



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:

Village Ranch Hutchinson House

Address: 851 Dale Street, Hutchinson, MN 55350

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial

Inspected By: Peter Zimprich – Detention Facility Inspector

Inspected on: 08/25/2025

Inspection Method: On site.

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	349	338	11

TERMS OF OPERATION

Authority to Operate:

Begins On: 04/01/2025 **Ends On:** 03/31/2027

Facility Type: Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 03/31/2026

Delinquent Juvenile Hold Approval:

Certificate Holder: Scott Bakeberg
13637 60th Street SW
Cokato, MN 55321

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	12	6/7/2013	100	12.00	0	0	Ages: 15-19.	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 11

1. 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 three resident files reviewed contained an inventory that was not signed by the resident.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding inventory and handling of resident property.

Response Needed By:

2. 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:

The license holders screening does not capture resident and family responses regarding degree of family involvement.

Corrective Actions:

The license holder updated their screening tool during the on-site inspection. No further action is required at this time.

Response Needed By:

3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.1.. Health and hygiene services.

The license holder must meet the conditions in items A to F. D. The license holder, in consultation with a medically licensed person, must have a plan for the safe storage and delivery of medicine. The license holder must meet the requirements in subitems (1) to (5). (1) The license holder must contact a newly admitted resident's prescribing medically licensed person to verify the following information regarding prescribed medication: (a) instructions about how the medication must be administered; (b) the symptoms that the medication will alleviate; and (c) the symptoms that would warrant consultation with the physician.

Inspection Findings:

The license holder does not contact a newly admitted resident's prescribing medically licensed person to verify information regarding prescribed medication.

Corrective Actions:

Immediately and on an ongoing basis the license holder must establish and follow a process for contacting a newly admitted resident's prescribing medically licensed person to verify instructions about how the medication must be administered, the symptoms that the medication will alleviate, and the symptoms that would warrant consultation with the physician.

Response Needed By:

4. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.E.. Health and hygiene services.

The license holder must meet the conditions in items A to F. E. The license holder must keep records for a resident who receives prescription drugs at the facility and note: the quantity initially received from the pharmacy, amount of medication given, dosage, and time when the medication was taken. The license holder must document a resident's refusal to take prescription medication.

Inspection Findings:

A review of medication logs identified a resident missed three consecutive doses of medication, and there was no documentation of refusal or reason for medication errors.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding health and hygiene services.

Response Needed By:

5. 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:

The license holder does not review emergency procedures for serious illness and disappearance of a resident with residents at least once every six months.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding emergency plans.

Response Needed By:

6. 2960.0090 DISCHARGE AND AFTERCARE. Subpart 3. Return of resident's property.

The license holder must return all of the resident's personal property to the resident along with a signed receipt upon discharge, unless prohibited to do so by law or case plan. Discrepancies between the resident's inventoried property turned over to the facility at admission and the property returned to the resident at discharge, and the resolution of the discrepancy, must be documented by facility staff.

Inspection Findings:

One discharge file reviewed did not have a signed inventory receipt upon discharge.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding return of resident's property.

Response Needed By:

7. 2960.0100 PERSONNEL POLICIES. Subpart 3.A.4.. Orientation and in-service training.

Orientation training must include at least the subjects in subitems (1) to (6): (4) general and special needs, including disability needs, of residents and families served;

Inspection Findings:

Two of two personnel files reviewed did not contain training on the general and special needs of residents, including disability needs, of residents and families served.

Corrective Actions:

Within 30 days of the receipt of this inspection report, the license holder must submit to the DOC an orientation plan that includes training on the general and special needs including the disability needs, of residents and families served.

Response Needed By: 10/22/2025

8. 2960.0140 QUALITY ASSURANCE, IMPROVEMENT, AND PROGRAM OUTCOMES. Subpart 1. Resident and family satisfaction survey.

A. The license holder may ask the commissioner of human services or corrections for permission to use a random sample of residents, parents, and guardians. At a minimum, the license holder must attempt to survey each released resident, the resident's parents or legal guardians and custodians, and the referring agency regarding the license holder's satisfaction with the services in subitems (1) to (7): (1) daily care and support of the resident during the resident's stay, including recreation, food, sleeping accommodations, general care, and emotional support of the resident; (2) the accuracy, usefulness, and appropriateness of the screening and assessment of the resident's physical and emotional well being and functioning; (3) provisions for the resident's safety; (4) support of the resident's regular and special education, related services, and support for implementing the resident's individual education plan; (5) support of obtaining needed medical, dental, mental health, and other services identified in the resident's screening and assessments or otherwise observed or reported by staff or other persons involved with the resident's care; (6) the positive and negative effects on the resident and the resident's family of the treatment offered to the resident, such as mental health, chemical dependency, or sex offender treatment; and (7) support of family and community reintegration, if appropriate. B. The results of each resident's survey must be available on file in the facility for review for at least two inspection cycles.

Inspection Findings:

The license holder's survey does not adequately address the accuracy, usefulness, and appropriateness of the screening and assessment of the resident's physical and emotional well-being and functioning, and the support of the resident's regular and special education, related services, and support for implementing the resident's individualized education program.

Corrective Actions:

Within 30 days of the receipt of this inspection report, the license holder must submit to the DOC a resident and family satisfaction survey that complies with all 2960 standards regarding satisfaction surveys.

Response Needed By: 10/22/2025

9. 2960.0150 PERSONNEL POLICIES. Subpart 4.B.. Personnel training.

The license holder must develop an annual training plan for employees that addresses items A to D. B. Staff who have direct contact with residents must complete at least 24 hours of in service training per year. One half of the training must be skill development training. Staff who do not have direct contact and volunteers must complete in service training requirements consistent with their duties, directly related to the needs of children in their care.

Inspection Findings:

One of four personnel files reviewed did not contain 24 hours of annual in-service training for 2024.

Corrective Actions:

Immediately and on an ongoing basis the license holder must comply with all 2960 standards regarding personnel training.

Response Needed By:

10. 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:

One of two personnel files reviewed contained a 90 day evaluation that was not dated, therefore it could not be determined when it was completed.

Corrective Actions:

Immediately and on an ongoing basis the license holder must comply with all 2960 standards regarding individual staff development and evaluation plans.

Response Needed By:

11. 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, including strip searches and resident-assisted searches; E. escort of residents outside security area; F. when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3; 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:

Two of twenty-four wellbeing checks observed were beyond the 30 minute timeframe.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding well-being checks

Response Needed By:

INSPECTION COMMENTS

The biennial facility inspection was a scheduled on-site inspection

JJDPa Compliance

This is a nonsecure program.

Report completed By: Peter Zimprich – Detention Facility Inspector

Signature:

Peter Zimprich