



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:

Northwestern Minnesota Juvenile Center

Address: 1231 Fifth Street, Bemidji, MN 56619

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Detention Facility Inspector

Inspected on: 07/27/2020 to 07/30/2020

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

Officials Present During Inspection: Superintendent Mindy O'Brien

Officials Present for Exit Interview: Superintendent Mindy O'Brien

Issued Inspection Report to: Superintendent Mindy O'Brien; Regional Manager Sherry Hill

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	315	0

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 09/01/2020 **Ends On:** 08/31/2022 **Facility Type:** Secure/Non-Secure Juvenile Residential/Detention Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 08/31/2021

Delinquent Juvenile Hold Approval: Not Applicable

Certificate Holder: Northwestern Minnesota Juvenile Center
PO Box 247
Bemidji, MN 56619

Special Conditions: None.

Approved Capacity Details **Operational Capacity is calculated as a percent of Approved Capacity beds.*

Bed Type	Gender	Approved Capacity	%Operating Capacity	Operational Capacity	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Interchangeable non-secure residential/detention	Coed	24	100	24.00	0	0	Unit Name: Non-secure detention.	None.
Interchangeable secure residential/detention	Coed	16	100	16.00	0	0	Unit Name: Secure detention.	None.
Non-secure residential	Coed	25	100	25.00	0	0	Unit Name: Residential.	None.

RULE COMPLIANCE DETAILS**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 1**

1. 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:

There is a process for resident grievances that is adequate in that they are received by the appropriate chain of command. However, the grievances must be handed directly to staff.

Corrective Actions:

Consider using your suggestion boxes already on units for grievances as well, and check them daily.

Response Needed By:**INSPECTION COMMENTS**

The Northwestern Minnesota Juvenile Center's biennial inspection was completed on July 27-30, 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, Group Residential, Secure, Detention, Corrections and Restrictive Procedures. This inspection was conducted by both of the Inspection and Enforcement Unit, Juvenile Inspectors.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, gym/recreation areas and classrooms for the three program areas; secure detention, nonsecure detention and residential programming.

The inspection also included discussions with multiple staff, supervisors, direct care staff, training coordinator, nursing staff and administration, as well as discussions with and observation of staff interactions with residents. Documentation review included staff personnel 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 each of the individual programs.

The following comments and concerns are a result of the inspection. While these may not be specific rule violations, these are areas that provided constructive feedback to help address potential facility issues.

Comments:

1. The facility response to COVID-19 follows CDC guidelines and included masks for residents and staff, ample amounts of hand sanitizer, temperature checks and an area for all entering to wash hands prior to entry into the facility. The accommodations for quarantined youth (either positive or pending test results) and personal protective equipment for staff is good.
2. Many staff remaining from prior administration who were resistant to rule adherence are no longer employed resulting from voluntary or involuntary separation. There are many new supervisory staff who appear to be eager to improve programming and open to continuous improvement.

3. The Training Coordinator is a newer addition to the team and is knowledgeable about the facility, orientation trainings and annual staff training requirements. He is an experienced educator and teaches part time at the local university as well. He was open to training modifications and suggestions. This trainer has recently become involved in an in depth national facilitator training specifically designed for mental health in juvenile justice, and he plans to integrate this into his required training for all staff. This staff improvement is evidence of the facility's commitment to continuously improving the quality of staff and services.
4. Many areas of the facility have been freshly painted, including the secure detention area, which was of concern during last inspection. New furnishings (beds, dressers, desks) have been ordered. Concerns with worn towels, linens and mattresses were resolved and replaced on site. New carpet is scheduled to be installed prior to receipt of new furnishings.
5. Administration staff is proactively working on discipline room time procedures to minimize the amount of time residents are spending on that status.
6. They have added multiple outdoor spaces, including gardens, for outdoor activities and staff are sharing their own hobbies and interests with residents. They have invested a significant amount of financial resources in outdoor equipment, such as kayaks, snowshoes, and other items designed for physical activity. Residents are utilizing this equipment during organized recreation.

Concerns not noted in formal inspection:

1. Consider requiring staff to complete more detailed, frequent checks of rooms to avoid graffiti build up. Also consider more detailed regular cleaning of laundry areas and equipment.
2. Consider the possibility of a 3rd party medical provider to accomplish 24 hour accessibility for medical assessment and consultation. This would also alleviate staff handling of resident and potential medication errors.
3. Consider offering incentives to staff for completing a college degree. There are multiple staff who began working during their college years, and have not completed their degrees. While it is a positive to have retained those staff and provided ample opportunity for advancement for good employees without degrees, degreed individuals in leadership positions lends creditability to professionalism of the program.
4. Consider revising the grievance process; utilize the existing drop boxes on the units for resident grievances and avoid having residents hand them directly to staff.

Overall, the inspection went very well. There were great discussions with all unit supervisors and administrators. All appear to be appreciative of feedback and motivated to take actions necessary for continued positive improvement. This is the first inspection at this facility with zero rule compliance issues/violations since the implementation of 2960 (July 1, 2005). This is a great accomplishment and evidence of the hard work and dedication of administration and all staff at Northwestern Minnesota Juvenile Center.

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**FEDERAL COMPLIANCE MONITORING INFORMATION**

Northwestern MN Juvenile Center has 17 secure detention beds (coed).
All intake data was reviewed from October 1, 2019 to July 28, 2020.

No Federal Compliance violations were found in data reviewed. LB

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature: 