



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 - Integrity House Boys Group Home

Address: 1013 Lakeland Drive NE, Willmar, MN 56201

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Marcia Sparrow – Detention Facility Inspector **Inspected on:** 10/17/2023

Inspection Method: This inspection visit consisted of a tour of the group home. The inspection also included discussions with administration, review of staff and resident files, a review of well-being checks, a review of pertinent documentation, and a review of the policy and procedure manual.

Officials Present During Inspection: Executive Director Holly Booth; Program Director Kayla Thrush

Officials Present for Exit Interview: Executive Director Holly Booth; Program Director Kayla Thrush

Issued Inspection Report to: Executive Director Holly Booth; Program Director Kayla Thrush; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	311	5

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2023 **Ends On:** 11/30/2025 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2024

Delinquent Juvenile Hold Approval: **Certificate Holder:** Prairie Lakes Joint Powers Board
1808 Civic Center Drive NE
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
Non-secure residential	Male	12	100	12.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 5

1. 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:

Five resident files were reviewed. Four of the files showed that neither the staff nor the resident signed the inventory sheet.

Corrective Actions:

Correct immediately on new admissions to ensure that both staff and the resident sign for the resident's inventory, or two staff sign if the resident refuses.

Response Needed By:

2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 19. Family involvement.

If family involvement is a goal in a resident's case plan, the license holder must list procedures and program plans which are in accordance with a resident's case plan, that facilitate the involvement of the resident's family or other concerned adult, in the resident's treatment or program activities.

Inspection Findings:

Five resident files were reviewed. Two files did not have documentation if the family wished to be involved or to what extent they wanted involvement with the resident's plans.

Corrective Actions:

Correct immediately with new admissions to ensure that family involvement and the extent of the involvement is documented in the resident's file.

Response Needed By:

3. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.1.. 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. (1) The license holder must begin to develop a treatment plan within ten days of admission.

Inspection Findings:

Five of the five resident files reviewed showed that the start date of the treatment plan development was not documented. It was unknown if treatment plans were started within ten days of the resident's admission. All five files showed the first documentation of a treatment plan notation was later than the ten days after admission.

Corrective Actions:

Correct immediately with new admissions to ensure that the start date of the treatment plan development is documented in the resident's file.

Response Needed By:

4. 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 the two discharged resident files reviewed showed that neither file had documentation of written notice for a projected discharge date.

Corrective Actions:

Correct immediately with all resident discharges to ensure that written documentation is provided to the resident's team with the projected discharge date.

Response Needed By:

5. 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:

In review of five personnel files, one file showed that a 90 Day development plan/review was not developed and/or documented.

Corrective Actions:

Correct immediately with all new staff to ensure that every new staff has a 90 Day Development Plan in place and reviewed at 90 Days from employment.

Response Needed By:**INSPECTION COMMENTS**

The Prairie Lakes Boys Integrity House Group Home biennial inspection was completed on October 17, 2023, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities. Sections of the 2960 standards that are applicable to this facility include: Administrative, Group Residential, and Corrections.

If you have any questions, please contact your inspector at 612-468-2027.

JJDPa Compliance

It was verified that this program is a nonsecure facility.

Report completed By: Marcia Sparrow – Detention Facility Inspector

Signature:

