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
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

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:** Marcia Sparrow – Detention Facility Inspector **Inspected on:** 10/23/2023 to 10/26/2023

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: Assistant Superintendent Catie Blake; Assistant Superintendent Eric Finley; Superintendent Dana Swayze

Issued Inspection Report to: Assistant Superintendent Catie Blake; Assistant Superintendent Eric Finley; Superintendent Dana Swayze; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	307	8

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 10/01/2023 **Ends On:** 09/30/2024 **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: 8

1. 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:

There were 166 grievances reviewed. Of those, 12 were responded to past the five day response time requirement. Two grievances had no response noted.

Corrective Actions:

Ensure that all grievances are addressed/responded to within the five day requirement.

Response Needed By:

2. 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:

Of 166 grievances reviewed, there were five with responses indicating that there was discussion with the resident, however no additional information or resolution noted. There were six that restated what the resident had indicated in the grievances without confirmation of explanation of resolution.

Corrective Actions:

Ensure that all grievances include a description of the explanation or resolution in response to the resident's grievance.

Response Needed By:

3. 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 recently began utilizing formal time out as a short term behavioral intervention. Of the seven client files reviewed there were three incidents in which the following documentation was inadequate/missing; (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. In one case, the incidence of time out was assigned a timeframe of 10 minutes. Time out rules do not allow for a time assignment as the time out ends when the resident has the ability to behave appropriately. Training associated with time out appears to be consistent with this rule part.

Corrective Actions:

Ensure that time out is only used as a short term behavioral management tool, is documented appropriately and contains all elements of this rule part. Ensure that staff does not assign a specific time frame to "time out."

Response Needed By:

4. 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:

Facility policy 01-04 which has been approved by DOC, indicates annual review of policies and procedures required. Multiple Hennepin County JDC policies have not been reviewed since 2020 or before.

Policy 06-01 refers to disciplinary room time for minor violations of 0 - 60 minutes. Per 2960.0710 Subp. 8, DRT can only be used for major violations. The facility indicates they do not use DRT for minor violations and there were no found incidents of DRT being utilized for minor violations.

Corrective Actions:

Review and update all 2960 policies and submit to Department of Corrections. It should be noted that DRT rules will be revised in January 2024 to end the practice of DRT, therefore revisions regarding DRT should be consistent with the new rule.

Response Needed By:

5. 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:

A review of seven client files revealed that in two incidents of disciplinary room time, the required eight hour review was not completed within the required time frame. In five of the client files with multiple DRT incidents, the need for continued DRT was not adequately documented. Both areas have improved since the last inspection. It should be noted that this rule part/statute will be revised to exclude DRT in 1/2024. This is a repeat violation, with improvements.

Corrective Actions:

Ensure that eight hour reviews are completed on time and contain information regarding the need for continued DRT.

Response Needed By:

6. 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:

In a review of seven resident files and 35 incidents requiring administrative review, there was one incident of a review conducted at 17 working days and one incident of a missing review.

Corrective Actions:

Ensure that administrative reviews of restrictive procedures are conducted within three working days.

Response Needed By:

7. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 7. Use of mechanical restraints.

Mechanical restraints are a behavior management device which may be used only when transporting a resident or in an emergency as a response to imminent danger to a resident or others and when less restrictive interventions are determined to be ineffective. A facility that uses mechanical restraints must include mechanical restraints in its restrictive procedures plan. The emergency use of mechanical restraints must meet the conditions of items A to J: A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the mechanical restraint used is the least intrusive intervention that will effectively react to the emergency; C. the use of mechanical restraint must end when the threat of harm ends; D. the resident must be constantly and directly observed by staff during the use of mechanical restraint; E. the use of mechanical restraint must be supervised by the program director or the program director's designee; F. mechanical restraint may be used only as permitted in the resident's treatment plan; G. as soon as it may safely be done, but no later than 60 minutes after initiating the use of a mechanical restraint, staff must contact the facility's program director or the program director's designee to inform the program director about the use of a mechanical restraint and to ask for permission to use the mechanical restraint; H. before staff uses a mechanical restraint with a resident, staff must complete training in the use of the types of mechanical restraints used at the facility; I. when the need for the use of mechanical restraint ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; and J. the staff person who used mechanical restraint must document its use immediately after the incident concludes. The documentation must include at least the following information: (1) a detailed description of the incident or situation which led to the use of the mechanical restraint; (2) an explanation of why the mechanical restraint chosen was needed to prevent an immediate threat to the physical safety of the resident or others; (3) why less restrictive measures failed or were found to be inappropriate; (4) the time when the use of mechanical restraint began and the time when the resident was released from the mechanical restraint; (5) in at least 15 minute intervals during the use of mechanical restraints, documentation of the observed behavior change and physical status of the resident that resulted from the use of mechanical restraint; and (6) the names of all the persons involved in the use of mechanical restraint and the names of all witnesses to the use of mechanical restraint.

Inspection Findings:

In a review of seven client files, there were two incidents of the use of mechanical restraints lacking the following information:

One incident failed to identify the time that the mechanical restraint was removed.

One incident and review failed to identify what less restrictive measures were attempted and why those failed.

Corrective Actions:

The facility has forms to document this information. Ensure that staff documents this information in the forms consistently.

Response Needed By:

8. 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 a review of seven client files with 35 incidents of RP use, there was one missing written notice of violation. In this case, the resident charges were dropped due to the missing notice, however, this resident spent the day in his room. Others involved in the same incident received the notices.

Corrective Actions:

Ensure that each resident receives notification of violation as part of their due process. While this process will be changing with rule revision in 1/2024, residents should not be in their room for extended periods of time related to behavior without a notice of violation and full due process.

Response Needed By:

Chapter 2960 - Mandatory Rules In Compliance With Concerns Total: 1

1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 4.A.. Inventory and handling of resident property.

The license holder must inventory the resident's personal property, including clothing, and have the resident and the license holder sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The license holder must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's treatment plan. The license holder must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.

Inspection Findings:

A review of property inventory processes revealed that in most cases two staff are signing the property inventory sheet rather than a staff and the resident. It appears this is a result of recent change to electronic signatures and difficulty obtaining resident signatures at times.

Corrective Actions:

Ensure that resident signatures are obtained on property inventory sheets. If unable to obtain resident signature, ensure there is documentation indicating the reason for utilizing two staff signatures.

Response Needed By:

INSPECTION COMMENTS

The Hennepin County Juvenile Detention Center annual inspection was completed on October 23-26, 2023 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 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, which included areas of the facility including intake, medical, 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 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.

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

The facility will remain on annual inspections.

Hennepin County has the right to request reconsideration of this correction order. Under Minnesota Statutes Section 241.021 subdivision 1e, any request for reconsideration does not stay any provision of this order. A request for reconsideration must:

- Be in writing;
- Be sent by certified mail to the Commissioner and postmarked no later than 30 calendar days after receipt of this order;
- Specify the parts of the order that are alleged to be in error;
- Explain why the violation is in error; and
- Include any supporting documentation to show why the order is in error.

Failure to follow these requirements will result in the loss of the right to request reconsideration. The timeline to seek reconsideration begins upon receipt of this order. Please send any request for reconsideration to:
Commissioner, Department of Corrections
ATTN: Inspection and Enforcement Unit
1450 Energy Park Drive, Suite 200
St. Paul, MN 55108

JJDPA Compliance

Secure detention data was reviewed from October 1, 2023, to October 23, 2023; this revealed no violations in JJDPA Compliance during that period.

Report completed By: Marcia Sparrow – Detention Facility Inspector **Signature:** Marcia Sparrow