



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:

Anoka County Juvenile Center - Nonsecure Program

Address: 7555 Fourth Avenue, Lino Lakes, MN 55014

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 11/04/2019

Inspection Method: This inspection consisted of policy and procedure review, physical plant inspection, interviews with administration, staff and youth, review of employee and youth files, and review of other related documentation.

Officials Present During Inspection: Superintendent Todd Benjamin; Supervisor Nate Parker

Officials Present for Exit Interview: Supervisor Nate Parker

Issued Inspection Report to: Superintendent Todd Benjamin; Supervisor Nate Parker; District Supervisor Sherry Hill

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	312	1

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2019 **Ends On:** 11/30/2021 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2020

Delinquent Juvenile Hold Approval: Not Applicable **Certificate Holder:** Anoka County Community Corrections
2100 Third Avenue, Suite C100
Anoka, MN 55303

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	Coed	25	100	25.00	0	0	Decrease in beds from 28 to a total of 25.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 1****1. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 6. Use of physical holding or seclusion.**

Physical holding and seclusion are behavior management techniques which are used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective. The emergency use of physical holding or seclusion must meet the conditions of items A to M: A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency; C. the use of physical holding or seclusion must end when the threat of harm ends; D. the resident must be constantly and directly observed by staff during the use of physical holding or seclusion; E. the use of physical holding or seclusion must be used under the supervision of a mental health professional or the facility's program director; F. physical holding and seclusion may be used only as permitted in the resident's treatment plan; G. staff must contact the mental health professional or facility's program director to inform the program director about the use of physical holding or seclusion and to ask for permission to use physical holding or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding or seclusion; H. before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 regarding the use of physical holding and seclusion at the facility; I. when the need for the use of physical holding or seclusion ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; J. staff must treat the resident respectfully throughout the procedure; K. the staff person who implemented the emergency use of physical holding or seclusion must document its use immediately after the incident concludes. The documentation must include at least the following information: (1) a detailed description of the incident which led to the emergency use of physical holding or seclusion; (2) an explanation of why the procedure chosen needed to be used to prevent or stop an immediate threat to the physical safety of the resident or others; (3) why less restrictive measures failed or were found to be inappropriate; (4) the time the physical hold or seclusion began and the time the resident was released; (5) in at least 15 minute intervals during the use of physical holding or seclusion, documentation of the resident's behavioral change and change in physical status that resulted from the use of the procedure; and (6) the names of all persons involved in the use of the procedure and the names of all witnesses to the use of the procedure; L. the room used for seclusion must be well lighted, well ventilated, clean, have an observation window which allows staff to directly monitor a resident in seclusion, fixtures that are tamperproof, with electrical switches located immediately outside the door, and doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and M. objects that may be used by a resident to injure the resident's self or others must be removed from the resident and the seclusion room before the resident is placed in seclusion

Inspection Findings:

Review of resident files and treatment plans indicate a lapse in use of restrictive procedures. The residents are signing off on due process forms which are not a treatment plan.

Corrective Actions:

Modify current due process form or create separate form to be used as the treatment plan for each youth upon entering the facility. Treatment plan should clearly indicate the use of restrictive procedures in the event of imminent threat of harm to self or others. It should also have an area on the form to modify the use of restrictive procedures based on the individuals physical and or emotional needs (ie. youth with broken arm, pregnant youth, past trauma).

Response Needed By: 12/31/2019**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 3****1. 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 well-being checks are being completed in accordance with this rule part. Administration reviews camera footage to assure compliance. There is no documentation to verify camera review.

Corrective Actions:

Create a camera review policy, procedure and documentation form. Policy should indicate monthly reviews, expectations for review findings, including action taken when non-compliance is determined.

Response Needed By:**2. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 4. Department of Corrections licensed facilities.**

License holders who are licensed by the Department of Corrections may seek certification to use one or more of the following restrictive procedures: A. physical escort; B. physical holding; C. seclusion; D. mechanical restraints; and E. disciplinary room time. Disciplinary room time may be secure or nonsecure. Disciplinary room time may be used as a consequence for resident behavior as permitted in the facility's restrictive procedures plan. If disciplinary room time is used at the facility, the facility restrictive procedures plan must: (1) provide for a system of due process for residents who violate facility rules; (2) contain a written set of facility rules of conduct which includes a description of the consequences or penalties for infractions of facility rules; and (3) require that the written facility rules must be given to each resident and explained and made available to each resident at the time of admission. The facility rules must be explained to a resident in a language that the resident understands.

Inspection Findings:

Anoka County Nonsecure restrictive procedures currently meet MN DOC approval, however many residents entering this program have experienced significant trauma, abuse and have mental health concerns.

Corrective Actions:

It is strongly encouraged that Anoka County Juvenile Center Nonsecure seek and implement an alternative restrictive procedure policy than is currently in use. A new restrictive procedures policy by which you are aligning yourself with best correctional practices.

Response Needed By:**3. 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:

Disciplinary Room Time (DRT) use remains frequent at this facility. DRT is being used in compliance with this rule part.

Corrective Actions:

While DRT is being used correctly at this facility, it is strongly suggested that you limit its use as a way to better service the youth in your care. Residents missing school classroom time due to DRT is not best practices and fails to best serve youth who are already behind in school credits. Modify your current policy and practices to implement a DRT process that limits over use and keeps youth in the classroom.

Response Needed By:

INSPECTION COMMENTS

Although this facility has been licensed by the MN DOC for many years, this was the first inspection for this Inspector at this location.

While this facility does provide solid programming for its residents, discussion with administration focused on the possibility of changes/improvements in several areas.

The licensing Rule 2960 is a minimum standard and going above and beyond the rule expectations to have a positive impact on the youth you serve is clearly best practice. Thank you for continuing to seek better ways to serve the youth in your care.

At this time we strongly encourage your facility to complete phase 3 of the camera system at the Nonsecure facility. This last phase will provide significant recorded camera coverage in all resident areas.

The MN DOC is looking closely at all restrictive procedures used in juvenile facilities licensed by us. Please see comments in the rule compliance area of this report.

I wish to thank you and your staff for your cooperation during this biennial inspection. If you have questions or concerns related to this report or any other licensing matter, please feel free to contact me at 507-834-6226.

JJDPa Compliance

This is a nonsecure program and the youth always have free egress out of this building.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature:

