



## 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:

#### East Central Regional Juvenile Center

**Address:** 7565 Fourth Avenue, Lino Lakes, MN 55014

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

**Inspection Type:** Biennial **Inspected By:** Stephanie Kantola – Detention Facility Inspector

**Inspected on:** 03/05/2025

**Inspection Method:** Announced, full inspection

**Officials Present During Inspection:** Supervisor Mike Kouri; Supervisor Park Swenson

**Officials Present for Exit Interview:** Superintendent Nate Parker; Supervisor Mike Kouri; Supervisor Park Swenson

**Issued Inspection Report to:** Superintendent Nate Parker; Supervisor Mike Kouri; Supervisor Park Swenson

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	349	339	10

### TERMS OF OPERATION

**Authority to Operate:** **Begins On:** 04/01/2025 **Ends On:** 03/31/2027 **Facility Type:** Secure Juvenile Detention/Residential Facility

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 03/31/2026

**Delinquent Juvenile Hold Approval:** **Certificate Holder:** Anoka County  
7565 Fourth Avenue  
Lino Lakes, MN 55014

**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
Detention Services	Coed	36	3/16/2011	100	36.00	0	0	None.	

### RULE COMPLIANCE DETAILS

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

**Total: 10**

1. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 3.B.. Basic rights information.

The license holder must meet the requirements of this subpart. The license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.

**Inspection Findings:**

Seven of seven resident files reviewed did not contain documentation of notification by the facility to resident's parent, guardian, or custodian within a reasonable time after admission that the resident rights information is available.

**Corrective Actions:**

**Immediately and on an ongoing basis the license holder must comply with all 2960 standards regarding resident right notification.**

**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:**

One of seven resident files reviewed did not identify the resident's response to the degree of the resident's family involvement. Seven of seven resident files reviewed did not identify the family's response to the degree of family involvement.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding documenting the resident's and the resident's family responses to the degree of family involvement during the resident's stay at the facility.**

**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:**

A review of two resident files as well as a discussion with the administrative team identified that the facility is not meeting rule requirements when a resident is newly admitted to the facility and verifying the requirements in subitem 1.

**Corrective Actions:**

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

**Response Needed By:**

4. 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 thirty-four resident grievances reviewed were not responded to within five days.

**Corrective Actions:**

**Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding grievances. The license holder updated their resident handbook to reflect that grievances must be responded to within 5 days. No further action is required.**

**Response Needed By:**

5. 2960.0150 PERSONNEL POLICIES. Subpart 4.C.. Personnel training.

The license holder must develop an annual training plan for employees that addresses items A to D. C. The license holder must provide orientation and training to staff and volunteers regarding: (1) culturally competent care; (2) racial bias and racism issues; (3) gender issues, including the psychosocial development of boys and girls; (4) sexual orientation issues; and (5) physical, mental, sensory, and health related disabilities, bias, and discrimination.

**Inspection Findings:**

One of five staff files reviewed revealed that the staff was missing training requirements (culturally competent care and racial bias and racism issues).

**Corrective Actions:**

**Within 30 days of receipt of the inspection report, the license holder is to verify that all staff are up to date on all required trainings and the license holder is to send the documented verification to MN DOC.**

**Response Needed By: 05/30/2025**

6. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.B.. Discharge.

The license holder must meet requirements of items A and B. B. The transition services plan must include at least the elements in subitems (1) to (7): (1) housing, recreation, and leisure arrangements; (2) appropriate educational, vocational rehabilitation, or training services; (3) a budget plan and a description of the resident's financial and employment status; (4) transportation needs; (5) treatment services; (6) health services; and (7) personal safety needs. For a resident with a disability, the transition services plan must address the resident's need for transition from secondary education services to postsecondary education and training, employment provider participation, recreation and leisure, and home living according to Minnesota Statutes, section 125A.08.

**Inspection Findings:**

Two discharged resident files from the group residential program were reviewed which revealed File 1 did not contain a transitional services plan and File 2 revealed the following subparts were not included in the transitional plan; 3, 4, 5, and 6.

**Corrective Actions:**

**Immediately and on an on-going basis, the license holder must comply with all 2960 standards in regards to transitional services plans. The license holder completed the update to the transitional services plan to a plan that meets 2960 standards during the inspection. No further action is required.**

**Response Needed By:**

7. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 2. Policies and procedures manual.

License holders must have a policy and procedures manual reviewed by the commissioner of corrections that is readily available to staff. The policy manual must contain policies and procedures for all aspects of the facility's operation. The license holder must ensure that the policies and procedures in the manual safeguard residents' rights and require the provision of basic services to residents.

**Inspection Findings:**

The license holder's policy and procedure manual was missing many of the required policies and procedures. The specifics about the missing policies were discussed at the exit interview.

**Corrective Actions:**

**Within 30 days of receipt of this inspection report, the license holder must submit an updated policy and procedure manual for review to the MN DOC that demonstrates compliance. It is recommended that the license holder utilize the DOC 2960 checklist as a guide.**

**Response Needed By: 05/30/2025**

8. 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:**

The license holder did not have a resources list at each staff work station that included the emergency resources' telephone numbers and hours that each resource is available.

**Corrective Actions:**

**Immediately and on an ongoing basis the license holder must have the required information posted.**

**The license holder updated their posting information while inspector was onsite. No further action is required.**

**Response Needed By:**

9. 2960.0360 SECURITY POLICIES AND PROCEDURES. Subpart 1. Content of policies and procedures.

A license holder that offers correctional program services must develop security policies and procedures on 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, including strip searches and resident-assisted searches; E. escort of residents outside the secured area; and 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.

**Inspection Findings:**

A sample taken to review well-being checks identified that during 8 of 11 checks conducted on the overnight shifts, the checks were not conducted to allow staff to observe for signs of life and to ensure the safety and well-being of residents. Additionally, this has been addressed in the last two inspections completed in 2021 and 2023.

**Corrective Actions:**

**Within 30 days of receipt of this inspection report, the license holder must retrain all staff on the requirements of well-being checks and submit the training documentation to MN DOC.**

**Response Needed By: 05/30/2025**

10. 2960.0560 PERSONNEL STANDARDS. Subpart 3. supervision of treatment.

The program director must: A. supervise the development of each resident's individual treatment plan; B. be involved in the resident's treatment planning process and sign the resident's individual treatment plan; C. supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress; and D. document on a biweekly basis a review of all the program services provided for the resident in the preceding week.

**Inspection Findings:**

Seven of seven resident files reviewed for requirements governing treatment plans did not meet requirements. One resident's file did not contain a treatment plan and the other six residents' files contained treatment plans that were not signed by the supervisor. Additionally, there was no documentation on a biweekly basis of a review of all the program services provided for the residents in the preceding week in any of the seven resident files reviewed.

**Corrective Actions:**

**Within 30 days of receipt of this inspection report, the license holder must submit to MN DOC treatment plans for the next three residents admitted to the facility that demonstrates compliance.**

**Response Needed By: 05/30/2025**

**INSPECTION COMMENTS**

The East Central Regional Juvenile Center biennial inspection was completed on March 5-6, 2025, using Minnesota Rules, Chapter 2960.

**JJDPA Compliance**

No violations were observed during the inspection.

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

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