



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:

Prairie Lakes Juvenile Detention Center Secure

Address: 1808 Civic Center Drive, PO BOX 902, Willmar, MN 56201

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Detention Facility Inspector **Inspected on:** 08/25/2021 to 08/26/2021

Inspection Method: This inspection consisted of a tour of the facility, interviews with administration, staff and youth, review of employee and resident files, and a review of other compliance related documentation.

Officials Present During Inspection: Assistant Administrator Julie Bush; Executive Director Holly Booth

Officials Present for Exit Interview: Assistant Administrator Julie Bush; Executive Director Holly Booth

Issued Inspection Report to: Assistant Administrator Julie Bush; Executive Director Holly Booth; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	307	6

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 09/01/2021 **Ends On:** 08/31/2023 **Facility Type:** Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 08/31/2022

Delinquent Juvenile Hold Approval: **Certificate Holder:** Prairie Lakes Joint Powers Board
1808 Civic Center NE, PO Box 902
Willmar, MN 56201

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	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Interchangeable secure residential/detention	Coed	21	100	21.00	4	10	None.	None.
Secure detention	Coed	11	100	11.00	0	0	None.	None.
Secure residential	Coed	14	100	14.00	14	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 6****1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.5.b.. 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). A medically licensed person must provide consultation and review of the license holder's administration of medications at least monthly.

Inspection Findings:

A review of the medication administration logs revealed that there were missing monthly reviews by a medically licensed person as required by this rule part.

Corrective Actions:

Ensure that monthly reviews by a medically licensed person are conducted and documented per this rule part.

Response Needed By: 10/29/2021**2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.B.. Resident and family grievance procedures.**

B. If a grievance is filed, the license holder must document the grievance along with the investigation findings and resulting action taken by the license holder. Information regarding the grievance must be kept on file at the facility for two licensing periods.

Inspection Findings:

Grievances for this licensing period were unavailable.

Corrective Actions:

Ensure that all grievances are on file and accessible for two licensing periods per this rule part.

Response Needed By: 10/29/2021**3. 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:

A review of training records revealed that some staff had not met their 2019 training requirements per this rule part.

Corrective Actions:

Ensure that all required staff completes their required training per this rule part.

Response Needed By: 10/29/2021**4. 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:

A review of restrictive procedures incidents revealed that the facility is not consistently completing administrative reviews of incidents in which restrictive procedures are used.

Corrective Actions:

Ensure that all restrictive procedure incidents are reviewed by administration per this rule part.

Response Needed By: 10/29/2021

5. 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:

Facility quarterly review of restrictive procedures was unavailable at the time of inspection.

Corrective Actions:

Ensure that a review of restrictive procedures is conducted per this rule part. New administration could not locate documentation of presumably completed reviews. Prior to inspection, they developed a new process for completing these reviews in the future.

Response Needed By: 10/29/2021

6. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 8. Disciplinary room time use.

Disciplinary room time must be used only for major violations and be used according to the facility's restrictive procedures plan. In addition to the restrictive procedures plan requirements in subpart 2, the license holder who uses disciplinary room time must meet the following requirements: A. the license holder must give the resident written notice of an alleged violation of a facility rule; B. the license holder must tell the resident that the resident has a right to be heard by an impartial person regarding the alleged violation of facility rules; and C. the license holder must tell the resident that the resident has the right to appeal the determination made by the impartial person in item B internally to a higher authority at the facility.

Inspection Findings:

A review of disciplinary room time reports revealed that residents are not being offered a hearing for certain conditions when given DRT. When a hearing is offered, it is being conducted by the staff who issued the violation, and not an impartial person. Neither the hearing nor the appeal process are consistent with the requirement of this rule part.

Corrective Actions:

Ensure that hearings are being conducted or waived for each DRT occurrence. Ensure that all hearings are being conducted by an impartial person; consider lead workers or supervisors, if possible. If the resident disagrees with the hearing finding, they must be offered an appeal, to be conducted by a higher authority within the facility. Facility policy also must be revised.

Response Needed By: 10/29/2021

Chapter 2960 - Mandatory Rules In Compliance With Concerns

Total: 3

1. 2960.0250 ADMISSION AND RELEASE POLICY AND PROCESS. Subpart 4. search.

Upon admission, personal belongings of a resident must be examined in a manner and in a location that ensures the personal privacy of the resident. Items taken from the resident during the search must be included in the resident's personal property inventory. The search of the resident must be done by a staff person of the same gender as the resident.

Inspection Findings:

A review of the intake process revealed that intakes routinely involve strip search/unclothed body searches of all residents.

Corrective Actions:

Consider revising this process to be consistent with trauma informed care. Consider requiring administrator or program director approval for unclothed searches.

Response Needed By:

2. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.. Discipline plan.

The license holder must have a discipline plan that includes the requirements in items A to F. D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan. The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours. Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented.

Inspection Findings:

Eight hour reviews when a resident is in DRT status are being conducted, however there is no documentation as to reasoning for continued DRT. The policy regarding DRT reviews is not consistent with this rule part and needs to be revised.

Corrective Actions:

Ensure that staff elaborates the reason for continued DRT when documenting the eight hour review. Consider having these reviews conducted by a lead worker or supervisor.

Revise the policy regarding DRT reviews and ensure that the policy is consistent with this rule part.

Response Needed By:

3. 2960.0390 COUNT PROCEDURE. Subpart 3. Master count board.

A system for counting must include procedures that account for the total number of residents at any given time. Changes in the number of residents must be documented and reported immediately.

Inspection Findings:

The facility conducts counts of residents every eight hours. Counts are documented on an erasable board and altered throughout the day. This considered their formal count process. There is no permanent record that the count occurred at eight hour intervals as the only record is the erasable board.

Corrective Actions:

Develop a system or form in which formal resident counts are permanently documented.

Response Needed By:**INSPECTION COMMENTS**

The Prairie Lakes Youth Program (Secure) facility biennial inspection was completed on August 25,2021, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities. Sections of the 2960 standards that are applicable to the programs at this facility include: Administrative, Corrections, Detention, Secure and Restrictive Procedures. This inspection was conducted by Monaie Hebert, Juvenile Inspector, of the Inspection and Enforcement Unit.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included intake, resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, recreation areas, kitchen and classroom areas of the facility.

The inspection also included discussions with care staff, nursing staff, administration, and residents. Staff interactions with residents were also observed. Documentation review included staff personal and training files, resident files, daily logs, treatment plans, menus, recreation schedules,

grievance documentation, well-being checks and other pertinent facility documentation. There was also a review of the facility policy and procedure manual, resident handbook and programming review.

The following comments and concerns are a result of the inspection. While these may not be addressed as specific rule violations, these are areas that provided opportunity for constructive feedback to help address potential facility issues.

Comments:

1. The facility response to COVID-19 follows CDC guidelines and included masks for residents and staff. The accommodations for quarantined youth (either positive or pending test results) and PPE for staff is good.
2. The facility is making upgrades to their building and reviewing the possibility of adding electronic equipment which will assist in tracking well-being checks.

Concerns not noted in formal inspection:

1. Well-being checks are being completed with more frequency than the 2960 rule requires. Ensure that there are regular supervisory reviews of camera footage to ensure quality well-being checks. Consider placing a digital clock near the staff desk so that the timing of the checks is accurate and per policy.
2. Consider developing a more effective system for tracking training hours and training deficits for staff out of compliance.
3. Review and revise major and minor rule violation definitions and sanctions for behaviors. Consider intermediate sanctions for violations for which disciplinary room time could be avoided. Ensure that restrictive procedures are being used with consideration of mental health issues and IEP instructions.

Overall, the inspection went well. There were several identified challenges from the past two years, however, this was the first inspection for the new superintendent. There were productive discussions with staff and administration regarding current practices and opportunities for improvement. All appeared appreciate of discussions and suggestions. We would like to sincerely thank you for your cooperation during this licensing visit.

Please contact me if you have any questions regarding this report, at 651-261-1657.
This was a new facility for this inspector.

JJDPA Compliance

Federal compliance review of admissions from October 1, 2020 - August 25, 2021 identified 2 Deinstitutionalization of Status Offender violations.

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature:

Monaie Hebert