



## 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 - 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:** Marcia Sparrow – Detention Facility Inspector **Inspected on:** 08/09/2023 to 08/10/2023

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

**Officials Present During Inspection:** Executive Director Holly Booth; Program Director Lonnie Sanchez

**Officials Present for Exit Interview:** Executive Director Holly Booth; Program Director Lonnie Sanchez

**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	3

### TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 09/01/2023 **Ends On:** 08/31/2025 **Facility Type:** Non-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 non-secure residential/detention	Male	17	100	17.00	0	0	None.	None.

### RULE COMPLIANCE DETAILS

**Chapter 2960 - Mandatory Rules Not In Compliance****Total: 3**

1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.A.4.. Resident and family grievance procedures.

A. The written grievance procedure must require, at a minimum, that: (4) a person filing a grievance must receive a response within five days.

**Inspection Findings:**

In review of grievance forms from 2021 and 2022, it was found that in 2021 five out of nine grievances filed were not addressed within five days of submission, and in 2022, from 21 grievances filed, one grievance was addressed after five days, and 16 grievances were not addressed at all.

**Corrective Actions:**

**Ensure going forward that all grievances are addressed within five days of submission.**

**Response Needed By: 09/29/2023**

2. 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:**

In review of grievance forms from 2021 and 2022, it was found that in 2022, from 21 grievances filed, 16 grievances were not addressed, therefore did not have investigation findings or actions taken.

**Corrective Actions:**

**Ensure going forward that all grievances are addressed with investigation findings and actions documented on the grievance forms.**

**Response Needed By: 09/29/2023**

3. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.1.. 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. (1) The license holder must begin to develop a treatment plan within ten days of admission.

**Inspection Findings:**

At the time of inspection, the facility had treatment plans on all of the residents. However, the facility was transparent in the fact that prior to the inspection, after the unit director left, it was found that treatment plans were not started within ten days of admission.

**Corrective Actions:**

**Ensure that the rule is followed for all incoming residents and have treatment plans in the working process within ten days of admission.**

**Response Needed By: 09/29/2023****Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 2**

1. 2960.0120 PHYSICAL PLANT STANDARDS. Subpart 2.B.. Code compliance.

A facility must comply with the applicable fire, health, zoning, and building codes and meet the physical plan and equipment requirements in items A to I. B. A resident must have adequate space for clothing and personal possessions, with appropriate furnishings to accommodate these items.

**Inspection Findings:**

During a physical plant tour, it was noticed that not all of the youth had adequate space for storage of clothing and/or personal items. However, the facility was in the process of remodeling/repainting all areas of the facility, including the youth's bedrooms, and new dressers were ordered, however they had not arrived at the time of the inspection.

**Corrective Actions:**

**Ensure that per the above rule, all residents have adequate space for clothing and personal items.**

**Response Needed By:**

2. 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:**

In review of three overnight well-being checks, the checks were compliant with being conducted every 30 minutes. However, the quality of some of the checks were poor. One of three staff lifted the window covering and did not look into the room to observe the youth for three of five rounds observed; one of three staff looked into the room for under one second on all five rounds; and one of three staff paused for two seconds at each room to observe the youth on all five rounds. The facility director addressed this concern with the staff while the inspector was at the facility.

**Corrective Actions:**

**Ensure that along with following the rule of 30-minute security inspection while youth are sleeping, that staff are conducting a quality check to ensure that the youth are safe and breathing.**

**Response Needed By:****INSPECTION COMMENTS**

The Prairie Lakes Youth Programs-Captain's Academy facility biennial inspection was completed on August 9, 2023, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities.

This scheduled 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, residents, and observation of staff interactions with residents. Documentation review included staff personnel and training files, resident files, daily logs, treatment plans, menus, recreation schedules, grievance documentation, well-being checks, policy and procedure manual, and employee and resident handbooks.

Please contact me if you have any questions regarding this report, at 612-468-2027.

**JJDP A Compliance**

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

**Report completed By:** Marcia Sparrow – Detention Facility Inspector

**Signature:**

