manager and parent, if permitted, or legal guardian; (3) the providing school district; and (4) the school district the resident will go to, if known.

Inspection Findings:

Five of five resident files reviewed did not contain written notice of resident's projected discharge date.

Corrective Actions:

Within 30 days of the receipt of this inspection report the license holder must submit a template and plan for following 2960 requirements regarding written notice of projected discharge.

Response Needed By: 09/13/2025

12. 2960.0240 PERSONNEL POLICIES. Subpart 4.B.. Personnel training.

The license holder must provide staff training. B. The facility must offer orientation for new employees regarding agency objectives, resources, policies, and services. Employees must be oriented to the facility's goals, services, policies, and operational procedures; the cultural diversity of the service population; and the agency's relationship with the providing school district and other community resources. (1) Staff employed in a long term secure detention facility and in an eight day temporary holdover facility must complete at least 24 hours of orientation training before working alone with residents. Other staff and volunteers must complete orientation consistent with their responsibilities. (2) Staff employed in a 24 hour temporary holdover facility must complete the 24 hour juvenile care attendant workshop sponsored by the Department of Corrections during their first six months of employment. Volunteers or staff who have not completed the workshop, but have received and completed the required orientation training, may work alone on a shift.

Inspection Findings:

One of five staff files reviewed contained a total of 3 hours of orientation training.

Corrective Actions:

Within 30 days of receipt of this report, the license holder must submit a plan that identifies how the license holder will ensure all staff members have completed orientation training.

Response Needed By: 09/13/2025

13. 2960.0240 PERSONNEL POLICIES. Subpart 4.C.. Personnel training.

The license holder must provide staff training. C. Employees of a long term secure detention facility who have direct contact with residents must complete a minimum of 40 hours of in service training per year. One half of the training must be skill development training. Staff of an eight day temporary holdover facility must complete 24 hours of in service training. Twenty four hour temporary holdover staff and other facility staff and volunteers must complete in service training consistent with professional licensure requirements and responsibilities and the license holder's annual training plan.

Inspection Findings:

Three of five staff files reviewed contained less than 40 hours of in service training annually.

Corrective Actions:

Within 30 days of receipt of this report, the license holder must submit a plan that identifies how the license holder will ensure all staff members receive 40 hours of in-service training annually.

Response Needed By: 09/13/2025

14. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 2. Policies and procedures manual.

License holders must have a policy and procedures manual reviewed by the commissioner of corrections that is readily available to staff. The policy manual must contain policies and procedures for all aspects of the facility's operation. The license holder must ensure that the policies and procedures in the manual safeguard residents' rights and require the provision of basic services to residents.

Inspection Findings:

A review of the license holder's policy and procedure manual revealed numerous missing policies required in Rule 2960. This was communicated with the license holder via the 2960 checklist as to which parts of the Rule that the facility policy and procedure manual is missing.

Corrective Actions:

Within 30 days of receipt of this report, the license holder must submit all required policies that were not available and were identified with the license holder as missing from the license holder's policy and procedure manual. The license holder's policy and procedure manual must be in compliance with MN 2960 Rule and approved by MN DOC.

Response Needed By: 09/13/2025

15. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 8.B.. Exercise and recreation.

Provisions for a minimum of two hours of daily preplanned exercise or activities supervised and directed by trained staff and recreational activities and leisure time activities, excluding time spent watching television;

Inspection Findings:

The license holders schedule identified a total of 1 hour of recreation daily, recreation activities were not preplanned.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must submit a recreation schedule to the DOC. The schedule must comply with the requirement of MN rule 2960.

Response Needed By: 09/13/2025

16. 2960.0370 LOCKS AND KEYS. Subpart 2. Inspection.

The license holder must ensure that: A. all locks to security doors or gates are inspected daily to ensure their efficient operation and the inspections are documented; B. no lock to a security door or gate is broken, inoperable, or left in an unsuitable condition for any unnecessary period of time; and C. no residents are placed in a secure room or area that has inoperable locks.

Inspection Findings:

The license holder identified that they do not perform daily inspection of all locks to security doors or gates.

Corrective Actions:

Within 60 days of receipt of this inspection report, the license holder must complete and submit documentation verifying 30 consecutive days of lock and security door inspections.

Response Needed By: 10/13/2025

17. 2960.0560 PERSONNEL STANDARDS. Subpart 3. supervision of treatment.

The program director must: A. supervise the development of each resident's individual treatment plan; B. be involved in the resident's treatment planning process and sign the resident's individual treatment plan; C. supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress; and D. document on a biweekly basis a review of all the program services provided for the resident in the preceding week.

Inspection Findings:

*Five of five resident files reviewed identified the program director is not signing and supervising the development of each individual treatment plan.

*Five of five resident files reviewed identified biweekly reviews were not done consistently and did not contain a review of all the program services provided for the resident.

Corrective Actions:

Within 60 days of the receipt of this inspection report the license holder must submit to the DOC biweekly program services reviews for the next 3 admitted residents.

Response Needed By: 10/13/2025

18. 2960.0560 PERSONNEL STANDARDS. Subpart 5. Individual staff development and evaluation plan.

The license holder must ensure that an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers correctional program services. The plan must: A. be developed within 90 days after the person begins employment and at least annually thereafter; B. meet the staff development needs specified in the person's annual employee evaluation; and C. ensure that an employee who provides, supervises, or directly administers program services has sufficient training to be competent to deliver the correctional services assigned to the employee.

Inspection Findings:

One of five staff files reviewed contained no 90 day individual staff development and evaluation.
Four of five staff files reviewed contained no annual individual development and evaluation.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must complete and submit individual staff development and evaluation plans for these four staff members.

Response Needed By: 09/13/2025

19. 2960.0570 FACILITY OPERATIONAL POLICIES AND PROCEDURES. Subpart 3. security policies and procedures.

The license holder must have security policies and procedures that include the topics in items A to K: A. control and recovery of contraband; B. delivery and service procedure; C. prohibition of firearms and other weapons in resident areas; D. search procedures, including strip searches and resident-assisted searches; E. escort of residents outside security area; F. when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3; G. lock and key procedures; H. inspection of physical plant procedures; I. count procedures; J. weapons, tools, equipment, medications, and hazardous substances; and K. use of chemical irritants.

Inspection Findings:

A review of camera footage revealed six of eighteen wellbeing checks were not completed in a manner that a reasonable person could ensure that the resident is present and alive; and identify whether the resident is experiencing visible or audible distress.

Corrective Actions:

Within 30 days of receipt of this inspection, the license holder must re-train all staff on well-being checks to meet 2960 requirements and submit the documentation of training completion to MN DOC.

Response Needed By: 09/13/2025

20. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 10. Administrative review.

The license holder must complete an administrative review of the use of a restrictive procedure within three working days after the use of the restrictive procedure. The administrative review must be conducted by someone other than the person who decided to impose the restrictive procedure, or that person's immediate supervisor. The resident or the resident's representative must have an opportunity to present evidence and argument to the reviewer about why the procedure was unwarranted. The record of the administrative review of the use of a restrictive procedure must state whether: A. the required documentation was recorded; B. the restrictive procedure was used in accordance with the treatment plan; C. the rule standards governing the use of restrictive procedures were met; and D. the staff who implemented the restrictive procedure were properly trained.

Inspection Findings:

The license holder does not currently review the use of restrictive procedures within three working days after the use of restrictive procedures.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding review of restrictive procedures.

Response Needed By:

21. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 11. Review of patterns of use of restrictive procedures.

At least quarterly, the license holder must review the patterns of the use of restrictive procedures. The review must be done by the license holder or the facility's advisory committee. The review must consider: A. any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of restrictive procedures; B. any injuries resulting from the use of restrictive procedures; C. actions needed to correct deficiencies in the program's implementation of restrictive procedures; D. an assessment of opportunities missed to avoid the use of restrictive procedures; and E. proposed actions to be taken to minimize the use of physical holding and seclusion.

Inspection Findings:

The license holder does not review the use of restrictive procedures at least quarterly.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding restrictive procedures.

Response Needed By:**22. 2960.0720 SAFETY-BASED SEPARATION Subpart 9. Training**

A. All staff who participate in safety-based separation must be trained in: (1) behavioral intervention principles for juveniles; (2) well-being checks; (3) the documentation requirements under parts 2960.0720 to 2960.0750; and (4) reintegrating residents into facility operations. B. A license holder must develop in their written policies and procedures training requirements on safety-based separation as follows: (1) how often staff members should receive training; (2) what types of training staff members should receive; and (3) any other training-related guidance that ensures that staff can comply with requirements on safety-based separation under this chapter.

Inspection Findings:

Five of five staff files reviewed did not contain safety-based separation training.

Corrective Actions:

Within 30 days of receipt of this inspection report the license holder is required to provide training to all staff on safety-based separation. Documentation of this training must be submitted to the DOC.

Response Needed By: 09/13/2025**INSPECTION COMMENTS****JJDP A Compliance**

No violations found.

Report completed By: Peter Zimprich – Detention Facility Inspector**Signature:**