



# 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:

### Hennepin County Juvenile Detention Center

**Address:** 510 Park Avenue S, Minneapolis, MN 55415

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

**Inspection Type:** Annual **Inspected By:** Stephanie Kantola – Detention Facility Inspector **Inspected on:** 10/02/2024 to 10/29/2024

**Inspection Method:** Facility tour, staff and resident interviews, employee and resident file reviews, and related documentation reviews.

**Officials Present During Inspection:** Assistant Superintendent Catie Blake; Assistant Superintendent Eric Finley; Superintendent Dana Swayze

**Officials Present for Exit Interview:** Superintendent Dana Swayze

**Issued Inspection Report to:** Superintendent Dana Swayze

## RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	302	14

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 10/01/2024 **Ends On:** 09/30/2025 **Facility Type:** Secure Juvenile Detention Facility

**Placed on Biennial Status:** No **Biennial Status Annual Compliance Form Due On:**

**Delinquent Juvenile Hold Approval:** **Certificate Holder:** Hennepin County  
510 Park Avenue  
Minneapolis, MN 55415

**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
Secure detention	Coed	87	5/1/2002	100	87.00	0	0	None.	

## RULE COMPLIANCE DETAILS

### Chapter 2960 - Mandatory Rules Not In Compliance

Total: 14

- 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 inspection identified concerns around lack of supervision of residents, and resident rights violated due to the amount of time the residents were locked in their rooms. Since June of 2024, the facility has experienced significant staffing shortages, and as a result has resorted to the use of seclusion when it is not warranted. This was based on review of video footage, inspector observations, camera footage reviews, reports from the superintendent, management, direct care staff, and residents. Additionally, when staff are present, there are multiple occasions of residents being locked in their rooms while multiple staff are observed sitting in the staff office. The primary violation in this Rule is Section D. right to positive and proactive adult guidance, support, and supervision.

**Corrective Actions:**

**Within 10 days of receipt of this report, the license holder must implement a plan to ensure residents are receiving positive and proactive adult guidance, support, and supervision. The plan must identify how residents are going to receive programming, recreation, and time out of their rooms for interaction with staff and peers. The plan must also identify staff to client ratios to ensure there is an effective plan for supervision to meet target population and the residents' health and safety needs. The DOC inspector will monitor through unannounced visits to the facility and as part of that visit may inspect 2960 Rule compliance.**

**Response Needed By: 12/05/2024**

2. 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:**

Five of five resident files reviewed showed no documentation that the license holder provided notification to the resident's parent, guardian, or custodian within a reasonable time after admission to the facility the residents rights information.

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must develop and implement a plan to ensure notification of the resident's rights are provided to the resident's parent, guardian, or custodian within a reasonable time after admission to the facility.**

**Response Needed By: 12/25/2024**

3. 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 license holder was unable to provide documentation that they meet the requirements is subpart 5. This was previously cited in the 2022 inspection report .

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must update the policy to ensure compliance is met. The DOC inspector will be making unscheduled onsite visits to the facility and as part of the visits may inspect 2960 Rule compliance.**

**Response Needed By: 12/25/2024**

4. 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:**

Five of five resident files reviewed did not contain a completed gender specific needs screen. It does not appear that this license holder has been completing gender specific screening with residents. This was discussed with the superintendent as well as where to find the gender specific screening tool on the MN DOC website.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must begin utilizing the commissioner approved gender specific needs screen as part of their admission process and meet all applicable requirements.**

**Response Needed By: 11/26/2024**

5. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.E.1.. 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. E. The license holder must follow the resident's case plan and cooperate with the case manager to: (1) take specific steps to meet the needs of the resident identified by screening and, if needed, request authorization to arrange for the resident's assessment, or medical or dental care or treatment needs, based on the information obtained from the resident's screening;

**Inspection Findings:**

One of five resident files reviewed did not contain a case plan, or documentation that a case plan was requested from the placing agency. Amended 12/4/24, the initially missing case plan was produced by the facility and was found to be dated by staff three days prior to the resident admitting to the facility and it was not dated by the resident. The rule violation and corrective action still stands.

**Corrective Actions:**

**Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding case plans.**

**Response Needed By: 11/26/2024**

6. 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:**

Two of seven resident files reviewed for requirement governing verification of resident medications, did not contain documentation that the medications were verified with the resident's prescribing medically licensed person. The facility charge nurse stated they reached out to the staff at the facility that the residents came from and verified the medications via phone prior to admission.

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must develop a plan in coordination with the medical authority to ensure that medical files contain all of the requirements of 2960. In addition the DOC inspector will be making unscheduled onsite visits to the facility and as part of the visit may inspect 2960 Rule compliance.**

**Response Needed By: 12/25/2024**

7. 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:**

Two of seven resident files reviewed did not contain documentation of the facility's attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. In both cases an adult that was not the parent or legal guardian was contacted.

Amended 12/4/24: One of seven resident files reviewed did not contain documentation of the facility's attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. In this case, an adult that was not the parent or legal guardian was contacted.

**Corrective Actions:**

**See corrective action 6.**

**Response Needed By: 12/25/2024**

8. 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:**

A review of the license holder's grievances reviewed identified that 22 out of 88 were not responded to within five days.

This is a repeat violation as the license holder has been previously cited for failure to respond to grievances, or respond in the required timeframe

This has been an ongoing Rule violation for the license holder, as they were cited on this Rule at their last inspection. At the last inspection 7% of their grievances violated this Rule, at this current inspection the amount increased to 25% of their grievances being out of compliance for this Rule.

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must submit a policy that meets requirements. In addition the DOC inspector will be making unscheduled onsite visits to the facility and as part of the visits may inspect 2960 Rule compliance.**

**Response Needed By: 12/25/2024**

9. 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:**

Eight of 88 grievances reviewed did not contain the required follow up documentation as required.

**Corrective Actions:**

**See corrective action 8.**

**Response Needed By: 12/25/2024**

10. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 5.A.. Discipline policy and procedures required.

The license holder must have discipline policies and procedure that require the resident's abuse history and developmental, cultural, disability, and gender needs be taken into consideration when deciding the disciplinary action to be taken with a resident. The policy must include the requirements in items A to E. A. The license holder must not subject residents to: (1) corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects, or spanking; (2) verbal abuse, including, but not limited to: name calling; derogatory statements about the resident or resident's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the resident; (3) punishment for lapses in toilet habits, including bed wetting and soiling; (4) withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a resident who destroys bedding or clothing, or uses these or other items to hurt the resident or others, may be deprived of such articles according to the resident's case plan; (5) assigning work that is dangerous or not consistent with the resident's case plan; (6) disciplining one resident for the unrelated behavior or action of another, except for the imposition of restrictions on the resident's peer group as part of a recognized treatment program; (7) use of restrictive techniques or procedures as punishment, for convenience of staff, to compensate for not having an adequate number of staff, or to substitute for program services; (8) restrictions on a resident's communications beyond the restrictions specified in the resident's treatment plan or case plan; and (9) requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.

**Inspection Findings:**

Since June of 2024, the license holder has had to implement the use of restrictive procedures facility wide to compensate for a shortage of trained staff by utilizing the use of restrictive techniques and is substituting this for recreation time, program services, and positive and proactive adult guidance support and supervision.

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must submit a staffing plan and schedule that allows for residents adequate recreation, visitation, programming, and adult guidance and support. The plan cannot involve the entire population being placed in SSP or seclusion to accommodate staffing shortages. If and when SSP or seclusion is used, the required documentation must be contained in the resident files that are in SSP or seclusion and meet all applicable requirements. The DOC inspector will be monitor through unannounced visits to the facility and as part of the visits may inspect 2960 Rule compliance.**

**Response Needed By: 12/25/2024**

11. 2960.0100 PERSONNEL POLICIES. Subpart 3.A.2.. Orientation and in-service training.

Orientation training must include at least the subjects in subitems (1) to (6): (2) relevant statutes and administrative rules and legal issues, including reporting requirements for abuse and neglect specified in Minnesota Statutes, sections 626.556 and 626.557, and other reporting requirements based on the ages of the residents;

**Inspection Findings:**

One of five personnel files reviewed did not contain documentation that the staff received orientation and in-service training.

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must submit documentation that the staff person identified has received the required training. In addition the DOC inspector will be making unscheduled onsite visits to the facility and as part of the visits may inspect 2960 Rule compliance.**

**Response Needed By: 12/25/2024**

12. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 13.F.. General requirements for food service.

Food service must meet the requirements of items A to F. F. Food must be covered during transport through nondietary areas, but need not be covered when served in a dining area which is contiguous to the food preparation area.

**Inspection Findings:**

On 10/21/24, the DOC inspector observed two staff transporting food (lunch) to residents on a different floor level in the building and each of the staff were walking into the elevator with the food in a box not covered. Additionally, complaint have been received at the DOC related to items found in resident's food.

**Corrective Actions:**

**This was immediately addressed with the superintendent and it was requested that this be corrected immediately and staff be retrained. In addition the DOC inspector will be making unscheduled onsite visits to the facility and as part of the visits may inspect 2960 Rule compliance.**

**Response Needed By: 11/26/2024**

13. 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:**

A review of the license holder's policy and procedure manual revealed numerous missing policies required in Rule 2960. This was communicated with the superintendent via the 2960 checklist as to which parts of the Rule that the facility policy and procedure manual is missing.

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must submit all required policies that were not available and were identified with the superintendent as missing from the license holder's policy and procedure manual. The license holder's policy and procedure manual must be in compliance with MN 2960 Rule and approved by MN DOC. In addition the DOC inspector will be making unscheduled onsite visits to the facility and as part of the visits may inspect 2960 Rule compliance.**

**Response Needed By: 12/25/2024**

14. 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, well being check video footage of a random sample of license holder's staff and a random sample of shifts were viewed by inspector and a Hennepin JDC Supervisor. The well being checks were found to be in violation in 75% of the video footage viewed.

Amended 12/4/24, the video footage viewed was in violation due to the lack of quality of the well being checks.

**Corrective Actions:**

**Within 10 days of receipt of this report, the license holder must retrain all staff on proper well being checks to ensure that they understand the frequency and quality of the checks demonstrate compliance. In addition the DOC inspector will be making unscheduled onsite visits to the facility and as part of the visits may inspect 2960 Rule compliance.**

**Response Needed By: 12/05/2024**

**INSPECTION COMMENTS**

12/4/24, this report was amended from the report dated 11/25/24 to reflect updated information. These amendments provided clarification to the violations, but did not change violations. The 12/4/24 inspection report supersedes the 11/25/24 inspection report.

The Hennepin County Juvenile Detention Center annual inspection was completed on October 2-3, 2024 and October 21, 2024 using portions of the 2960 standards that are applicable to the programs at this facility include: Administrative, Secure, Detention, and Restrictive Procedures. This inspection was conducted by Stephanie Kantola, Juvenile Inspector, of the Inspection and Enforcement Unit.

This scheduled inspection visit consisted of a physical plant safety and security inspection.

The inspection also included discussions with administration staff, medical staff, direct care staff and supervisors, as well as discussions with residents and observation of staff interactions with residents. Documentation review included staff personnel and training files, resident files, daily logs, 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.

The facility will remain on annual inspections.

Angela Cousins (Acting Area Director – Institution and Reentry Services with Hennepin County) was also present for the exit interview on 10/29/2024.

**JJDP A Compliance**

Secure detention data was reviewed from October 2-3, 2024 and October 21, 2024; this revealed no violations in JJDP A Compliance during that period.

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

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