



## 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 NW, Bemidji, MN 56619

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

**Inspection Type:** Biennial **Inspected By:** Stephanie Kantola – Detention Facility Inspector **Inspected on:** 09/18/2024 to 09/20/2024

**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

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	311	5

### TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 09/01/2024 **Ends On:** 08/31/2026 **Facility Type:** Secure/Non-Secure Juvenile Residential/Detention Facility

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 08/31/2025

**Delinquent Juvenile Hold Approval:** Not Applicable **Certificate Holder:** Northwestern Minnesota Juvenile Center  
PO Box 247  
Bemidji, MN 56619

#### Special Conditions:

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

Bed Type	Gender	Approved Capacity	Effective Date	%Operating Capacity	Operational Capacity	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Detention Services	Coed	16	7/27/2002	100	16.00	0	0	Unit Name: Secure detention.	
Group Residential Services	Coed	24	7/27/2002	100	24.00	0	0	Unit Name: Non-secure detention.	
Restrictive Technique Services	Coed	25	7/27/2002	100	25.00	0	0	Unit Name: Residential.	

**RULE COMPLIANCE DETAILS****Chapter 2960 - Mandatory Rules Not In Compliance****Total: 5****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 five license holder's resident files revealed that three of the files did not have resident property inventory in compliance with this Rule (ex. signatures missing on inventory sheets).

**Corrective Actions:**

**Effective immediately the facility must adhere to MN 2960 Rule regarding handling of inventory of resident's personal property.**

**Response Needed By:****2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.A.4.. Resident and family grievance procedures.**

A. The written grievance procedure must require, at a minimum, that: (4) a person filing a grievance must receive a response within five days.

**Inspection Findings:**

A review of the license holder's grievance reports revealed that five of the grievances reviewed for the Residential unit were not in compliance with this Rule as they were beyond the response time of 5 days.

**Corrective Actions:**

**Effective immediately the facility must be in compliance with MN Rule 2960 regarding grievances.**

**Response Needed By:****3. 2960.0140 QUALITY ASSURANCE, IMPROVEMENT, AND PROGRAM OUTCOMES. Subpart 1. Resident and family satisfaction survey.**

A. The license holder may ask the commissioner of human services or corrections for permission to use a random sample of residents, parents, and guardians. At a minimum, the license holder must attempt to survey each released resident, the resident's parents or legal guardians and custodians, and the referring agency regarding the license holder's satisfaction with the services in subitems (1) to (7): (1) daily care and support of the resident during the resident's stay, including recreation, food, sleeping accommodations, general care, and emotional support of the resident; (2) the accuracy, usefulness, and appropriateness of the screening and assessment of the resident's physical and emotional well being and functioning; (3) provisions for the resident's safety; (4) support of the resident's regular and special education, related services, and support for implementing the resident's individual education plan; (5) support of obtaining needed medical, dental, mental health, and other services identified in the resident's screening and assessments or otherwise observed or reported by staff or other persons involved with the resident's care; (6) the positive and negative effects on the resident and the resident's family of the treatment offered to the resident, such as mental health, chemical dependency, or sex offender treatment; and (7) support of family and community reintegration, if appropriate. B. The results of each resident's survey must be available on file in the facility for review for at least two inspection cycles.

**Inspection Findings:**

A review of the license holder's surveys revealed multiple subitems from this Rule missing from the surveys.

The following lists the subitems missing from each survey:

- Court/placing agency survey is missing the following subparts; part of 5 and all of 6
- Parent/guardian survey is missing the following subparts; 2, part of 4, 6, 7
- Client survey is missing the following subparts; 1, 2, part of 4, 6, 7

**Corrective Actions:**

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**Within 30 days of receipt of this report, the facility must develop surveys compliant with MN Rule 2960. The facility must send them to DOC Inspector on the assigned response date. Once approved, the surveys must be immediately implemented.**

**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:**

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

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must submit all required policies that were not available and were identified with the superintendent as missing from the license holder's policy and procedure manual.**

**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:**

A review of nine different time checks of a random sample of staff at a random sample of times of the license holder's camera footage showing the license holder's staff endeavoring well being checks in the secure unit revealed that six of the checks being performed were not effective well being checks. The well being checks were reviewed by inspector and secure unit director and secure unit supervisor. All present were in agreement on the checks not being effective well being checks due to the minimal time spent doing the check, there was not enough time spent on the check to perform assessment of well being on the youth.

**Corrective Actions:**

**Within 30 days of receipt of this report, the license holder must retrain staff on the importance of accurate well being checks. It is recommended that the license holder implement an internal audit system to ensure the well-being checks meet all requirements of Rule 2960. The license holder's staff are to continue to complete audits and address deficits and complete proper well being checks.**

**Response Needed By:**

**INSPECTION COMMENTS**

The Northwestern Minnesota Juvenile Center's biennial inspection was completed September 17-19, 2024. Sections of MN Rule 2960 that are applicable to the units are as follows: Secure-Group Residential Setting, Correctional Services, Secure Services, Restrictive Techniques, Detention Services; Non-Secure-Group Residential Setting, Restrictive Techniques, Detention Services; and Residential-Group Residential Setting, Correctional Services, Restrictive Techniques.

This inspection visit consisted of a physical plant safety and security inspection. The inspection included discussions with multiple staff, supervisors, direct care staff, training coordinator, youth at the facility, and administration. The inspection included reviews of a random sample of staff files, a random sample of youth files, policy and procedure manual, and other documents.

At the inspection the topic of complying with the Group Residential certification requirements for the Secure and Non-Secure residents was discussed.

Amended 12/5/24 In previous DOC inspections the Rule was interpreted to allow facilities to not comply with the Group Residential requirements in the Secure and Non-Secure Programs unless a youth was ordered to the Group Residential Program. Effective immediately the license holder must follow all certifications and licensing requirements designating on their license.

Amended 1/24/2025 - facility has identified that not all residents in the detention unit receive group residential services. It was discussed with the facility that there must be documentation upon admission in each client file identifying which residents are admitted under group residential services.

**JJDPA Compliance**

Facility data was reviewed from September 17-19, 2024: this revealed no violations in JJDPA Compliance during that period.

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

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