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: Ramsey County Juvenile Detention Center

Address: 25 W Seventh Street, St. Paul, MN 55102

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 08/25/2020 to 09/26/2020

Inspection Method: This was an annual inspection of the Ramsey County JDC. Since I was there one year ago, also, I completed a partial inspection focusing on certain areas within the facility. The visit consisted of interviews with administration and staff, a review of employee and resident files, and other pertinent documentation.

Officials Present During Inspection: Assistant Superintendent Gwen Roulean; Superintendent Timothy Vasquez

Officials Present for Exit Interview: Assistant Superintendent Gwen Roulean; Superintendent Timothy Vasquez

Issued Inspection Report to: Assistant Superintendent Gwen Roulean; CCA Director John Klavins; Deputy Administrator Michelle Finstad; Superintendent Timothy Vasquez; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	276	265	9

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2020 **Ends On:** 06/30/2022 **Facility Type:** Secure Juvenile Detention Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2021

Delinquent Juvenile Hold Approval:

Certificate Holder: Ramsey County
160 Kellogg Blvd E Ste 9800
St. Paul, MN 55101

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	44	100	44.00	0	0	Unit Name: Juvenile Detention - 44, either.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance **Total: 9**

1. 2960.0240 PERSONNEL POLICIES. Subpart 4.C.. Personnel training.

The license holder must provide staff training. C. Employees of a long term secure detention facility who have direct contact with residents must complete a minimum of 40 hours of in service training per year. One half of the training must be skill development training. Staff of an eight day temporary holdover facility must complete 24 hours of in service training. Twenty four hour temporary holdover staff and other facility staff and volunteers must complete in service training consistent with professional licensure requirements and responsibilities and the license holder's annual training plan.

Inspection Findings:

Staff file reviews identified several longtime, fulltime staff that were missing the required training hours in 2018 & 2019.

Corrective Actions:

Create a plan for identifying staff that are late on their training hours and provide them with the necessary time to complete the required hours. You may also want to create a plan to correct this with the several current staff that are behind and assure that they complete their 2020 training hours.

Response Needed By: 10/30/2020

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:

Disciplinary Room Time (DRT) documentation failed to include the 8 hour reviews for residents.

Corrective Actions:

The 8 hour reviews must occur and be documented for the continued use of the DRT. Supervisors must be trained in this practice to assure compliance with all incidents of DRT past 8 hours in length. Create a document that allows for the review and provides the reason for the continuation of the DRT.

Response Needed By: 10/30/2020

3. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 8.B.. Exercise and recreation.

Provisions for a minimum of two hours of daily preplanned exercise or activities supervised and directed by trained staff and recreational activities and leisure time activities, excluding time spent watching television;

Inspection Findings:

While reviewing the recreation practices of the facility, it is clear that each youth has not had their two hours of recreation and leisure per day per this rule part.

Corrective Actions:

Create a weekly or monthly recreation and leisure schedule. Train staff on the significance of following said schedule, there by assuring each resident has at a minimum of 2 full hours of recreation and leisure activities per day. ALSO- documentation must also assure daily recreation and leisure for youth in DRT as well. The intention of this rule part is to expose youth to as many new and familiar recreation and leisure activities as possible. Pre planning will be the key to meeting this rule part.

Response Needed By: 10/30/2020

4. 2960.0560 PERSONNEL STANDARDS. Subpart 5. Individual staff development and evaluation plan.

The license holder must ensure that an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers correctional program services. The plan must: A. be developed within 90 days after the person begins employment and at least annually thereafter; B. meet the staff development needs specified in the person's annual employee evaluation; and C. ensure that an employee who provides, supervises, or directly administers program services has sufficient training to be competent to deliver the correctional services assigned to the employee.

Inspection Findings:

File review identified staff evaluations that were late. The lack of evaluations for some staff had not occurred and others it was because the supervisor was temporarily assigned elsewhere.

Corrective Actions:

Create a process to assure staff development and evaluation plans are conducted annually. If a supervisor is not available there should be a practice in which another supervisor completes the evaluations rather than delaying them for a year until the regular supervisor returns.

Response Needed By: 10/30/2020

5. 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:

Review of documentation showed that the administrative reviews were occurring in a timely fashion, however the reviews did not adequately cover all areas specified in this rule part.

Corrective Actions:

Create a process and plan to administratively review restrictive procedure reports and verify that all specific requirements were followed and adequately defined in the restrictive procedure reports.

Response Needed By: 10/30/2020

6. 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:

Documentation review verified that these review of patterns were occurring annually rather than quarterly.

Corrective Actions:

Conduct the reviews quarterly as required by this rule part.
Also, create/modify policy to reflect the quarterly requirement.

Response Needed By: 10/30/2020

7. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 5. Physical escort requirements.

The physical escort of a resident is intended to be a behavior management technique that is minimally intrusive to the resident. It is to be used to control a resident who is being guided to a place where the resident will be safe and to help de escalate interactions between the resident and others. A license holder who uses physical escort with a resident must meet the following requirements: A. staff must be trained according to subpart 2, item C; B. staff must document the use of physical escort and note the technique used, the time of day, and the name of the staff person and resident involved; and C. the use of physical escort must be consistent with the resident's case plan or treatment plan.

Inspection Findings:

Physical escorts may only be used according to the resident case plan or treatment plan. It was learned that none of the residents are given a treatment plan while at the JDC.

Corrective Actions:

The facility has immediately created case/treatment plans for current youth and new youth entering the facility. They will now assure that all staff are trained on the significance of this plan and will modify the plans based on the needs of the residents. This will also be added to policy and procedure.

Response Needed By: 10/30/2020

8. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 6. Use of physical holding or seclusion.

Physical holding and seclusion are behavior management techniques which are used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective. The emergency use of physical holding or seclusion must meet the conditions of items A to M: A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency; C. the use of physical holding or seclusion must end when the threat of harm ends; D. the resident must be constantly and directly observed by staff during the use of physical holding or seclusion; E. the use of physical holding or seclusion must be used under the supervision of a mental health professional or the facility's program director; F. physical holding and seclusion may be used only as permitted in the resident's treatment plan; G. staff must contact the mental health professional or facility's program director to inform the program director about the use of physical holding or seclusion and to ask for permission to use physical holding or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding or seclusion; H. before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 regarding the use of physical holding and seclusion at the facility; I. when the need for the use of physical holding or seclusion ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; J. staff must treat the resident respectfully throughout the procedure; K. the staff person who implemented the emergency use of physical holding or seclusion 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 which led to the emergency use of physical holding or seclusion; (2) an explanation of why the procedure chosen needed to be used to prevent or stop 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 the physical hold or seclusion began and the time the resident was released; (5) in at least 15 minute intervals during the use of physical holding or seclusion, documentation of the resident's behavioral change and change in physical status that resulted from the use of the procedure; and (6) the names of all persons involved in the use of the procedure and the names of all witnesses to the use of the procedure; L. the room used for seclusion must be well lighted, well ventilated, clean, have an observation window which allows staff to directly monitor a resident in seclusion, fixtures that are tamperproof, with electrical switches located immediately outside the door, and doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and M. objects that may be used by a resident to injure the resident's self or others must be removed from the resident and the seclusion room before the resident is placed in seclusion

Inspection Findings:

Physical holding may only be used according to the resident case plan or treatment plan. It was learned that none of the residents are given a treatment plan while at the JDC.

Corrective Actions:

The facility has immediately created case/treatment plans for current youth and new youth entering the facility. They will now assure that all staff are trained on the significance of this plan and will modify the plans based on the needs of the residents. This will also be added to policy and procedure. Physical holding will be used in accordance with the residents' case/treatment plans.

Response Needed By: 10/30/2020

9. 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:

Mechanical restraints may only be used according to the resident case plan or treatment plan. It was learned that none of the residents are given a treatment plan while at the JDC.

Corrective Actions:

The facility has immediately created case/treatment plans for current youth and new youth entering the facility. They will now assure that all staff are trained on the significance of this plan and will modify the plans based on the needs of the residents. This will also be added to policy and procedure. Mechanical restraints will be used in accordance with the residents' case/treatment plans when there is an imminent threat of harm to self or others.

Response Needed By: 10/30/2020

Chapter 2960 - Mandatory Rules In Compliance With Concerns Total: 2

1. 2960.0290 PHYSICAL PLANT AND EQUIPMENT CODES. Subpart 1. Equipment codes.

The facility's food service, plumbing, ventilation, heating, cooling, lighting, elevators, and other fixtures and equipment must conform to health, sanitation, and safety codes and regulations.

Inspection Findings:

The physical plant concerns are with the Secure Housing Unit. This section of the building is in need of structural repair. It is also an area that is isolated from the rest of the units and appears dark and very dreary.

Corrective Actions:

While this unit may meet the minimum standards for the rule, it is strongly recommended that the administration consider ending the use of this unit. It is not best practices to house youth in this type of environment.

Response Needed By:

2. 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:

This rule part appears to be incorporated into program at the facility, however this criteria is not found in policy.

Corrective Actions:

Create policy that supports this rule part.

Response Needed By:

INSPECTION COMMENTS

The Ramsey County Juvenile Detention Center biennial inspection was completed on August 25 & 26, 2020, using Minnesota Rules, Chapter 2960, governing juvenile facilities. Sections of the 2960 standards that are applicable to this facility include: Administrative, Secure, Detention, Corrections and Restrictive Procedures. This was the first inspection by this Inspection and Enforcement Unit, Juvenile Inspector and this was the first inspection under the new Superintendent and Assistant Superintendent at the Ramsey County JDC.

This scheduled inspection visit consisted of a physical plant -safety and security inspection. The physical plant inspection included resident living units, resident bedrooms, bathrooms, visiting/meeting/group rooms, gym/recreation areas and classrooms.

The inspection also included discussions with multiple staff, supervisors, direct care staff, training coordinator, nursing staff and administration. Documentation review included staff personal and training files, resident files, daily logs, menus, grievance documentation, well-being checks and other pertinent documentation. There was also a review of the facility policy and procedure manual, and resident handbook.

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 screenings for all residents upon admission, staff upon beginning their shift and visitors prior to entering the facility and program areas.
2. Training Coordinator was very knowledgeable about the facility, orientation trainings and annual staff training requirements. Many facilities are lacking in training requirements due to COVID-19. She described the new training tracking system that is currently being implemented. This will offer increased training for new staff.
3. The camera project is well underway and will be a wonderful addition to the facility safety and security once completed.
4. Mental Health Worker on site is a wonderful addition to services for youth in the Center.

Concerns:
1. Consider an alternative to resident lock down during staff breaks. We know that there are times throughout the day when residents are in their rooms for their own breaks and bathroom time. Have youth locked down due to a shortage of staff or for convenience, is not best practice and should be avoided. With all that is known about suicide risks, depression, anxiety and childhood trauma, we encourage you to limit this room time and get the residents out of their rooms and involved with programing, school, recreation, staff interaction whenever safely possible.
2. Current policy includes “Boys Totem Town” language. When updating and reviewing Ramsey County JDC policies, please consider removing this reference.
3. Good report writing is essential as this documentation may be review by many and retained for years. Please remind supervisors to assist new staff, and assure good report writing habits.
4. Please consider a 12 or 24 hour time limit on DRT sanctions. Anything over the 12 or 24 should be approved by the assistant director.
5. You may wish to consider resident and staff surveys on a monthly or quarterly basis as a way to provide better services to youth and a better

working environment for staff.

There are several areas of rule violations contained in this report, however, I believe that the administration at Ramsey County JDC has already begun actively correcting said violations though policy modification, documentation review and staff training. Overall I think the inspection went very well and I appreciate your willingness to collaborate solutions for violations and concerns.

We will be placing Ramsey County JDC on an annual inspection rotation at this time. The annual inspection rotation is designed to allow the Inspection & Enforcement Unit to provide additional support and technical assistance to new administrators during their first year or so in the facility.

I 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 507-382-9791.

JJDPA Compliance

Review of Federal Compliance data from October 1, 2019 to August 25, 2020 showed ZERO JJDPA violations.

Report completed By: Lisa Becking – Senior Detention Facility Inspector **Signature:** Lisa Becking