



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 - Haven House Girls Group Home

Address: 822 Park Avenue NW, Willmar, MN 56201

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Jake Nelson – Senior Detention Facility Inspector **Inspected on:** 10/16/2025 to 10/17/2025

Inspection Method: Facility walk-through, staff and resident interviews, staff and resident file reviews, facility documentation review and video footage review.

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	339	11

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2025 **Ends On:** 11/30/2027 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2026

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

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	12	10/14/2019	100	12.00	0	0	None.	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 11

1. 2960.0030 ADMINISTRATIVE LICENSING. Subpart 9. Drug or alcohol use prohibited.

An applicant or license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for residents, from abusing prescription medication or being in any manner under the influence of a chemical that impairs or could impair the person's ability to provide services or care for a resident. The license holder must train employees, subcontractors, and volunteers about the program's drug and alcohol policy.

Inspection Findings:

One staff file reviewed had no documentation of the employee receiving training on the program's drug and alcohol policy.

Corrective Actions:

As of the date of this report, this has been resolved. No further action is required at this time.

Response Needed By:

2. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 3.B.. Basic rights information.

The license holder must meet the requirements of this subpart. The license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.

Inspection Findings:

Two of four resident files reviewed showed no documentation of the resident's parent, guardian or custodian being told that the information in item A was available.

Corrective Actions:

This violation was addressed and fixed as part of a previous inspection report, and the two files found in violation were from before that corrective action plan being issued. No further action is required at this time, and the DOC will continue to monitor for future compliance.

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 did not have a resident signature on the property inventory form.

Corrective Actions:

The facility shall update any relevant admission procedures to ensure all required signatures are obtained at the time of admission. Send any updated procedures to the DOC by the assigned date. The DOC shall continue to monitor for future compliance.

Response Needed By: 02/13/2026

4. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.B.2.. 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. B. The license holder must make an effort to determine the resident's culture and gender based needs. (2) Gender specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff.

Inspection Findings:

Two of four resident files reviewed did not have all elements of the gender specific screening documented, due to the facility not using the correct screening form.

Corrective Actions:

This violation was addressed and fixed as part of a previous inspection report, and the two files found in violation were from before that corrective action plan being issued. No further action is required at this time, and the DOC will continue to monitor for future compliance.

Response Needed By:

5. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.D.. 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. D. The screenings must include documented inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility. The resident and resident's family response must be documented.

Inspection Findings:

All four resident files reviewed by inspectors showed no documentation of the resident's desired family involvement.

Corrective Actions:

This violation was addressed and fixed as part of a previous inspection report, and the four files found in violation were from before that corrective action plan being issued. No further action is required at this time, and the DOC will continue to monitor for future compliance.

Response Needed By:

6. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 14.d.. Emergency plan.

The plan must specify responsibilities assumed by the license holder for assisting a resident who requires emergency care or special assistance to a resident in emergencies. The license holder must review the plan with staff and residents at least once every six months.

Inspection Findings:

Prior to July 2025, the license holder did not review the emergency plan with residents at least once every six months.

Corrective Actions:

This violation was addressed and fixed as part of a previous inspection report, and the two files found in violation were from before that corrective action plan being issued. No further action is required at this time, and the DOC will continue to monitor for future compliance.

Response Needed By:

7. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 4.A.. Facility rules and due process system for residents.

The license holder must communicate verbally and in writing to a resident who is capable of understanding the facility's rules and the details of the due process system used in the facility. The rules must address the following topics: A. which behaviors are considered acceptable and unacceptable and the reasons why;

Inspection Findings:

Two of four resident files reviewed showed no written communication to the resident regarding the facility's rules and the details of due process system used in the facility.

Corrective Actions:

This violation was addressed and fixed as part of a previous inspection report, and the two files found in violation were from before that corrective action plan being issued. No further action is required at this time, and the DOC will continue to monitor for future compliance.

Response Needed By:

8. 2960.0160 ADMISSION POLICIES AND PROCESS. Subpart 4.C.. Information to residents.

The license holder must give residents the information in items A to C. C. Rules and program information must be read to those residents incapable of understanding written documents or who are unable to read. The license holder must consider the languages the resident understands and the resident's age and ability when presenting information to the resident.

Inspection Findings:

Two of four resident files reviewed did not have any documentation showing that residents received the information in items A to C.

Corrective Actions:

This violation was addressed and fixed as part of a previous inspection report, and the two files found in violation were from before that corrective action plan being issued. No further action is required at this time, and the DOC will continue to monitor for future compliance.

Response Needed By:

9. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.2.. 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. (2) The license holder must review the resident's case and treatment plans on a monthly basis or, if necessary, more often and recommend changes, if appropriate.

Inspection Findings:

Two of four resident files reviewed showed no monthly treatment plan reviews being conducted.

Corrective Actions:

This violation was addressed and fixed as part of a previous inspection report, and the two files found in violation were from before that corrective action plan being issued. No further action is required at this time, and the DOC will continue to monitor for future compliance.

Response Needed By:

10. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 3. Records and reports

The license holder must have a record retention schedule. The license holder must: A. comply with reporting requirements of Minnesota Statutes, section 253C.01; B. maintain the records in subitems (1) to (13) according to state law: (1) admission and release records; (2) resident personal property records; (3) special occurrence or incident records; (4) records of staff and volunteer training; (5) food service records; (6) daily log records; (7) records about which services were provided to each resident, outcomes of treatment for each resident, and outcomes for program services and program evaluation reports; (8) medical and dental records; (9) disciplinary records and records of appeals; (10) special and regular education records; (11) resident, family, and referring agency satisfaction survey; (12) for facilities licensed by the commissioner of corrections, records on strip searches and resident-assisted searches; and (13) for facilities licensed by the commissioner of corrections, records on safety-based separation under parts 2960.0720 to 2960.0750; and C. store records in an organized, retrievable manner that ensures confidentiality.

Inspection Findings:

On the date of the inspection, staff training records were difficult to review by inspectors, due to records being stored and documented in different files or locations.

Corrective Actions:

The facility shall review and update its process for documenting training requirements, to ensure that the records are stored in an organized and retrievable manner. Send documentation of the new process to the DOC by the assigned date.

Response Needed By: 02/13/2026

11. 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:

Four staff file reviews showed that one staff had not received an employee evaluation since January 2023.

Corrective Actions:

At the time of this report, this has been resolved. The facility has developed a process to ensure all staff receive a staff development and evaluation plan annually. No further action is required at this time, and the DOC will continue to monitor for future compliance.

Response Needed By:**INSPECTION COMMENTS**

The facility shall remain on a biennial inspection schedule.

JJDPA Compliance

Report completed By: Jake Nelson – Senior Detention Facility Inspector

Signature:
