



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 - Captain's Academy

Address: 1804 Civic Center Drive NE, PO BOX 902, Willmar, MN 56201

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 08/17/2021

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

Officials Present During Inspection: Executive Director Holly Booth; Program Director Jared O'Niell

Officials Present for Exit Interview: Executive Director Holly Booth; Program Director Jared O'Niell

Issued Inspection Report to: 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	311	5

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 09/01/2021 **Ends On:** 08/31/2023 **Facility Type:** Non-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 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
Interchangeable non-secure residential/detention	Male	22	100	22.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 5

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 some missing monthly reviews by a medically licensed person. During the period of the missing reviews, the normally assigned public health nurse was out of the facility. Some of the missing documentation occurred during the beginning of the COVID pandemic.

Corrective Actions:

Ensure that monthly medication administration reviews are occurring and documented per this rule part. This should happen regardless of personnel changes.

Response Needed By: 10/22/2021

2. 2960.0150 PERSONNEL POLICIES. Subpart 4.B.. Personnel training.

The license holder must develop an annual training plan for employees that addresses items A to D. B. Staff who have direct contact with residents must complete at least 24 hours of in service training per year. One half of the training must be skill development training. Staff who do not have direct contact and volunteers must complete in service training requirements consistent with their duties, directly related to the needs of children in their care.

Inspection Findings:

A review of training documentation revealed that some employees had not met minimum training requirements for the year of 2019.

Corrective Actions:

Ensure that all employees are meeting training requirements per this rule part. Consider developing a more effective way to track training and notify employees when training requirements are not up-to-date.

Response Needed By:

3. 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:

A review of employee files revealed that some employees were missing employee development plans and annual performance evaluations per this rule part.

Corrective Actions:

Ensure that all employees are receiving annual performance evaluations and relevant development plans, and that new employees are receiving a 90 day development plan.

Response Needed By:

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:

The facility has very low restrictive procedure usage. They are commended for that. There were five instances in the past year. A review of those incidents indicate that the administrative review was not occurring per this rule part.

Corrective Actions:

Ensure that following the usage of any restrictive procedure, the administrative review of the procedure is occurring per this rule part.

Response Needed By:

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:

The facility had no documentation of quarterly reviews of restrictive procedures. The new superintendent was unable to locate those potentially completed by the former superintendent.

Corrective Actions:

The facility had implemented a new process for this prior to inspection. Ensure these are done quarterly per this rule part.

Response Needed By:**INSPECTION COMMENTS**

The Prairie Lakes Youth Program (Non-Secure) facility biennial inspection was completed on August 17, 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, Group Residential, Corrections 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 direct care staff, nursing staff, administration, and included observation of staff interactions with residents. 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.

The following comments and concerns are a result of the inspection. While these may not be specific rule violations, these are areas that provided 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. Over the past two years the facility implemented programming (developed in collaboration with DOC Inspections Unit personnel and DHS personnel) to include a pet dog, which has been integrated into day to day activities and treatment plans. This has been well received by residents.
3. The facility is currently making upgrades to an aging building and reviewing the possibility of adding electronic equipment which will assist in tracking well-being checks.
4. Facility personnel recently participated in Controlled Force, restrictive procedures and de-escalation training. This is being standardized in many facilities across the state.

Concerns not noted in formal inspection:

1. Well-being checks are being completed with more frequency than the 2960 rule requires. Consider re-training some or all staff on the quality of 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 updating your tracking of recreation participation. Develop a more effective plan for documenting missed recreation due to work schedules of residents. Ensure that passive recreation meets the definition per the rule.
3. Ensure that all treatment plans are signed by all appropriate parties. Encourage staff to track treatment goal progress in the resident specific treatment binder to ensure proper documentation.

Overall, the inspection went very well. This was the first inspection for the new superintendent and both she and unit supervisor appear appreciative of feedback and motivated to take actions necessary for continued improvement. Several processes have changed since the administration change, which will be reflected in the facilities next inspection. 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.

JJDP A Compliance

Non-secure facility, free egress for youth at all times.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature:

Monaie Hebert