



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

Inspection and Enforcement Unit, 1450 Energy Park Drive, Suite 200, St.Paul MN 55108
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INSPECTION DETAILS FOR:

PORT Group Homes - Girls

Address: 115 First Street N, Brainerd, MN 56401

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Annual **Inspected By:** Stephanie Kantola – Detention Facility Inspector **Inspected on:** 02/26/2026 to 02/27/2026

Inspection Method: This inspection was a scheduled annual inspection.

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	335	15

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 04/01/2026 **Ends On:** 03/31/2027 **Facility Type:** Non-Secure Juvenile Residential Facility

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

Delinquent Juvenile Hold Approval: **Certificate Holder:** PORT of Crow Wing County
PO Box 488
Brainerd, MN 56401

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
Restrictive Technique Services	Female	14	5/21/2012	100	14.00	0	0	Unit Name: Non-secure residential, CRF #1057221.	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 15

- 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 3.A.. Resident admission documentation.

Upon or within five working days after admission, the license holder must obtain and document the information in items A and B to the extent permitted by law: legal authority for resident placement;

Inspection Findings:

Two of four resident files reviewed did not contain legal authority for resident placement.

Corrective Actions:

Within 30 days of receipt of this report the license holder must submit to MN DOC a plan for ensuring that legal authority for resident placement is obtained.

Response Needed By: 04/18/2026

2. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 3.B.. Resident admission documentation.

Upon or within five working days after admission, the license holder must obtain and document the information in items A and B to the extent permitted by law: in collaboration with the placing agency, gather information about the resident in subitems (1) to (12), and place that information in the resident's file: (1) date and time of admission; (2) name and nicknames; (3) last known address and permanent address; (4) name, address, and telephone number of parents, guardian, and advocate; (5) gender; (6) date and place of birth; (7) race or cultural heritage, languages the resident speaks and writes, and tribal affiliation, if any; (8) description of presenting problems, including medical problems, circumstances leading to admission, mental health concerns, safety concerns including assaultive behavior, and victimization concerns; (9) description of assets and strengths of the resident and, if available, related information from the resident, resident's family, and concerned persons in the resident's life; (10) name, address, and telephone number of the contact person for the last educational program the resident attended, if applicable; (11) spiritual or religious affiliation of the resident and the resident's family; and (12) the placing agency's case plan goals for the resident, if available.

Inspection Findings:

Four of four resident files reviewed did not contain the required information in the resident's file.

*Four of four files did not contain time of admission (1).

*Resident File 1 did not contain the required information; place of birth (6), language the resident speaks and writes (7), and spiritual or religious affiliation (11).

Corrective Actions:

Immediately and on an ongoing basis the license holder must ensure that all required admission information is obtained and documented.

Response Needed By:

3. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 4.A.. Inventory and handling of resident property.

The license holder must inventory the resident's personal property, including clothing, and have the resident and the license holder sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The license holder must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's treatment plan. The license holder must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.

Inspection Findings:

One of four resident files reviewed revealed the resident's personal property inventory did not document all the items that the resident brought into the facility (examples of missing documentation of shoes, jacket).

Corrective Actions:

This is a repeat violation. The license holder was previously cited for the same or similar violation in the February 2025 inspection report.

Within 30 days of receipt of this report the license holder must submit a plan to MN DOC that ensures that the resident's personal property inventory will meet requirements.

Response Needed By: 04/18/2026

4. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.1.. 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. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field. (1) The health screening must note the resident's history of abuse and vulnerability to abuse, potential for self injury, current medications, and most recent physician's and clinic's name, address, and telephone number.

Inspection Findings:

Four of four resident files reviewed revealed that the license holder's health screens have not been approved MN DOC.

Additionally, two of four resident files reviewed revealed the residents were not appropriately screened by a trained person within 24 hours of intake.

Corrective Actions:

This is a repeat violation. The license holder was previously cited for the same or similar violation in the February 2025 inspection report and the September 2025 Corrective Action Plan.

Within 30 days of receipt of this report the license holder must submit a health screen to MN DOC for review. Within 60 days after the approval of the health screen the license holder must submit to MN DOC five completed resident admission screenings that meet requirements.

Response Needed By: 04/18/2026

5. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.C.3.. 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. C. The license holder must screen or arrange to have a resident screened according to the timelines in subitems (1) to (3). (3) The resident need not be screened if a screening or assessment completed within the last six months is already on file. If there is reason to believe that the resident's condition has changed since the last screening or assessment, a new screening must be completed. If the resident is transferred from another facility, the sending facility's records about the resident must be immediately requested by the receiving facility. The requirements in this item do not apply to residents on detention status for less than six working days in a detention facility.

Inspection Findings:

Review of four resident files revealed the following:

*File 1 did not contain a mental health screen. File 4 had a mental health screen that was not started within three days and was completed one day late.

*File 1 did not contain a substance use disorder screening and File 4 had a substance use disorder screening that was not started within three days and was completed one day late.

*File 1 did not contain a screening for sexually abusive behavior. Files 2, 3, and 4's screenings for sexually abusive behavior were all completed one day late. Additionally, File 4's sexually abusive behavior screen was not started within three days.

*File 1 did not contain a vulnerability assessment. Files 2, 3, and 4's vulnerability assessments were all completed one day late. Additionally, File 4's vulnerability assessment was not started within three days.

*File 1 did not contain a cultural screening. Files 2, 3, and 4's cultural screens were all completed one day late. Additionally, File 4's cultural screen was not started within three days and was not completed by a trained person as it was completed by the resident.

*File 1 did not contain a gender-specific screening.

*File 1 did not contain a documented inquiry and the results of the degree of family involvement by the resident and the family.

Corrective Actions:

This is a repeat violation. The license holder was previously cited for the same or similar violation in the February 2025 inspection report and the September 2025 Corrective Action Plan.

*** This corrective action is to be completed in conjunction with corrective action in 2960.0070 5 A. 1.**

Within 30 days of receipt of this report the license holder must submit a health screen to MN DOC for review. Within 60 days after the approval of the health screen the license holder must submit to MN DOC five completed resident admission screenings that meet requirements.

Response Needed By: 04/18/2026

6. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.E.1.. 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. E. The license holder must follow the resident's case plan and cooperate with the case manager to: (1) take specific steps to meet the needs of the resident identified by screening and, if needed, request authorization to arrange for the resident's assessment, or medical or dental care or treatment needs, based on the information obtained from the resident's screening;

Inspection Findings:

Resident File 4 did not contain a case plan nor did it contain documentation of attempts to obtain the case plan.

Corrective Actions:

Immediately and on an ongoing basis the license holder must ensure efforts to obtain resident case plans.

Response Needed By:

7. 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:

Resident File 1 did not contain documentation of attempt to contact newly admitted resident's medically prescribing licensed person or pharmacy (as per license holder's variance) to verify the required information for the resident's prescribed medication.

Corrective Actions:

This is a repeat violation. The license holder was previously cited for the same or similar violation in the February 2025 inspection report.

Within 30 days of receipt of this inspection report the license holder must submit a plan to MN DOC that will ensure requirements for medications are met.

Response Needed By: 04/18/2026

8. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 3.B.. Cooperation in treatment and basic service delivery.

The license holder must cooperate with the resident's case manager and other appropriate parties in creating and delivering basic services. In addition, the license holder must: B. identify and share information about the resident's treatment and major treatment outcomes the resident will achieve while in the facility, including attaining developmentally appropriate life skills that the resident needs to have in order to be functional in a family and in the community, with persons who are directly involved in the resident's treatment plan in accordance with the resident's case plan;

Inspection Findings:

Four of four resident files reviewed revealed the following:

*File 1 has an initial treatment plan that identifies working on communication with mom, however there is no documentation of that occurring.

*File 2 has a treatment plan that identifies the resident has an IEP, however the license holder reported that the resident does not have an IEP.

*File 3 has a treatment plan that did not contain absconding and chemical use, which were identified as the reason for resident placement to the facility and goal during placement (additionally the resident absconded on 1/13/26).

*File 4 did not contain a treatment plan that was individualized to the resident.

Corrective Actions:

This is a repeat violation. The license holder was previously cited for the same or similar violation in the September 2025 Corrective Action Plan and the March 2026 Corrective Action Plan.

The corrective action will be completed in conjunction with the March 2026 Corrective Action Plan.

Immediately and on an ongoing basis the license holder must ensure the requirements governing treatment plans meet Rule 2960 requirements. Within 30 days of receipt of this order, submit treatment plans for the next three residents admitted to the program to the DOC.

Response Needed By: 04/18/2026

9. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 9.D.. Educational services.

The license holder must ensure that educational services are provided to residents according to items A to D, except where not applicable, due to the age of the resident or the resident's short stay in the facility. D. The license holder must provide education about chemical health to the resident who has had a problem related to inappropriate chemical use, but who does not have a sufficient chemical use history to refer to treatment. The education must provide the resident with opportunities to examine the problems associated with inappropriate chemical use.

Inspection Findings:

Three of four resident files reviewed did not contain documented chemical health education. The three residents had positive UA's upon intake.

Corrective Actions:

Immediately and on an ongoing basis the license holder must ensure that chemical health education is provided to required residents. Within 30 days of receipt of this inspection report the license holder must submit a plan to MN DOC that will ensure chemical health educational services meet MN Rule 2960 requirements.

Response Needed By: 04/18/2026

10. 2960.0090 DISCHARGE AND AFTERCARE. Subpart 3. Return of resident's property.

The license holder must return all of the resident's personal property to the resident along with a signed receipt upon discharge, unless prohibited to do so by law or case plan. Discrepancies between the resident's inventoried property turned over to the facility at admission and the property returned to the resident at discharge, and the resolution of the discrepancy, must be documented by facility staff.

Inspection Findings:

Three of three discharged resident files reviewed for property inventory documentation revealed:

*two of the files did not have a signed receipt of property

*the third file did not have any documentation for receipt of property.

Corrective Actions:

Immediately and on an ongoing basis the license holder must ensure that the resident's personal property inventory meets MN Rule 2960 requirements.

Response Needed By:

11. 2960.0100 PERSONNEL POLICIES. Subpart 3.A.5.. Orientation and in-service training.

Orientation training must include at least the subjects in subitems (1) to (6): (5) operational policies and procedures of the license holder; and

Inspection Findings:

Two of two personnel files reviewed contained documentation training of only parts of the operational policies and procedures and not the entirety of it.

Corrective Actions:

Immediately and on an on going basis the license holder must ensure that training requirements are met. Within 30 days of receipt of this inspection report the license holder is to submit a plan to MN DOC that ensures that this Rule part is met.

Response Needed By: 04/18/2026

12. 2960.0140 QUALITY ASSURANCE, IMPROVEMENT, AND PROGRAM OUTCOMES. Subpart 2. Treatment plan compliance.

Following the resident's discharge, the license holder must document the extent to which the resident's stay in the facility met the goals and objectives identified in the resident's treatment plan. Documentation must include at least: A. the services identified in the resident's treatment plan that were provided to the resident directly by the license holder and the services that were provided by a provider other than the license holder; and B. the extent to which the services provided to the resident contributed to achieving the goals and objectives identified in the resident's treatment plan.

Inspection Findings:

Three of four resident files reviewed did not contain discharge documentation of the extent to which the goals and objectives are met in the treatment plan and services.

Corrective Actions:

This is a repeat violation. The license holder was previously cited for the same or similar violation in the September 2025 Corrective Action Plan.

Within 60 days of receipt of this report the license holder must submit treatment plans for three discharged residents that meet MN Rule requirements.

Response Needed By: 05/18/2026

13. 2960.0170 CLASSIFICATION AND SEPARATION OF RESIDENTS. Subpart 1. Classification of residents.

The license holder must develop a classification plan and house residents in living units that are consistent with the license holder's statement of intended use. Resident classification criteria for living unit assignment must include consideration of at least the following factors: age, developmental level, gender, physical assaultiveness, delinquent sophistication, and run risk.

Inspection Findings:

Review of the license holder's policy revealed no documentation of a classification plan.

Corrective Actions:

Within 30 days of receipt of this report the license holder must submit a classification plan that meets MN Rule 2960 requirements to MN DOC.

Response Needed By: 04/18/2026

14. 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:

Two of three resident files reviewed did not contain written notice of resident's projected discharge.

Corrective Actions:

This is a repeat violation. The license holder was previously cited for the same or similar violation in the February 2025 inspection report.

Within 60 days of receipt of this inspection report the license holder must submit to MN DOC five discharged residents written notices of discharge.

Response Needed By: 05/18/2026

15. 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 well-being check documentation and camera footage revealed the following well-being checks out of compliance due to the pace at which they were performed did not allow for the staff to effectively ensure the resident is present and alive and to effectively identify whether the resident is experiencing visible or audible distress.

*02/21/2026 at 11:56pm

*02/22/2026 at 12:20am

*02/27/2026 at 1:55am

*02/27/2026 at 2:21am

Corrective Actions:

This is a repeat violation. The license holder was previously cited for the same or similar violation in the February 2025 inspection report and September 2025 Corrective Action Plan.

The license holder must submit weekly audits for the next two months. The audits are to include the following information (at minimum):

***how the facility is addressing the lack of non-compliance with staff and failure to complete adequate well-being checks.**

***how the facility is self-auditing for well-being check compliance, including the person(s) responsible for self-audits, as well as the frequency and documentation of the findings of the audit**

***the sample size and frequency of the oversight**

***outcomes the facility has discussed and changes (if any) the facility is implementing based on the weekly audits**

Response Needed By: 04/02/2026

INSPECTION COMMENTS

The PORT Girls Group Home annual inspection was completed on February 26-27, 2026, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities.

Ongoing concerns with the number and nature of licensing violations need to be addressed and the facility will need to achieve compliance. Due to the amount of repeat violations the license holder will remain on annual inspection. In addition the DOC inspector will continue to monitor compliance through announced and unannounced visits.

The license holder has had multiple repeat violations. The license holder was previously cited for the same or similar violation in the following corrective action:

*February 2025 inspection report

*September 2025 Corrective Action Plan (based on an unannounced inspection from MN DOC and a complaint against the facility)

*March 2026 Corrective Action Plan (based on a letter sent to the facility by the MN DOC Inspection & Enforcement Unit Director)

*March 2026 Corrective Action Plan (based on a complaint against the facility)

*March 2026 inspection report

JJDP A Compliance

PORT Girls Group Home is non-secure.

Report completed By: Stephanie Kantola – Detention Facility Inspector

Signature: *Stephanie Kantola*