



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:

Hennepin County Juvenile Detention Center

Address: 510 Park Avenue, Minneapolis, MN 55415

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Detention Facility Inspector **Inspected on:** 11/09/2020 to 11/12/2020

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

Officials Present During Inspection: Assistant Superintendent Eric Finley; Superintendent Deb Dayon

Officials Present for Exit Interview: Assistant Superintendent Eric Finley; Superintendent Deb Dayon

Issued Inspection Report to: Assistant Superintendent Eric Finley; Superintendent Deb Dayon; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	308	3

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 10/01/2020 **Ends On:** 09/30/2022 **Facility Type:** Secure Juvenile Detention Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 09/30/2021

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

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
Secure detention	Coed	87	100	87.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 3**

1. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 14.A.. Housekeeping, sanitation, and plant maintenance.

The license holder must meet the requirements of items A to C. A. The facility and all buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair and maintained to protect the health, comfort, safety, and well being of residents and staff.

Inspection Findings:

At the time of the inspection, resident rooms, both occupied and unoccupied had the following issues: Unsanitary conditions, food and drink (from previous days), walls, vents and lights covered with toothpaste, walls with large amounts of recent graffiti to include gang drawings and writings. There was garbage and unflushed toilets in some unoccupied rooms. Staff signs off daily that room checks are completed.

Corrective Actions:

All rooms will need to be cleaned and wiped down on a regular basis. Most graffiti was in pencil and easily cleaned and maintained. There should be a plan to remove Graffiti which cannot be removed by cleaning. The expectation of clean surroundings should be communicated to both residents and staff.

Response Needed By: 02/19/2021

2. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.. Discipline plan.

The license holder must have a discipline plan that includes the requirements in items A to F. D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan. The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours. Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented.

Inspection Findings:

Upon review of disciplinary room time documentation, it was discovered that some residents are not being reviewed consistently at eight hour intervals, and/or the reviews are not being documented appropriately.

Corrective Actions:

Staff should receive remedial training on appropriate DRT reviews. These should occur at no more than eight hour intervals. Reviews should include justification for continued DRT and information related to interactions with the resident.

Response Needed By: 02/19/2021

3. 2960.0390 COUNT PROCEDURE. Subpart 2. Frequency of counts.

There must be a resident count at least once each eight hours.

Inspection Findings:

In talking with staff and reviewing documentation of count procedures, it was discovered that count was occurring at the beginning and end of shift, twice daily. The facility went to 12 hour shifts and failed to change their count process to accommodate the eight hour rule.

Corrective Actions:

Change count procedure to be consistent with the eight hour count requirement in this rule part.

Response Needed By: 02/19/2021**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 5**

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:

While examining rooms during the inspection, it was discovered that some residents had no sheets in their rooms. It could not be verified that all residents always have two sheets per this rule part. Residents indicated that their sheets are not cleaned and returned on a weekly basis. At the time of the inspection additional quantities and stock could not be verified.

Most resident mattresses have small pillow areas embedded in the mattress. Some resident mattresses are flat with no pillow. In rooms with flat mattresses and no embedded pillow, there were no pillows.

Corrective Actions:

Ensure that each resident has two clean sheets weekly and pillows where appropriate per this rule part. They should have all items required by this rule part consistently. If a resident chooses to have a flat mattress with no pillow, or chooses to alter the required items per this rule part, this should be documented in the resident's file. Stock linens were verified following the inspection and prior to the report. Items were in shipping packaging. These should be in a place that is accessible to staff for resident's use.

Response Needed By:

2. 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:

The facility has a grievance process in place. While reviewing grievances, many appeared to be staff defending their actions rather than responding to the resident. Many were unsigned as accepted by resident, therefore it was difficult to verify that responses were discussed with resident.

Corrective Actions:

Ensure that staff are responding appropriately to the resident in the timeframe allotted by this rule part.

Consider placing a box on the wall where residents can gain access to forms and place filled out forms, especially in the event they do not want to discuss directly with the staff the grievance refers to. The facility would benefit from a more thorough supervisory review of grievances and resolutions.

Response Needed By:

3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 9.D.. Educational services.

The license holder must ensure that educational services are provided to residents according to items A to D, except where not applicable, due to the age of the resident or the resident's short stay in the facility. D. The license holder must provide education about chemical health to the resident who has had a problem related to inappropriate chemical use, but who does not have a sufficient chemical use history to refer to treatment. The education must provide the resident with opportunities to examine the problems associated with inappropriate chemical use.

Inspection Findings:

The facility does not appear to provide any type of formal substance use education or information/resources for those residents identified in screening as having substance use related issues or significant history of substance use, but not appropriate for treatment.

Corrective Actions:

Implement a process to ensure that each resident who meets this criteria is provided information and resources per this rule part. This could be in the form of written information, such as pamphlets and resources, and/or allowing residents to discuss their concerns or use related challenges with the on site social worker. It is noted that some residents will have a stay too short in duration for this to realistically be accomplished.

Response Needed By:**4. 2960.0320 PROGRAM SERVICES STANDARDS. Subpart 1.**

A secure program service must meet the needs of the resident served by the program, based on the resident's offense history, age, gender, disability, cultural and ethnic heritage, mental health and chemical dependency problems, and other characteristics. Services offered must include at least items A and B: A. intensive regular and special educational programs, with an individual educational plan for each resident who has a disability and needs special education and related services; and B. specific educational components that meet the resident's program services needs for the management of anger, nonviolent conflict resolution, mental health, and other program services needs, such as physical abuse, cultural and ethnic heritage, gender, parenting education, and program services to educate sex offenders about sexuality and address issues specific to victims and perpetrators of sexual abuse.

Inspection Findings:

At the time of the inspection, it was difficult to verify additional focused programming was occurring regularly. The facility has staff trained in Decision Points, however when asked what and when programming was occurring, it was indicated that staff may pick from any evidence based practice type programming. Some programming relied on volunteers, and therefore has been challenging. Some items in this rule part are being addressed through an on site social worker, a mental health professional, and informal conversations with staff.

Corrective Actions:

The facility will need to incorporate regular and consistent programming into their daily schedule to address the issues in this rule part. The on site social worker has indicated that there are plans to address some of these items, such as parenting, anger management and other similar issues.

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:

At the time of the inspection, a review of the written logs of well-being checks indicates that logging of checks is occurring sometimes at 31-33 minutes and is following the completion of the full check. Camera footage indicates checks are in compliance, however, logs are the permanent record and should be within 30 minutes.

Camera footage of well-being checks indicates that some staff are not observing the resident long enough to ensure safety.

Corrective Actions:

Staff should receive remedial training regarding well-being checks to include completing and logging checks within 30 minutes of the last check, the best practice and HCJDC policy of staggered well being checks, and the amount of observation time required to adequately ensure well-being of a resident.

Response Needed By:**INSPECTION COMMENTS**

The Hennepin County Juvenile Detention Center biennial inspection was completed on November 9-12, 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, 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 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 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 includes masks for residents and staff, and an area for all entering to sanitize hands prior to entry into the facility. The facility requires advanced PPE for the intake process to include eye protection and N95 masks. They are soon requiring all staff to wear face shields in addition to masks. They also require masks for residents while out of their rooms. The accommodations for quarantined youth (either positive or pending test results) are good.
2. The facility has made significant physical plant and security improvements since the last inspection, and have additional improvements scheduled. They have replaced many of the doors in the facility for added safety, and are in the process of replacing all door locks. They are also in the process of replacing ventilation systems upgrading to negative air flow systems on three floors. Funding for protective barriers on upper tiers in the units has been approved and is in design phase. Facility key storage has been upgraded and they are planning for an electronically monitored well-being check system to be installed within the next year, depending on funding.
3. There has been the addition of a full time social worker on staff. This is a valuable resource for residents. Conversations with the social worker indicate the addition of resident resources to address parenting, vulnerability, substance use and a variety of other topics.
4. There have been several new trainings added for 2020-2021. The facility appears to have put effort into enhancing their training curriculum over the past inspection period.

Concerns not noted in formal inspection:

1. Cultural programming appears to be lacking due to COVID restrictions and the inability to utilize volunteers. Given the longevity of these restrictions, consider utilizing staff to accomplish this programming. In doing so, staff will continue to build and enhance relationships with residents.
2. The amount and severity of staff assaults have increased over the past several months. Some of the issues occurring surrounding these incidents could be related to staff de-escalation skills, and staff relationships with residents. HCJDC has implemented considerable new training in these areas for newer employees. Strongly consider these as mandatory for all staff and adding scenario based Crisis Intervention Training to your curriculum. Facility culture and safety are of concern.
3. Consider implementing staff and resident surveys monthly to gain information and address ongoing culture and safety issues, as well as create a better working environment for staff and living environment for residents.

Overall, the inspection went well. Maintaining normal operations during Covid 19 mitigation efforts have been challenging for all facilities and HCJDC is commended on their efforts in this area. Positive discussions with staff and supervisors provided a great deal of information. All appear to be appreciative of feedback and motivated to take actions necessary for continued positive improvement.

We would like to sincerely thank you for your cooperation during this licensing visit. Please contact me if you have any questions regarding this report, at 651-261-1657.

Monaie Hebert
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JJDPa Compliance

JJDPa- Review of intakes since October 1, 2020. Status offender, CHIPS and any other non offender violations- ZERO violations found.

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature: _____

