



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 - 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:** Monaie Hebert – Senior Detention Facility Inspector

Inspected on: 08/09/2023 to 08/10/2023

Inspection Method: This was a full biennial onsite inspection of this facility.

Officials Present During Inspection: Executive Director Holly Booth

Officials Present for Exit Interview: Executive Director Holly Booth

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	310	2

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 09/01/2023 **Ends On:** 08/31/2025

Facility Type: Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 08/31/2024

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
Interchangeable secure residential/detention	Coed	23	100	23.00	4	10	None.	None.
Non-secure residential	Male	16	100	16.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 2**

1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.B.. Resident and family grievance procedures.

B. If a grievance is filed, the license holder must document the grievance along with the investigation findings and resulting action taken by the license holder. Information regarding the grievance must be kept on file at the facility for two licensing periods.

Inspection Findings:

There were grievances for this licensing period which could not be located. The facility administration indicated that some grievances were misplaced during the management/staff turnover. There were several available for review as some were uploaded into resident files. There was no way to identify the number of grievances missing. The current practice does not follow facility policy or the rule.

Corrective Actions:

Create a system to ensure that all grievances are on file and accessible for two licensing periods per facility policy and this rule part, regardless of staff/management turnover. Submit the process to MN Department of Corrections.

Response Needed By: 11/10/2023

2. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 8. Disciplinary room time use.

Disciplinary room time must be used only for major violations and be used according to the facility's restrictive procedures plan. In addition to the restrictive procedures plan requirements in subpart 2, the license holder who uses disciplinary room time must meet the following requirements: A. the license holder must give the resident written notice of an alleged violation of a facility rule; B. the license holder must tell the resident that the resident has a right to be heard by an impartial person regarding the alleged violation of facility rules; and C. the license holder must tell the resident that the resident has the right to appeal the determination made by the impartial person in item B internally to a higher authority at the facility.

Inspection Findings:

A review of disciplinary room time processes and data revealed the following issues: residents are not consistently offered appeals when requested; Notices of violations are utilized as the hearing and DRT time is determined by and often presented by the individual issuing the violation, therefore, is not an impartial person. Neither the hearing nor the appeal process are consistent with the requirement of this rule part.

Corrective Actions:

Ensure that the appeal process is followed when a resident requests an appeal to a disciplinary action. Ensure that all hearings and DRT sanctions are being conducted and determined by an impartial person; consider lead workers or supervisors. Review practices to ensure appropriate due process for all residents. Submit documentation on process revisions to MN Department of Corrections.

Response Needed By: 11/10/2023**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 4**

1. 2960.0200 PHYSICAL PLANT AND ENVIRONMENT. Subpart A..

A group residential facility must meet the requirements in items A to D. A. Buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair.

Inspection Findings:

This program is located in an aging government owned building. PLYP rents the space and the county is responsible for much of the upkeep. There are areas of peeling paint and caulk, and other age related maintenance items. Windows are in need of repair (caulk, paint, adjustment, screens) throughout much of the building.

Corrective Actions:

PLYP has invested a significant amount of money in upgrades to the physical plant to address some issues over time. They are considering building a new facility, however, in the interim it is suggested that facility administration address maintenance items such as the window repairs and peeling paint.

Response Needed By:

2. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.. Discipline plan.

The license holder must have a discipline plan that includes the requirements in items A to F. D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan. The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours. Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented.

Inspection Findings:

PLYP policy currently does not define the process of eight hour reviews for residents in disciplinary room time (DRT). The policy is reflective of the 2960 rule verbiage and does not define their policy or procedure regarding the process of eight hour reviews.

A review of the facilities DRT log documentation for multiple residents revealed that the eight hour reviews are occurring, however, there is no documentation of the continued need for DRT in those reviews.

Corrective Actions:

It is suggested that PLYP revise the policy/procedure regarding the DRT eight hour review documentation to include information regarding the continued need for DRT.

Ensure that staff elaborates the reason for continued DRT when documenting the eight hour review.

Response Needed By: 11/10/2023

3. 2960.0550 PROGRAM CERTIFICATION APPROVAL. Subpart 4.D.. Minimum criteria for certification.

The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. The plan must include at least the following requirements: (1) regulations that are reasonable/necessary to protect the facility's security & the resident's welfare; (2) at least two hours daily of organized and supervised physical exercise and recreational activities and leisure time activities for residents, excluding time spent watching television. Organized and supervised physical exercise and recreational activities include preplanned exercise or activities that are supervised and directed by qualified or trained staff; (3) provisions for indoor space and equipment for active recreation; and (4) provisions for outdoor recreational space, equipment, and supportive staff for outdoor recreational program services.

Inspection Findings:

The facility resident schedule includes two hours of recreation time, both passive and active. The active recreation appears to be consistently preplanned and staff led. Some of the passive or leisure recreational activities, especially for secure residents, appear to be independent, at times, or not well documented as to the exact activity that occurred and whether it was staff led. While it does appear that there are many staff led activities off campus for the non-secure group, the secure group cannot participate in those activities.

Corrective Actions:

The facility appears to be compliant in the time offered, however, there are concerns that leisure activities are not always led by staff. It is suggested that they ensure that staff is consistently leading the recreation activities that fall within the two hours scheduled recreation required by this rule part. Ensure appropriate documentation.

Response Needed By:

4. 2960.0570 FACILITY OPERATIONAL POLICIES AND PROCEDURES. Subpart 3. security policies and procedures.

The license holder must have security policies and procedures that include the topics in items A to K: A. control and recovery of contraband; B. delivery and service procedure; C. prohibition of firearms and other weapons in resident areas; D. search procedures; E. escort of residents outside security area; F. one half hour interval security inspection routines when residents are not under direct supervision; G. lock and key procedures; H. inspection of physical plant procedures; I. count procedures; J. weapons, tools, equipment, medications, and hazardous substances; and K. use of chemical irritants.

Inspection Findings:

The facility was in compliance with the time interval of the 30 minute security round checks. The purpose of these checks is not only to verify resident presence, but also safety. A review of these checks revealed that the checks are within the allotted time frame of 30 minutes, as aforementioned, however, the quality of these checks is of concern. Some staff members conduct excellent quality checks, while others do not allow enough time to ensure resident safety through visual confirmation.

Corrective Actions:

It is recommended that all staff members who conducted poor quality safety/security checks should be briefed on the process and purpose of these checks, and retrained if necessary. It is suggested that supervisors conduct and document audits of logs and cameras frequently to address these issues.

Response Needed By: 10/13/2023

INSPECTION COMMENTS

The Prairie Lakes Youth Program (Secure) facility biennial inspection was completed on August 9 - 10, 2023, 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, Corrections, Detention, Secure and Restrictive Procedures. This inspection was conducted by Monaie Hebert and Marci Sparrow, Juvenile Inspectors, 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 care staff, nursing staff, administration, and residents. Staff interactions with residents were also observed. 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 review.

On behalf of the Department of Corrections, I 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.

Prairie Lakes Youth Services has the right to request reconsideration of this correction order. Under Minnesota Statutes Section 241.021 subdivision 1e, any request for reconsideration does not stay any provision of this order. A request for reconsideration must:

- Be in writing;
- Be sent by certified mail to the Commissioner and postmarked no later than 30 calendar days after receipt of this order;
- Specify the parts of the order that are alleged to be in error;
- Explain why the violation is in error; and
- Include any supporting documentation to show why the order is in error.

Failure to follow these requirements will result in the loss of the right to request reconsideration. The timeline to seek reconsideration begins upon receipt of this order. Please send any request for reconsideration to:

Commissioner, Department of Corrections
ATTN: Inspection and Enforcement Unit
1450 Energy Park Drive, Suite 200
St. Paul, MN 55108

JJDPA Compliance

Federal compliance review of admissions from October 1, 2022 - August 10, 2023 identified no violations.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature: *Monaie Hebert*