



## 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, Minneapolis, MN 55415

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

**Inspection Type:** Annual **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 09/19/2022 to 09/23/2022

**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 Angela Cousins

**Officials Present for Exit Interview:** Assistant Superintendent Eric Finley; Superintendent Angela Cousins

**Issued Inspection Report to:** Assistant Superintendent Eric Finley; Superintendent Angela Cousins ; Regional Manager Dayna Burmeister

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	289	13

### TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 10/01/2022 **Ends On:** 09/30/2023 **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:** 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: 13

1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5. 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.

**Inspection Findings:**

There is a screening process and this is usually completed on every resident. A review of resident intake information revealed that two residents were missing required screenings.

**Corrective Actions:**

**Ensure that every resident has screenings completed and entered into CSTS per this rule part. This basic screening should be completed in the admissions office at time of resident intake.**

**Response Needed By: 11/28/2022**

2. 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:**

A review of resident rooms revealed that some residents did not have two sheets per this rule part. Some sheets were very worn. This was discussed during the last inspection and it is possible some residents do not want two sheets. This should be documented in their resident informational files.

When interviewing residents it was noted that four of the seven interviewed had clothing issues. One resident had on gym shoes which were significantly torn and worn out. One had ripped sandals. Both claimed to have asked for new shoes. Another resident had sandals that appeared to be far too small for his feet. One resident reported that he did not have gym shoes and recreated in his ripped sandals. One resident had sweatpants with a large hole in them.

It does not appear that many units stock clothing, blankets, towels, etc. within the unit, making access more difficult. There appears to be ample stock of all items in storage areas.

This is addressed in other rule parts and may not be marked out of compliance due to redundancy.

**Corrective Actions:**

**Ensure that each resident has two clean sheets weekly or more frequently if sheets are soiled. Document if a resident does not want the mandated items per this rule part. Ensure that all residents have appropriate foot wear and clothing at all times. Stock ample clothing and linens in the unit to avoid deficits. This is a repeated issue.**

**Response Needed By: 11/28/2022**

3. 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 critical incidents and medical files, it was revealed that the facility has not been reporting incidents that require emergency medical care for residents. Guidelines for report submittal were discussed during the last licensing period and were clarified due to confusion, and it appears the practice did not change.

**Corrective Actions:**

**The facility has entered medical emergent incidents for 2022 as of this inspection. 2020 and 2021 missing incidents will not be entered. All incidents that require off site, unscheduled medical care should be entered. The facility appears to be in compliance with other incident reporting.**

**Response Needed By: 11/28/2022**

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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:**

A review of grievances revealed that there was at least one instance of an unanswered grievance from this licensing period (or answered and not documented), and many of responses that are not dated or signed.

**Corrective Actions:**

**Provide a complete response to all grievances. Document, sign, the date and action.**

**Response Needed By: 11/28/2022**

5. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 3.A.. Cooperation in treatment and basic service delivery.

The license holder must cooperate with the resident's case manager and other appropriate parties in creating and delivering basic services. In addition, the license holder must: A. work with the resident, parent, or legal representative, and the resident's case manager and treatment team, if applicable, to implement the resident's case plan during the resident's stay in the facility. The license holder must also coordinate the license holder's plan for services to the resident with the placing agency's case plan for the resident and work with the placing agency to identify the resident's projected length of stay and conditions under which the family will be reunited, if appropriate, or specify the alternative permanency plan and what the license holder will do to help carry out the plan;

**Inspection Findings:**

A review of resident files and facility practices indicates that the facility is not completing any form of case plan. At minimum, a brief case plan must be completed at intake.

This area of non-compliance will impact other areas of the rule which require case plans. (These will be understood to be out of compliance, although may not show on this report as such due to redundancy.)

**Corrective Actions:**

**The facility must complete an initial case plan at intake. This should include at minimum, expectations and information regarding potential restrictive procedures use for safety.**

**Due to the changing population, it is recommended that more extensive case plans be completed for residents with extended stays in detention or with significant mental health issues.**

**Response Needed By: 11/28/2022**

6. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 6.1.. Daily resident activities.

The license holder must develop a written schedule of daily activities that generally describes the resident's activities for each day of the week.

**Inspection Findings:**

The facility has a schedule that includes daily programming and activities that does not appear to be followed consistently by all staff. The schedule is not posted for residents view.

**Corrective Actions:**

**Ensure that all staff follows the published daily schedule for all activities, and that the schedule contains all required components of the rule. Post this schedule in the units for residents to view.**

**Response Needed By: 11/28/2022**

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7. 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:**

Throughout this licensing period, it appears that until the past 1 - 2 months, there has been no specific cultural programming. In the last inspection it was noted that due to COVID restrictions, volunteers were not allowed on site. Suggestions were made to utilize staff to accomplish some form of programming. While there may be informal conversations regarding cultural issues, there is no documentation of programming occurring.

**Corrective Actions:**

**Hennepin County has a staffing compliment with great diversity. Opportunities exist to accomplish parts of this rule area utilizing staff. This can also be beneficial in relationship building with residents. More recently "A Mother's Love" Community organization has begun programming with the girls. During the inspection, the facility provided plans to add programs in the near future. It is strongly suggested that staff (JCO) be required to participate in this programming with residents. Utilizing staff for some programming is mentioned in the corrective action plan previously submitted.**

**Response Needed By: 11/28/2022**

## 8. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 9.B.. 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. B. The license holder must facilitate the resident's school attendance and homework activities.

**Inspection Findings:**

Educational services are provided by Minneapolis Public Schools on site. There is no documentation, however, that when a resident is in disciplinary room time status, that services are provided. Administration indicates that some residents are allowed to attend school while on DRT status. There is no documentation that residents who are not allowed to attend school for safety reasons are provided educational services. This has also been addressed in 2960.0050 1 (Basic Rights).

**Corrective Actions:**

**All residents, including those on disciplinary room time status should receive basic educational services. This ideally would occur by attending classes with their group if behavior is appropriate. At minimum, a teacher must be allowed and encouraged to visit them and be provided a space to give the resident assignments and direction. If the residents behavior is not conducive to this, it should be documented and the resident should be provided schoolwork to complete independently.**

**Response Needed By: 11/28/2022**

## 9. 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:**

Throughout this licensing period, the facility has not provided information or education per this rule part. This was addressed in the last inspection and plans were made to resolve this issue at that time.

**Corrective Actions:**

**This issue was not resolved following the last inspection, or the practice did not continue due to staffing changes. The facility has plans in place to have an outside agency begin providing required information and education. According to plans this should begin within the next month.**

**Response Needed By: 11/28/2022**

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10. 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 revealed that some residents in DRT are not being reviewed consistently per this rule part, and the need for continued DRT is not documented appropriately. Some reviews are completed when residents are asleep, repetitively, which does not allow accurate assessment of the need for continued DRT. There were multiple days in one case, of reviews not documented appropriately. Some of the incidents reviewed were following 2022 policy changes resulting from the submitted corrective action plan.

**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 to include the resident's behavior and processing at the time of the review. This is specifically addressed in policy. This is a repeat violation.**

**Response Needed By: 11/28/2022**

## 11. 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:**

Programming is not occurring per the requirements of this rule part. This was addressed at the time of the last inspection, however, much of the pre-covid programming was provided by volunteers who were not allowed in the facility. It was suggested that the facility utilize staff to accomplish some programming over the past two years. There are indications that some issues were addressed by the on site social worker, however, these sessions are not consistently documented.

**Corrective Actions:**

**The facility will need to incorporate regular and consistent programming into their daily schedule to address the specific issues in this rule part.**

**During the inspection, the facility presented a plan for the implementation of required programming plus art and writing class, dog therapy, community mentors and other additional services. Follow up on this issue should occur within four weeks. Some programming has begun more recently. Please report implemented programming at within that timeframe.**

**Response Needed By: 10/24/2022**

## 12. 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 revealed two checks out of time compliance without explanation that were not addressed by supervision.

Camera footage of well-being checks indicates that some staff are not observing the resident long enough to ensure safety. Some checks did not observe the resident at all in that the staff was several feet from the door while completing the checks.

**Corrective Actions:**

**Staff should receive remedial training regarding well-being checks to include the fundamental purpose for well-being/security checks.**

**This should also include proper procedure for adequate checks. These issues were addressed on the last inspection.**

**Response Needed By: 11/28/2022**

13. 2960.0550 PROGRAM CERTIFICATION APPROVAL. Subpart 4.D.. Minimum criteria for certification.

The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. The plan must include at least the following requirements: (1) regulations that are reasonable/necessary to protect the facility's security & the resident's welfare; (2) at least two hours daily of organized and supervised physical exercise and recreational activities and leisure time activities for residents, excluding time spent watching television. Organized and supervised physical exercise and recreational activities include preplanned exercise or activities that are supervised and directed by qualified or trained staff; (3) provisions for indoor space and equipment for active recreation; and (4) provisions for outdoor recreational space, equipment, and supportive staff for outdoor recreational program services.

**Inspection Findings:**

A review of daily activities and discussion with staff and residents revealed that on many days, recreation does not meet this rule part. There is a recreation schedule and residents have gym during school. Indications are that the two hour requirement is not being met, especially on non school days.

There is outdoor recreation space onsite. Usage of this recreational space is limited. It is reported that in several months, residents have had minimal access to outdoor recreational spaces. Reasons cited are mainly related to staffing shortages and location of the outdoor space.

These violations cover 2960.0270 B & D under Detention Certification. All areas of recreation requirements are considered out of compliance or partial compliance with concerns. They may not show on this report due to redundancy.

**Corrective Actions:**

**There must be a minimum of two hours of recreational activities (one hour of pre planned, staff directed large muscle activity and one hour of pre-planned, scheduled, staff directed leisure activities; or two hours of large muscle) Unstructured time in the living unit does not meet this requirement.**

**Create or follow a current schedule, that is in compliance with this rule part. It is suggested that if possible, large muscle recreation is not split into two half hour blocks of time. School physical education can be counted as one hour on school days. The facility has a very nice weight room, however, many staff are not trained to use this. Leisure activities can include games, projects, game room activities, etc.**

**The rule does not dictate how often residents must be allowed outdoor recreation, however, lack of access to outside activities is not conducive to a healthy environment. Every effort should be made for each resident to have some access to outside recreation at least once weekly.**

**Response Needed By: 11/28/2022**

**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 14**

1. 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:**

C. The facility does not complete an initial case plan.

G. Some residents had insufficient footwear and damaged clothing.

I. Educational services are not consistent when residents are on Discipline room status.

K. There are reported incidents throughout this licensing period of at least one resident not provided the opportunity to shower daily during DRT. Some residents reported not having shampoo/conditioner on a daily basis.

**Corrective Actions:**

**C. It is recommended that a minimal case plans outlining basic expectations and potential restrictive procedures are completed at intake. This was addressed in the last inspection and a minimal case plan for each resident was designed, however admissions staff indicate it is not used.**

**G. Staff must identify and resolve clothing deficits and insufficiencies. This should occur by observation or resident request.**

**I. All residents should be provided consistent educational services.**

**K. The hygiene incidents have been addressed in the corrective action plan initiated by JDC leadership previously. Ensure that residents have adequate hygiene products.**

**The facility implemented 2960 Basic Rights training as part of their earlier self-directed corrective action plan.**

**Response Needed By:**

2. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 2. License holder duties.

The license holder must provide basic services to residents and develop operational policies and procedures which correspond to the basic rights in subpart 1.

**Inspection Findings:**

Some deficits in basic residents rights have been addressed as concerns.

Details addressed in 2960.0050 1.

**Corrective Actions:**

**Ensure that all residents rights are fully understood by staff, implemented and followed. The facility has addressed this issue by adding a rule and rights specific training for staff in their earlier self directed corrective action plan.**

**Response Needed By:**

3. 2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT. Subpart 2. Outcome measures.

The license holder must ensure measurement of the outcomes of the license holder's services intended to promote the resident's development as physically and mentally healthy persons. The measurement must note the degree to which the license holder's services provided to the resident or the resident's family have been successful in achieving the intended outcome of the services offered to the resident and the resident's family. The license holder must measure the success in achieving the outcomes identified in the license holder's policy statement required by subpart 1. The commissioner of human services or corrections may require license holders to measure specific factors related to the outcomes in subpart 1.

**Inspection Findings:**

The outcome reports provided by JDC compiles data. They do not provide outcome measures or success of services provided.

**Corrective Actions:**

**Provide outcome reports that contain all the data required by this rule part.**

**Response Needed By:**

4. 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:**

This information was not provided. HCJDC does summarize events and intakes, however does not appear to evaluate the required items per this rule part.

**Corrective Actions:**

**Complete program evaluations annually which address each area indicated in the requirements of this rule part.**

**Response Needed By:**

5. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.5.. 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. A. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field. (5) The screening for sexually abusive behavior must determine if a resident is likely to have sexually abusive behavior. If the screening indicates that the resident is likely to have sexually abusive behavior, the license holder must have written risk management plans to protect the resident, other residents, staff, and the community.

**Inspection Findings:**

The screening used does not specifically address sexually abusive behavior.

**Corrective Actions:**

**Ensure that there is a screening question that determines the potential for sexually abusive behavior, specifically.**

**Response Needed By:**

6. 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:**

A review of the intake process revealed admissions staff are contacting the parent at the time of admission, however, they are not specifically documenting the extent of desired parent involvement.

**Corrective Actions:**

**Admissions or other staff must inquire and document this information per this rule part. This is part of the initial 2960 resident screening.**

**Response Needed By: 11/28/2022**

7. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 10. Exercise and recreation.

The license holder must develop and implement a plan that offers appropriate recreation for residents.

**Inspection Findings:**



There is an adequate recreation schedule including both inside and outside recreation. The schedule does not appear to be followed consistently.

**Corrective Actions:**

**Ensure that staff is following the recreations schedule and that residents are getting the appropriate amount of recreation per day. If this does not occur, reasons for the diversion should be documented.**

**Other areas of recreational services are addressed in this inspection as non-compliant.**

**Response Needed By:**

8. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.5.b.. 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). A medically licensed person must provide consultation and review of the license holder's administration of medications at least monthly.

**Inspection Findings:**

Contracted health services has an independent audit completed quarterly to identify errors. They should also be conducting monthly self-audits.

**Corrective Actions:**

**Begin conducting self-audits of the MAR and medication administration practices. Document these audits, the errors found and actions taken to avoid and correct errors.**

**Response Needed By:**

9. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 2. Basic services.

The license holder must provide services that fulfill the basic rights of a resident as identified in part 2960.0050, subpart 1. A. Basic services provided by the license holder must have stated objectives and measurable outcomes. B. License holders who do not provide a basic service in the facility must coordinate and ensure that the service is provided by the placement agency or by resources in the community. C. The license holder must meet the basic needs of the residents served by the facility.

**Inspection Findings:**

Concerns addressed in 2960.050 subpart 1.

**Corrective Actions:**

**Ensure all basic services and rights of residents are addressed consistently.**

**Response Needed By:**

10. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 5.D.. 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. D. The license holder must meet the following requirements for the use of time out: (1) time out must be used as a nonemergency behavior management technique which is used to intervene in a resident's undesirable behavior and to allow the resident to reflect and become calm before returning to ongoing activities at the facility; (2) time out must be used under the direction of a mental health professional, the facility director, or the program manager; (3) the use of time out must be consistent with the resident's treatment plan; (4) staff must escort a resident to an unlocked room or other separate living space in the facility that is safe; (5) staff must assess the resident in time out at least every 30 minutes and determine when the resident may return to ongoing activity at the facility; (6) staff must have completed at least the following training before they use time out with a resident: (a) the needs and behaviors of residents; (b) building relationships with residents; (c) alternatives to time out; (d) de escalation methods; (e) avoiding power struggles with residents; and (f) documentation standards for the use of time out; (7) the treatment team must include and document the review of the use of time out for each resident during the review of the resident's treatment plan; and (8) staff must document the use of time out in the resident's record and include the information in units (a) to (d): (a) the factors or circumstances which caused the need for the use of time out; (b) the resident's response to the time out; (c) the resident's ability to de escalate during the time out procedure; and (d) the resident's ability to maintain acceptable behavior after the time out.

**Inspection Findings:**

The facility administration indicates that time out is not used due to not having an unlocked area for residents to go. However, residents describe incidents of being sent to their rooms for periods (not normally scheduled time or bedtime), not resulting in disciplinary room time. As a behavioral intervention, time out is appropriate, however, must be documented and utilized in accordance with the rule.

**Corrective Actions:**

**Confirm that time out is not used without appropriate documentation. Consider implementing a plan in which time out can be used instead of DRT, within the parameters of the rule.**

**Response Needed By:**

11. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 11. Emergencies.

The license holder must develop a written emergency plan with procedures for the protection and evacuation of all persons in the case of fire, explosion, flood, tornado, or other emergencies. In addition, the emergency plan must provide for immediate and effective action in the event of hostage incidents, escape and escape attempts, suicide and attempted suicide, any illness or accident considered an emergency, power failure, major resident disturbances, assaults, and outbreaks or epidemics of contagious disease.

**Inspection Findings:**

The facility has an emergency plan in policy. During the inspection process it was revealed that fire drills have not been conducted/documented in at least a year. There is a fire inspection due which will address this issue in greater detail.

**Corrective Actions:**

**Begin immediately conducting and documenting fire/emergency drills.**

**Response Needed By:**

12. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 10. Administrative review.

The license holder must complete an administrative review of the use of a restrictive procedure within three working days after the use of the restrictive procedure. The administrative review must be conducted by someone other than the person who decided to impose the restrictive procedure, or that person's immediate supervisor. The resident or the resident's representative must have an opportunity to present evidence and argument to the reviewer about why the procedure was unwarranted. The record of the administrative review of the use of a restrictive procedure must state whether: A. the required documentation was recorded; B. the restrictive procedure was used in accordance with the treatment plan; C. the rule standards governing the use of restrictive procedures were met; and D. the staff who implemented the restrictive procedure were properly trained.

**Inspection Findings:**

The facility completes a detailed incident review of each critical incident using restrictive procedures. These reviews contain valuable information for training and debriefing. While these reviews address the requirements required by this rule part, each item is required is not documented. Additionally, due to the amount of detail reviewed in these reviews, many are not completed within the required three day period.

**Corrective Actions:**

**Complete an administrative review of the restrictive procedure utilized that includes the following: A. the required documentation was recorded; B. the restrictive procedure was used in accordance with the treatment plan; C. the rule standards governing the use of restrictive procedures were met; and D. the staff who implemented the restrictive procedure were properly trained. This can be conducted independently of the full incident review and should be completed with three days.**

**Response Needed By:**

13. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 11. Review of patterns of use of restrictive procedures.

At least quarterly, the license holder must review the patterns of the use of restrictive procedures. The review must be done by the license holder or the facility's advisory committee. The review must consider: A. any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of restrictive procedures; B. any injuries resulting from the use of restrictive procedures; C. actions needed to correct deficiencies in the program's implementation of restrictive procedures; D. an assessment of opportunities missed to avoid the use of restrictive procedures; and E. proposed actions to be taken to minimize the use of physical holding and seclusion.

**Inspection Findings:**

The purpose of the review is improving practices and identifying deficiencies in restrictive procedures usage. The reviews provided statistics, however, do not include a thorough review with deficiencies identified.

**Corrective Actions:**

**Complete these reviews in accordance with this rule part.**

**Response Needed By:**

14. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 8. Disciplinary room time use.

Disciplinary room time must be used only for major violations and be used according to the facility's restrictive procedures plan. In addition to the restrictive procedures plan requirements in subpart 2, the license holder who uses disciplinary room time must meet the following requirements: A. the license holder must give the resident written notice of an alleged violation of a facility rule; B. the license holder must tell the resident that the resident has a right to be heard by an impartial person regarding the alleged violation of facility rules; and C. the license holder must tell the resident that the resident has the right to appeal the determination made by the impartial person in item B internally to a higher authority at the facility.

**Inspection Findings:**

In two of the reviewed cases there were missing written notices of violation. Written notices do not contain specific violation information. There is also only electronic evidence of B & C of this rule part.

**Corrective Actions:**

**Ensure that each resident has written notice of specific violations. Each resident should sign an acceptance of the violation/consequence and notification of the ability to appeal. Currently the documentation is electronic and entered by staff/supervisors. This conflicts with 2022 HCJDC policy.**

**Response Needed By:**

## INSPECTION COMMENTS

The Hennepin County Juvenile Detention Center biennial inspection was completed on September 19 - 23, 2022, using Minnesota Rules, Chapter 2960, governing juvenile 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 and Marcia Sparrow, Juvenile Inspectors, 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, 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, this review will continue and policy deficits, if they exist will be identified and addressed. HCJDC implemented policy updates related to the 2960 Rule in 2022.

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.

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Comments:

1. There were significant improvements in physical plant cleanliness and general appearance as compared to the last inspection.
2. The facility has implemented a capital improvement project consisting of adding protective barriers to the upper tiers in the living units for enhanced resident safety.
3. Over the past year, leadership has identified multiple areas of operational/2960 rule deficits and has implemented and are working on a corrective action plan.
4. Training has been added/improved; core correctional practices, enhanced 2960 training and other relevant subjects have been added to assist in the development of new staff.
5. The facility reports that a large majority of their correctional staff are new hires. This is positive, however, also creates experience challenges.

## Concerns not noted in formal inspection:

1. Much of the training is completed with adult facility new hires. This includes restrictive procedures. It is strongly suggested that Hennepin County JDC separate from ACF training. Consider training JDC staff in Controlled Force, which is becoming an industry standard and best practice.
2. It is strongly suggested that the facility train select staff from each shift in Crisis Intervention Techniques, implementing a "Crisis Response Team" specifically trained in enhanced de-escalation skills. Based on incidents reviewed over the past two years, a well-trained team to assist staff in critical incidents could enhance safety for both staff and residents. Enhanced crisis intervention training was mentioned in the last inspection.
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. This was suggested in the last inspection.
4. It is suggested that outgoing mail drops in units be moved to a location more conducive to resident privacy and that grievance forms be placed near the grievance box.
5. Over the past two years, HCJDC has experienced changes in the duration of detention. Their average stay has increased significantly for some residents. This has created difficulty in providing some services, especially complex mental health cases. It is suggested that a more significant case plan be created (potentially by facility social workers) for residents who are expected to exceed 30 days (or an amount of days to be determined based on individual situations).
6. The assignment of a specific unit staff to each resident for general questions, concerns and discussion/mentoring would be valuable in enhancing staff/resident relationships.
7. As addressed in the HCJDC corrective action plan, continue to review disciplinary room time practices. Track and evaluate average length of DRT days/hours served by residents over the next 90 days and submit to the Inspections and Enforcement Unit. While time limits in DRT are not specifically governed by the rule, facilities across the state have been actively modifying DRT practices to reflect less time served in most situations, equating to hours, not days or shifts. HCJDC policy language should be revised to reflect hours versus shifts. It should be noted, that there were several recent incidents reviewed that included violations which could have resulted in DRT for residents, and did not. A pattern of recent DRT instances were reviewed and the times served appeared to be significantly less than, older incidents reviewed, which is suggestive of a change in practice.

8. Incident review and discussions throughout this licensing period are suggestive of some employees either lacking knowledge and experience as to maintaining control and providing adequate supervision in units and/or the ability to intervene and avoid critical incidents through de-escalation.

Over the past year there have been areas of non-compliance with licensing standards which were self-identified by HCJDC. Many of which were areas of concern in the last inspection. HCJDC leadership appears to be taking these seriously and some deficits have been addressed and resolved. This inspection covers the past two years, therefore the deficits previously identified/corrected and applicable to the 2960 rule, as well as additional deficits identified through this inspection, will be addressed. There is a new superintendent beginning employment and this appears to be a positive step for the facility moving forward. During the inspection there were positive conversations regarding corrections made and continued deficits. HCJDC leadership is amenable and appears desirous of continued improvement to enhance operations and services. Hennepin County JDC will be on an annual inspection schedule until further notice.

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.

#### JJDPA Compliance

On September 19, 2022, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit, was conducted at the Hennepin County Juvenile Detention Center. Secure detention data was reviewed from October 1, 2021, to September 19, 2022. One hundred percent of the data, consisting of six hundred nineteen (619) intakes, was reviewed.

Deinstitutionalization of Status Offenders (DSO) is one of four core requirements of the JJDP Act and was a focus of the data review.

Two (2) federal compliance violations of the JJDP Act were identified.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature: *Monaie Hebert*