



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: Monaie Hebert – Detention Facility Inspector

Inspected on: 02/24/2021 to 02/26/2021

Inspection Method: This inspection visit consisted of a tour of the facility, review of state fire marshal inspection, food establishment inspection, Anoka County public health license, nutritional compliance statement, grievance reports, well-being checks, camera footage reviewed, resident files, employee files, MAR reviews, annual reports, resident interviews, employee interviews and policy manual review.

Officials Present During Inspection: Supervisor Mike Kouri

Officials Present for Exit Interview: Supervisor Mike Kouri

Issued Inspection Report to: Supervisor Mike Kouri; Regional Manager Jacob Mclellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	310	0

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 04/01/2021 **Ends On:** 03/31/2023

Facility Type: Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 03/31/2022

Delinquent Juvenile Hold Approval:

Certificate Holder: Anoka County
7565 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	Coed	36	100	36.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules In Compliance With Concerns**Total: 6****1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 13. Resident clothing, bedding, and laundry.**

The license holder must ensure that a resident has: A. an adequate amount of clean clothing appropriate for the season; B. an appropriate sized, clean, fire retardant mattress; two sheets or one sheet and clean mattress cover; sufficient clean blankets to provide comfort under existing temperature conditions; and one pillow and one pillowcase that is antiallergenic, if required, to meet a resident's health care needs. Existing non fire retardant mattresses may continue to be used until they are replaced, provided that the existing mattresses are replaced no later than July 1, 2015; and C. adequate bath towels and washcloths. Clean bedding and linens must be furnished upon each new admission, and bedding and linens must be cleaned once a week or more often as needed to maintain a clean and safe environment. Bedding and linens that are worn out or unfit for further use must not be used.

Inspection Findings:

The facility has sufficient stock of linens, bedding and clothing, however several of the items need to be discarded due to stains and wear and tear. Staff should be identifying these items regularly and discarding. Residents should not be required to use these items. Additionally, the newly ordered towels are small. Should the facility continue to order this type of towel, residents should receive two towels routinely.

Corrective Actions:

Many items were discarded during the inspection. The facility will need to go through all items and discard worn and stained items. Inform staff that residents using the new smaller towels should be allowed two.

Response Needed By:**2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 17.A.. Critical incident and maltreatment reports.**

The license holder must report critical incidents and the maltreatment of a resident according to items A to D. A. The license holder must report critical incidents of a serious nature that involve or endanger the life or safety of the resident or others to the commissioner of human services or corrections within ten days of the occurrence on forms approved by the commissioner of human services or corrections.

Inspection Findings:

During a review of the medical process, it was discovered that the facility was not reporting minor emergency room and urgent care visits, and only reported incidents that required an overnight hospital stay or of a more serious nature. There is on site medical care so these incidents are not common.

Corrective Actions:

The facility must report all serious injury and illness incidents that require medical care outside the facility, that are not preplanned appointments or follow up.

Response Needed By:**3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 7. Culturally appropriate care.**

The license holder must document the provision of culturally appropriate care to each resident that includes: A. opportunities to associate with culturally and racially similar adults, peers, and role models; B. opportunities to participate in positive experiences related to the resident's cultural and racial group; C. culturally appropriate program services that address the needs of all residents in care; and D. cultural sensitivity, including the provision of interpreters and English language skill development to meet the needs of facility residents as required by Laws 1995, chapter 226, article 3, section 60, subdivision 2, paragraph (2), clause (v).

Inspection Findings:

The facility lacks consistent culturally appropriate programming. They provide some services and activities episodically, however this should include preplanned and documented activities on a regular basis. This has been somewhat impacted by the pandemic. The facility indicates that they struggled with this during the first part of this licensing period, prior to the Covid 19 pandemic as well.

Corrective Actions:

The facility will need to improve these services and whether utilizing outside resources or internal personnel, should schedule activities with some regularity surrounding cultural programming.

Response Needed By:

4. 2960.0250 ADMISSION AND RELEASE POLICY AND PROCESS. Subpart 1. Personal privacy.

Admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident and the confidentiality of the transaction from unauthorized personnel.

Inspection Findings:

In review of the intake process, it was discovered that the intake process is sometimes conducted in a place that lacks privacy. If there are residents in the rooms adjacent to the intake area desks, those residents would overhear the intake information questions.

Corrective Actions:

The facility should change this process to create privacy during the intake process. They have indicated that they will utilize the same area, however will move residents who are in the intake area rooms should an intake occur.

Response Needed By:

5. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 8.B.. Exercise and recreation.

Provisions for a minimum of two hours of daily preplanned exercise or activities supervised and directed by trained staff and recreational activities and leisure time activities, excluding time spent watching television;

Inspection Findings:

The facility has a monthly recreation schedule, however, the time allotted is presented in a block of time to be used by all three units and does not designate specific times for each unit. The schedule also does not indicate specific preplanned and supervised passive recreation schedules. While the residents are likely getting the recreation time (as evidenced by the daily logs), this should be specifically scheduled, with preplanned activities for both active and passive recreation for each unit, if applicable, to ensure all three units are getting the correct amount of recreation. Additionally, When a resident is in DRT, it appears that there is often no documentation as to whether or not that resident was offered or participated in recreation time.

Corrective Actions:

Design and post a preplanned recreation schedule with specific time slots for each unit for recreation/gym time ensuring all units receive at least two hours of recreation time daily. Ensure that staff is offering and documenting at least one hour of active recreation for residents serving DRT.

Response Needed By:

6. 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:

Upon review of well-being checks, it was discovered that there were four checks over five full days of shifts, which were logged at 31-32 minutes. The checks appear to be beginning within 30 minutes, however, checks were logged upon completion.

A video review of well-being checks indicated that some staff does not appear to pause long enough to fully ensure resident safety during their check.

Corrective Actions:

Ensure that staff logs their checks within the 30 minute timeline and completes quality well-being checks, to include a pause and good visual of the residents movement. The facility is moving to an electric well-being check system within the year, which should give more visibility to times and quality.

Response Needed By:

INSPECTION COMMENTS

The East Central Regional Juvenile Center biennial inspection was completed on February 24-26, 2021, 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, Secure, Detention, Corrections and Restrictive Procedures. This inspection was conducted by Monaie Hebert, Juvenile Inspector, of the Inspection and Enforcement Unit.

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 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.

The following comments and concerns are a result of the inspection. While these may not be specific rule violations, these are areas that provided 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 sanitize hands prior to entry into the facility. The accommodations for quarantined youth (either positive or pending test results) and PPE for staff are good.
2. Program administration has implemented new procedures/policies regarding their past practice of "intensity" programming." While this was not specifically discussed at East Central previously, this was addressed at their joint facility on campus, and ECRJ administration proactively began these changes in December 2020. They appear committed to positive changes and continuous improvement surrounding this programming, which is not trauma informed or evidence based.
3. The facility implemented contracted nursing care in November 2020, which increased resident access to medical services on campus and alleviates almost all staff medication administration.
4. They have invested in a new camera system which begins installation soon, as well as an electronic well-being check tracking system which will be installed in 2021.
5. Nearly all staff working with residents are probation officers or probation aids and are trained in motivational interviewing and other evidence based practices.
6. Resident interviews indicated that residents feel safe in the facility.

Concerns not noted in formal inspection:

1. The facility was clean. Many of the air vents had a dust build up and a substance which appears to have been placed in the vent by residents to

restrict air flow. Some resident rooms had a paper substance on the ceilings. Consider a regular rotation of thorough staff room checks and scheduled cleanings of the air vents.

JJDP A Compliance

East Central Regional Juvenile Center has secure detention/residential beds for males and females (separate units).

-All secure beds are truly secure.

-All residents had valid court orders placing them in a secure detention/residential setting.

Based on admissions data from October 1 2020 to February 24, 2021, no violations were found.

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature: _____

