



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:

Address: 1013 Lakeland Drive NE, 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	344	6

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	Male	13	8/15/2024	100	13.00	0	0	See fire inspection	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 6

1. 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 out 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:

2. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.B.. 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:

Four of four resident files reviewed did not have all the elements of the gender specific screening documented, due to the facility no using the correct screening form.

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:

3. 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:

Four out of four resident files reviewed 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:

4. 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:**5. 2960.0560 PERSONNEL STANDARDS. Subpart 3. supervision of treatment.**

The program director must: A. supervise the development of each resident's individual treatment plan; B. be involved in the resident's treatment planning process and sign the resident's individual treatment plan; C. supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress; and D. document on a biweekly basis a review of all the program services provided for the resident in the preceding week.

Inspection Findings:

Two out 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:**6. 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:

Three out of four staff files reviewed did not have annual staff development or evaluation completed.

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 plan and evaluation 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:

