



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 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:** Lisa Becking – Senior Detention Facility Inspector

Inspected on: 10/02/2019 to 10/03/2019

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: Executive Director Darrin Balkin

Officials Present for Exit Interview: Executive Director Darrin Balkin

Issued Inspection Report to: Executive Director Darrin Balkin; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	313	2

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 09/01/2019 **Ends On:** 08/31/2021

Facility Type: Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 08/31/2020

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 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: 2****1. 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:

Review of resident files showed missing documentation allowing for placement/authority to hold.

Corrective Actions:

All admissions into the secure program must have authority to hold in the facility. When placing authority fails to provide authority to hold documentation, facility shall document it's attempts to obtain placement authority.

Response Needed By: 11/15/2019**2. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 8.C.. Exercise and recreation.**

Provisions for indoor space and equipment for active recreation;

Inspection Findings:

This secure perimeter has very limited space and equipment for indoor recreational activities for the residents.

Corrective Actions:

PLYP will continue to pursue additional building space for secure indoor recreation that will allow for residents to burn energy, exercise their large muscles and enjoy gym type recreational activities.

Response Needed By: 11/15/2019**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 1****1. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 6. Use of physical holding or seclusion.**

Physical holding and seclusion are behavior management techniques which are used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective. The emergency use of physical holding or seclusion must meet the conditions of items A to M: A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency; C. the use of physical holding or seclusion must end when the threat of harm ends; D. the resident must be constantly and directly observed by staff during the use of physical holding or seclusion; E. the use of physical holding or seclusion must be used under the supervision of a mental health professional or the facility's program director; F. physical holding and seclusion may be used only as permitted in the resident's treatment plan; G. staff must contact the mental health professional or facility's program director to inform the program director about the use of physical holding or seclusion and to ask for permission to use physical holding or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding or seclusion; H. before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 regarding the use of physical holding and seclusion at the facility; I. when the need for the use of physical holding or seclusion ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; J. staff must treat the resident respectfully throughout the procedure; K. the staff person who implemented the emergency use of physical holding or seclusion must document its use immediately after the incident concludes. The documentation must include at least the following information: (1) a detailed description of the incident which led to the emergency use of physical holding or seclusion; (2) an explanation of why the procedure chosen needed to be used to prevent or stop an immediate threat to the physical safety of the resident or others; (3) why less restrictive measures failed or were found to be inappropriate; (4) the time the physical hold or seclusion began and the time the resident was released; (5) in at least 15 minute intervals during the use of physical holding or seclusion, documentation of the resident's behavioral change and change in physical status that resulted from the use of the procedure; and (6) the names of all persons involved in the use of the procedure and the names of all witnesses to the use of the procedure; L. the room used for seclusion must be well lighted, well ventilated, clean, have an observation window which allows staff to directly monitor a resident in seclusion, fixtures that are tamperproof, with electrical switches located immediately outside the door, and doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and M. objects that may be used by a resident to injure the resident's self or others must be removed from the resident and the seclusion room before the resident is placed in seclusion

Inspection Findings:

Current restrictive procedures may not be in line with best practices or trauma informed care.

Corrective Actions:

Continue to pursue restrictive procedures that will support resident rights, trauma sensitive care and best practices.

Response Needed By:

INSPECTION COMMENTS

This was a new facility for this inspector. A previous site visit on May 8, 2019, allowed the inspector to become familiar with the physical plant and building layout. This inspection consisted of policy and procedure review, file reviews, programing discussion, resident interviews, staff interviews and documentation review.

Further discussion will occur over the next few months in the area for restrictive procedures and best practices.

Also, potential planning for an indoor recreation area is supported by the licensing rule. If I can be of any assistance during these pre-planning months, please let me know.

Thank you for your cooperation and patience during this inspection. If you have questions about this report or any other licensing matter, please feel free to contact me at 507-834-6226.

JJDPa Compliance

Federal compliance review of admissions from October 1, 2018 - October 3, 2019 identified ONE violation.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature:

