



## Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

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### INSPECTION DETAILS FOR:

#### Anoka County Juvenile Center

**Address:** 7545 Fourth Avenue, Lino Lakes, MN 55014

**MN Governing Rule:** 2960 Children's Residential Facility

**Inspection Type:** Biennial

**Inspected By:** Monaie Hebert – Detention Facility Inspector

**Inspected on:** 09/01/2020 to 09/03/2020

**Inspection Method:** The Anoka County Juvenile Center biennial inspection was completed on September 1 - 3, 2020, 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, Group Residential, Secure, Detention, Corrections and Restrictive Procedures. This inspection was conducted by Monaie Hebert, Juvenile Inspector, of the Inspection and Enforcement Unit. This was the first inspection of the facility by this inspector and under the current Commissioner of Corrections.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included intake, medical area, resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, gym/recreation areas, kitchen and classroom areas of the secure facility.

The inspection also included discussions with multiple staff, supervisors, direct care staff, nursing staff and administration, as well as discussions with and observation of staff interactions with residents. 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 overviews for the program.

**Officials Present During Inspection:** Director John Emmel; Superintendent Todd Benjamin

**Officials Present for Exit Interview:** Director John Emmel

**Issued Inspection Report to:** Director John Emmel; Superintendent Todd Benjamin; Regional Manager Dayna Burmeister

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	306	299	3

### TERMS OF OPERATION

**Authority to Operate:** approval

**Begins On:** 05/01/2020 **Ends On:** 04/30/2022

**Facility Type:** Secure Juvenile Detention/Residential Facility

**Placed on Biennial Status:** Yes

**Biennial Status Annual Compliance Form Due On:** 04/30/2021

**Delinquent Juvenile Hold Approval:**

**Certificate Holder:** Anoka County  
7545 Fourth Avenue  
Lino Lakes, MN 55014

**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	Male	50	100	50.00	25	0	None.	None.

**RULE COMPLIANCE DETAILS**

**Chapter 2960 - Mandatory Rules Not In Compliance****Total: 3****1. 2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT. Subpart 3. Program evaluation.**

A. The license holder must annually evaluate strengths and weaknesses of the program using at least the performance indicators in subitems (1) to (7): (1) accidents; (2) the use of restrictive procedures; (3) grievances; (4) adverse findings, allegations of maltreatment under Minnesota Statutes, section 626.556, citations, and legal actions against the license holder; (5) results of a resident and family satisfaction survey required in part 2960.0140, subpart 1; (6) information from subparts 1 and 2; and (7) critical incidents. B. The program evaluation in item A must be kept for two licensing periods.

**Inspection Findings:**

The facility is out of compliance on the grievance process practice and therefore, grievance issues have not been appropriately utilized for program evaluation. This may have minimal impact given other information used in evaluation.

**Corrective Actions:**

**The facility is implementing a new grievance process to be consistent with the 2960.0080 Subp. 18, which will facilitate accurate tracking for program evaluation.**

**Response Needed By: 12/01/2020****2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.A.1.. Resident and family grievance procedures.**

A. The written grievance procedure must require, at a minimum, that: (1) the license holder must give the person who wants to make a grievance the necessary forms and assistance to file a grievance;

**Inspection Findings:**

At the time of the inspection, there was no grievance form. Residents were given a piece of notebook paper in the event they could not resolve and issue with the staff.

**Corrective Actions:**

**Develop a form with the necessary grievance components to include spaces for staff, program management and administrative signatures to be used when needed. Consider adding a statement regarding which resident right(s) have been violated.**

**Response Needed By: 12/01/2020****3. 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 was no (or difficult to verify) formal documentation of administrative tracking of grievances noted. It should be noted that there has been staff turnover in the program manager position which could have contributed to this.

**Corrective Actions:**

**The facility is revising policy and developing a more formal process for grievance tracking and documentation so that administration can identify and address issues being grieved.**

**Response Needed By: 12/01/2020****Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 4****1. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 1. Basic rights.**

A resident has basic rights including, but not limited to, the rights in this subpart. The license holder must ensure that the rights in items A to R are protected: A. right to reasonable observance of cultural and ethnic practice and religion; B. right to a reasonable degree of privacy; C. right to participate in development of the resident's treatment and case plan; D. right to positive and proactive adult guidance, support, and supervision; E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation; F. right to adequate medical care; G. right to nutritious and sufficient meals and sufficient clothing and housing; H. right to live in clean, safe surroundings; I. right to receive a public education; J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a case manager in accordance with the resident's case plan; K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene; L. right of access to protection and advocacy services, including the appropriate state appointed ombudsman; M. right to retain and use a reasonable amount of personal property; N. right to courteous and respectful treatment; O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03; P. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation; Q. right to be informed of and to use a grievance procedure; and R. right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as it is allowed in the correctional facility's discipline plan.

**Inspection Findings:**

The facility utilizes programming philosophy which includes intense verbal communications with residents in certain circumstances for behavior management. This is not trauma sensitive or evidence based. Resident rights indicate the right to positive proactive adult guidance, support and supervision. In some situations this programming philosophy could be interpreted as inconsistent with this rule part.

The grievance process exists and residents are aware of the process. Based on information obtained from residents during the inspection process, they feel that their concerns, (whether valid grievances or not) are not heard beyond the unit manager. There was no evidence to suggest otherwise.

**Corrective Actions:**

**Administration has committed to changing this practice. It should be noted that administration and staff believe that this technique contributes to their ability to resolve many issues without having to utilize restrictive procedures. This will be a transition that may take time to completely implement. Follow-up will occur in six months to review progress and changes.**

**Administration has begun revising the grievance process. It will be formalized with administration reviewing all grievances despite resolution by line staff or program managers.**

**Response Needed By:**

2. 2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT. Subpart 4. Use of findings.

The license holder must use the program evaluation reports and findings in subpart 3 as a basis to make improvements in its programs.

**Inspection Findings:**

Although the grievances are not a viable measure through this last licensing period, the facility is utilizing other included data findings to address improvement areas.

**Corrective Actions:**

**The facility is implementing a more formal grievance process to be consistent with this rule part. This will resolve this issue.**

**Response Needed By:**

3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.2.. 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). (2) The license holder must document attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. If permission is denied and the parent has the legal right to deny permission, then the medication will be discontinued under the supervision of a physician unless a court order to administer the medication is obtained.

**Inspection Findings:**

There is a question on intake forms regarding medications, however, when obtaining permission from guardians or parents, staff indicated that the question is asked regarding over the counter medications. Neither staff nor the facility nurse could indicate with certainty whether permissions are being obtained for prescribed medications. Indications are that they are contacted by staff after a doctor visit, but there is no clear procedure being followed and documentation of such is inconsistent after the intake. This is primarily related to prescribed medications the resident does not come into the facility with.

**Corrective Actions:**

**The facility is addressing this issue by retraining staff on intake to obtain blanket permission for all medications. Additionally, there will be a third party medical provider taking over the nursing and medication functions which will likely alleviate this issue.**

**Response Needed By:**

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

A. The license holder must develop and follow a written grievance procedure that allows a resident, the resident's parent or legal representative, a guardian, or a concerned person in the resident's life to make a formal complaint or suggestion or express a concern about any aspect of the resident's care during the resident's stay in the facility. The license holder and staff must not attempt to influence a resident's statement about the facility in the grievance document or during an investigation resulting from the grievance.

**Inspection Findings:**

There is a written process for filing a grievance. The process is cumbersome and should be updated to be more consistent with the rule and it's intent.

**Corrective Actions:**

**Create a grievance form and make it available to family and residents. The form should contain necessary components of the grievance including staff and management (when applicable) signature spaces. There should not be a requirement that either parents or residents must discuss the issue with the staff prior to filing a grievance as this is not always feasible or comfortable.**

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

The following comments and concerns are a result of the inspection. While these may not be specific rule violations, these are areas that provided an opportunity for constructive feedback to help address potential facility issues.

**Comments:**

1. The facility response to COVID-19 follows CDC guidelines and included masks for residents and staff, and an area for all entering to wash hands prior to entry into the facility. The accommodations for quarantined youth (either positive or pending test results) and PPE for staff is good. The facility is commended on their proactive measures and to date have had no positive cases.
2. The facility has made positive changes over the past licensing period in their use of restrictive procedures. They are actively moving toward a universal model of restrictive procedures along with other similar facilities in the state.
3. Currently, there is a public health nurse providing medical care, which requires line staff to facilitate medication disbursement. As of November 1, 2020, there will be a third party medical provider which will include medication disbursement, 24 hour access to care and consultation to include access to a psychiatric professional.
4. The facility is in the process of implementing a new digital system to replace an aging analog system. This will include upgrades to cameras, intercoms, control room security functions, electronic tracking of well-being checks, lock mechanisms and a back-up system with redundancy. This is a significant investment in resident and staff safety and security.

5. Nearly all staff working with residents are probation officers and are trained in motivational interviewing and other evidence based practices. This is unique to only a few facilities.

6. The facility is continuously improving their statistics with regard to disciplinary room time. Numbers have declined over the past two licensing periods.

Concerns not noted in formal inspection:

1. Consider retrofitting handicapped railings with caps in bathrooms, showers and any bedrooms where residents may be alone, for safety. As discussed, this is in process.

2. Ensure that there is a formal daily schedule posted to include recreation, and a food menu printed and placed in each unit consistently for resident review.

3. You may wish to consider resident and staff surveys on a monthly or quarterly basis as a way to provide better services to youth and a better working environment for staff.

There are some rule violations and areas of concern noted in this report, however, the administration at ACS has already begun the process of correcting these concerns/rule compliance violations through policy modification, programming changes and staff training.

Overall, this inspection went well and AJC staff and administration's transparency and willingness to immediately address areas of concern is appreciated.

Thank you for your cooperation during this licensing visit.

Please contact me if you have any questions regarding this report, at 651-261-1657.

#### JJDPA Compliance

After a review of admissions from October 1, 2019 through April 26, 2020, I found no JJDP act violations of the JJDP act.LB

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature: \_\_\_\_\_

