



## 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:

#### Arrowhead Juvenile Center

**Address:** 1918 N Arlington Avenue, Duluth, MN 55811

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

**Inspection Type:** Biennial **Inspected By:** Stephanie Kantola – Detention Facility Inspector **Inspected on:** 11/20/2024

**Inspection Method:** Facility walk-through, staff and resident interviews, staff and resident file reviews, facility documentation review and video footage review.

**Officials Present During Inspection:** Superintendent Becky Pogatchnik

**Officials Present for Exit Interview:** Superintendent Becky Pogatchnik

**Issued Inspection Report to:** Superintendent Becky Pogatchnik

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	310	6

### TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 11/01/2024 **Ends On:** 10/31/2026 **Facility Type:** Secure Juvenile Detention/Residential Facility

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 10/31/2025

**Delinquent Juvenile Hold Approval:** Not Applicable **Certificate Holder:** Arrowhead Juvenile Center  
1918 N. Arlington Avenue  
Duluth, MN 55811

#### 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
Interchangeable secure residential/detention	Coed	48	3/31/2003	100	48.00	0	16	This includes 16 long-term secure beds.	

### RULE COMPLIANCE DETAILS

#### Chapter 2960 - Mandatory Rules Not In Compliance

Total: 6

1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.B.2.. 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. B. The license holder must make an effort to determine the resident's culture and gender based needs. (2) Gender specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff.

**Inspection Findings:**

Two of five resident files reviewed for requirements governing gender specific needs screenings did not contain documentation that met the observation requirement as identified in the approved DOC screen.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must ensure gender specific needs screens are completed as required.**

**Response Needed By: 01/06/2025**

2. 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:**

Nine of 19 grievances reviewed failed to document that the resident received a response within five days as required.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must ensure grievances received are followed up within the required five day response.**

**Response Needed By: 01/06/2025**

3. 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 is not surveying the residents' referring agencies as required.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must ensure their attempt to survey the residents' referring agencies as required.**

**Response Needed By: 01/06/2025**

4. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 3. Posting of medical, dental, and emergency resources.

A list of medical, dental, and emergency resources must be posted at each staff station in the facility. The list must include the emergency resources' telephone numbers and hours that each resource is available.

**Inspection Findings:**

Three of the four staff stations did not contain the required posting information.

**Corrective Actions:**

**This was corrected onsite during the inspection and no further action is required.**

**Response Needed By:**

5. 2960.0360 SECURITY POLICIES AND PROCEDURES. Subpart 1. Content of policies and procedures.

A license holder who offers correctional program services must develop security policies and procedures regarding the following: A. control and recovery of contraband; B. delivery and service procedures; C. prohibition of firearms and other weapons in resident areas and measures to ensure that weapons are inaccessible to residents; D. search procedures; E. escort of residents outside the secured area; and F. one half hour interval well being checks, when residents are not under direct supervision.

**Inspection Findings:**

During the onsite inspection, a random sample of well-being check video footage was reviewed by inspectors and facility administration. The well-being checks in one of five was out of compliance for going over the one-half hour interval. Three of five well-being checks viewed were out of compliance due to the poor quality of the well-being check. In the 2022 MN DOC inspection report, the facility was cited for non-compliance due to, "some staff who did not appear to be pausing long enough during well being checks to ensure resident safety".

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must retrain staff on the requirements governing well-being checks. The training should provide guidance on the importance of ensuring staff can see signs of life when conducting well-being checks.**

**Response Needed By: 02/05/2025**

6. 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 three staff files reviewed did not contain the 90-day staff development and evaluation plan.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must ensure staff receive development and evaluation plans as required.**

**Response Needed By: 01/06/2025**

## INSPECTION COMMENTS

The facility will remain on biennial inspections.

## JJDPa Compliance

No violations found.

**Report completed By:** Stephanie Kantola – Detention Facility Inspector

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