



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:

Ramsey County Juvenile Detention Center

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

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Annual **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 06/27/2022 to 06/29/2022

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 Jayme Brisch; Superintendent Timothy Vasquez

Officials Present for Exit Interview: Assistant Superintendent Jayme Brisch; Superintendent Timothy Vasquez

Issued Inspection Report to: Assistant Superintendent Jayme Brisch; 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	264	6

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2022 **Ends On:** 06/30/2023 **Facility Type:** Secure Juvenile Detention Facility

Placed on Biennial Status: No **Biennial Status Annual Compliance Form Due On:**

Delinquent Juvenile Hold Approval:

Certificate Holder: 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: 6****1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.C.. Health and hygiene services.**

The license holder must meet the conditions in items A to F. C. Maintaining stock supplies of prescription drugs at the facility is prohibited.

Inspection Findings:

The facility had 24 hour public health nursing until recently. In a 24 hour nursing staffed facility with a variance, stock medications are acceptable. The facility health services is no longer staffed 24 hours, therefore should not have stock medications with exception of Narcan and EpiPen. There is an adult facility also staffed by public health where emergency medications could be accessed, or emergency medical services can be called.

Corrective Actions:

Stock medications should be removed. The facility can request a variance if desired.

Response Needed By: 09/07/2022**2. 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:

Time out is being used frequently, however, is not utilized and/or documented per the requirements of this rule part. Time out sometimes occurs in a locked room and documentation is incomplete; time out was documented as in some instances occurring for several hours at a time.

Corrective Actions:

Retrain staff in the use of time out per this rule part to include appropriate timing and use; appropriate documentation, permissions and all other requirements of this rule part.

Response Needed By: 09/06/2022**3. 2960.0250 ADMISSION AND RELEASE POLICY AND PROCESS. Subpart 1. Personal privacy.**

Admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident and the confidentiality of the transaction from unauthorized personnel.

Inspection Findings:

The intake interview process and paperwork is completed at a staff desk in a pod with other residents in their rooms. This is not private and conversations can be heard by residents.

Corrective Actions:

Intake interviews and process must be conducted in a private area.

Response Needed By: 09/06/2022

4. 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 is inadequate. Staff inconsistently documents eight hour reviews and some staff does not document the reason for continued DRT. The documentation process is not consistent; some staff continue to utilize paper processes for documentation, while others utilize online documentation. There were several instances of missed documentation of the review and/or missed reviews. Also undocumented, was the verification that residents rights are being met (physical activity, education, hygiene). There is a place for documentation in the online system. Eight hour reviews are sometimes being done per shift, which leaves a greater than eight hour gap between some reviews.

Corrective Actions:

The eight hour reviews for DRT (greater than eight hours) must occur within each eight hour period and not leave periods of time greater than eight hours between reviews. They must include documentation for the continued use of the DRT. Documentation of basic rights being met also must be included. All staff should be documenting reviews consistently using the same documentation process (paper or online).

Response Needed By: 09/06/2022

5. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.1.. 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. (1) A resident placed in disciplinary room time prior to a due process hearing must have a due process hearing within 24 hours, unless documented cause is shown to delay the hearing. Examples of cause for delay of a due process hearing include resident requests for a delay or that a due process hearing is logistically impossible as in the case of mass disturbances.

Inspection Findings:

A review of due process practices revealed that some residents either did not have a due process hearing within 24 hours of DRT, or the hearing was not documented appropriately. Some of these issues maybe due to a system/database change.

Corrective Actions:

Each resident will have a hearing for DRT per this rule part. Hearings will be documented appropriately.

Response Needed By: 09/06/2022

6. 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 well-being check documentation and related video, revealed that some staff are conducting safety/well-being checks outside of the allotted time of 30 minutes. There are policy mandated 15 minute checks in the behavioral unit which were missed completely. Documentation is inconsistent; some staff utilizing paper documentation and some utilizing electronic documentation, creating difficulty in confirming checks. In some cases, staff began the check at exactly 30 minutes, not allowing enough time to complete checks within 30 minutes for each resident. There were some well-being checks that appeared inadequate to ensure resident safety.

Corrective Actions:

Use a consistent method for documenting checks. Retrain staff struggling to meet the time and quality expectations of well-being checks. Ensure that supervisors are reviewing well-being check documentation and video regularly and documenting those audits. Design a process for addressing staff struggling to meet expectations.

Response Needed By: 09/06/2022

Chapter 2960 - Mandatory Rules In Compliance With Concerns**Total: 6****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:

Most staff was compliant with required training. There were some staff who were deficit, and this deficit is attributed to lack of availability during the past two years of the COVID 19 pandemic. The facility was non-compliant in their last inspection.

Corrective Actions:

Ensure that all staff is compliant with training requirements per this rule part. The facility appears to have an effective process for identifying and addressing staff deficits in training.

Response Needed By:**2. 2960.0260 CLASSIFICATION AND SEPARATION OF RESIDENTS. Subpart 2. separation of residents by gender.**

There must be complete separation of living and sanitation facilities to the extent necessary to ensure a resident's privacy from residents of the opposite gender. Gender appropriate program services must be provided to male and female residents separately when possible.

Inspection Findings:

At the time of the inspection, there was a female and two males in the Secure Housing Unit. While there may have been limited or no visibility to one another, all residents share the same bathroom.

Corrective Actions:

Ensure the housing of residents per this rule part. The facility began to resolve this issue during the inspection.

Response Needed By:**3. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 14.A.. Housekeeping, sanitation, and plant maintenance.**

The license holder must meet the requirements of items A to C. A. The facility and all buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair and maintained to protect the health, comfort, safety, and well being of residents and staff.

Inspection Findings:

Housekeeping practices are inadequate in some areas of the facility. Residents have been eating in their rooms due to COVID which created some cleanliness issues. Resident rooms are covered in gang related graffiti throughout the units, in resident rooms on the walls. In some cases there was garbage on the floor of the unit. In the behavioral unit, it was clear the shower had not been cleaned as there were dozens of used paper shampoo cups on the ground. There were light bulbs that needed replacing in various areas. There is a staff room check list that is to be filled out. It was unclear whether this was being done. Maintenance appears very slow at fixing/replacing items, including light bulbs.

Corrective Actions:

Implement a process of room checks in which staff must sign off daily on pod and room cleanliness. Supervisors will monitor this process and complete checks in each unit frequently. The standard should be set and enforced by unit staff and supervisors. There are restrictions with building maintenance for replacement of lightbulbs and minor maintenance items. There should be a process for fixing minor maintenance items, such as replacing light bulbs, exclusive of waiting for maintenance personnel.

Response Needed By:**4. 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:

The recreation schedule reflects time for activities. Physical activities appear to be preplanned and staff directed. Leisure activities do not appear to be preplanned or staff directed. There are scheduled times labeled "Pod Time," in which leisure activities may occur, however this does not appear to be structured and often may include television. Some residents indicate they are not always allowed to go to the gym during their recreation time due to scheduling proximity to showers and evening activities.

Corrective Actions:

Create a weekly or monthly recreation and leisure schedule. Train staff on the significance of following that schedule to ensure that each resident has at a minimum of two full hours of recreation and leisure activities per day. There must be documentation indicating daily recreation for youth in DRT as well.

Response Needed By:

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:

Administrative reviews of restrictive procedures are taking place and are comprehensive, however, not all of the required information is included per this rule part. Following the last inspection the documentation process was revised. The documentation continues to lack some of the required information.

Corrective Actions:

Revise the document to include all required information per this rule part: 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. Additionally, ensure that an administrative review takes place for all restrictive procedures usage covered under the RP certification.

Response Needed By:

6. 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:

When the conversion to the CSTS system occurred, all documentation of violations became electronic. Thus, residents have not been receiving written notice of their violations.

Corrective Actions:

Residents will be given written notice of their violation per this rule part.

Response Needed By: 09/06/2022

INSPECTION COMMENTS

The Ramsey County Juvenile Detention Center biennial inspection was completed on June 26 - 28, 2022, 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 conducted by this inspector.

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 staff, supervisors, training coordinator, nursing staff and administration. Documentation review included staff personal and training files, resident files, daily logs, menus, grievance documentation, well-being checks, Disciplinary room time/due process 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. There are many improvement projects underway, to include new security camera systems and improvements to an area that will be used for visiting and recreational activities.
2. There is a newly implemented training oversight that will enhance tracking and training content.

Concerns:

1. Current practice regarding COVID mitigation and quarantine is excessive. Newly admitted residents have been placed in a quarantine unit and in their rooms a majority of the time for 11 days. No testing is administered until the 9th day. This practice is unacceptable and the facility is changing this immediately. Follow up with DOC inspector within 30 days with completed resolution. The practice of all residents eating in their rooms was corrected on site. They have also decided to allow units with longer term residents choose whether they want to wear masks. Staff will continue to wear masks.
2. Consider participating in a more standardized restrictive procedures training program such as Controlled Force, to be consistent with other juvenile facilities in the state.
3. Some disciplinary room time consequences seem excessive. Consider revising your major violations and guidelines to allow more realistic consequences.
4. Ensure that all restrictive procedures covered under the RP certification are administratively reviewed.
5. Consider providing/documenting substance use education outside of the mental health practitioner to ensure compliance with the rule.
6. Consider alternatives to the use of the secure housing unit. This area is isolated and difficult to staff.

Ramsey County JDC has made improvements in many areas since the last inspection. There are some previously identified areas of continued non-compliance, as well as new areas of non-compliance.

The past two years appear to have been difficult with new administration, COVID 19, significant staffing issues and high employee turnover. Resolutions for many items discussed with administration during the inspection were already being implemented by the conclusion of the inspection.

Overall, this inspection went well. Discussions with staff and administration were positive and productive. This administration is commended for their transparency and desire for continued process improvement. Ramsey County JDC will be placed on an annual inspection cycle for the next licensing period. This will allow for additional support and technical assistance for a fairly new administration.

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 651-261-1657.

JJDPA Compliance

Review of Federal Compliance data from October 1, 2021 to June 26, 2022 showed ZERO JJDPA violations.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature:

Monaie Hebert