



# 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:** 06/20/2023 to 06/23/2023

**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 Elizabeth Reetz; Superintendent Jayme Brisch

**Officials Present for Exit Interview:** Assistant Superintendent Elizabeth Reetz; Superintendent Jayme Brisch

**Issued Inspection Report to:** Assistant Superintendent Elizabeth Reetz; Superintendent Jayme Brisch; County Manager Ryan O'Connor; Regional Manager Dayna Burmeister

## RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	276	268	5

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 07/01/2023 **Ends On:** 06/30/2024 **Facility Type:** Secure Juvenile Detention Facility

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

**Delinquent Juvenile Hold Approval:** **Certificate Holder:** 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: 5

- 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.D.. Resident screening.

A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of human services and corrections. D. The screenings must include documented inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility. The resident and resident's family response must be documented.

**Inspection Findings:**

The facility intake and case planning process is said to include conversation that addresses the extent to which a resident's family desires involvement in the resident's care and the degree to which the resident desires family involvement in their care. This information has not been consistently documented over the past year.

**Corrective Actions:**

**The case manager indicates that this is now being documented consistently. Ensure that this contact is completed and documented at intake, if possible.**

**Response Needed By: 09/07/2023**

**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 primarily by the school for disruptive residents from class. Time out documentation per this rule part was unable to be verified. There are some notations of time out in the facility and individual chronological notes, however the not all required documentation is accomplished.

**Corrective Actions:**

**Ensure that appropriate time out documentation is accomplished per this rule part. Ensure that time out documented each time a resident is sent to their room as a behavioral intervention. Rooms should be unlocked during time-out designations and staff should be present in the area.**

**Response Needed By: 09/07/2023**

**3. 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. This was out of compliance on the last inspection. The staff often completes the reviews per shift which creates periods of over eight hours between reviews. Some staff members do not adequately indicate the need for continued DRT and do not include any additional comments in the review regarding resident behavior. Additionally, although not explicit in the rule, staff should document that the resident had basic rights met during the time in DRT, preferably during the review. (Physical activity, education, hygiene). There was improvement in that all staff are utilizing the same system to document reviews completed and some of the staff members are completing excellent, comprehensive DRT reviews.

**Corrective Actions:**

**The eight hour reviews for DRT 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 should be included, if possible. Consider following up as soon as possible on reviews completed while resident is asleep, as there would be no communication with the resident during those reviews.**

**Response Needed By: 09/07/2023**

4. 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. The automated program utilized should be informing staff of a hearing due. There seems to be an issue with entry which creates an override of the notification causing hearings to be missed. There is also some concern that initially a resident is placed on DRT status, and instead of being given formal discipline, is moved to the POD designated as "behavioral" which essentially creates informal disciplinary sanctions that are not tracked effectively. This is a repeat issue.

**Corrective Actions:**

**Consider revising the process to include the initial hearing and plea as part of the notice of violation. This would eliminate a step. Allow resident to decide whether to sign the NOV with the room time or request an appeal. If considering a behavioral move, residents should still have due process, with discipline actions dropped, and be tracked and documented while being separated for behavioral reasons.**

**Response Needed By: 09/07/2023**

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 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 was at least one check logged, and not conducted and there was one which was not logged and not conducted. The facility indicates that they had proactively addressed the erroneously logged check with the employee. A more comprehensive quality control process was discussed at the last inspection, and was recently implemented.

**Corrective Actions:**

**Retrain staff struggling to meet the time and quality expectations of well-being checks. The suggestion at the last inspection was to ensure that supervisors are reviewing well-being check documentation and video regularly and documenting those audits. This is a process that has recently begun, and it appears the process is adequate to address inadequate and missed checks.**

**Response Needed By: 09/07/2023**

**Chapter 2960 - Mandatory Rules In Compliance With Concerns**

**Total: 3**

1. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 1. Basic rights.

A resident has basic rights including, but not limited to, the rights in this subpart. The license holder must ensure that the rights in items A to R are protected: A. right to reasonable observance of cultural and ethnic practice and religion; B. right to a reasonable degree of privacy; C. right to participate in development of the resident's treatment and case plan; D. right to positive and proactive adult guidance, support, and supervision; E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation; F. right to adequate medical care; G. right to nutritious and sufficient meals and sufficient clothing and housing; H. right to live in clean, safe surroundings; I. right to receive a public education; J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a case manager in accordance with the resident's case plan; K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene; L. right of access to protection and advocacy services, including the appropriate state appointed ombudsman; M. right to retain and use a reasonable amount of personal property; N. right to courteous and respectful treatment; O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03; P. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation; Q. right to be informed of and to use a grievance procedure; and R. right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as it is allowed in the correctional facility's discipline plan.

**Inspection Findings:**

The facility houses many high profile residents who are at significant safety risk if integrated with other residents. There are also several residents who struggle, due to mental health and behavioral issues. Following the last inspection, the facility discontinued the use of their "SHU" behavioral unit due to inadequate supervision and accommodations, and moved the functioning of this unit to a much larger pod. This pod houses some residents on discipline status, some on behavioral plans and some who are there for their own protection. This has resulted in some residents who are being rotated in and out individually and spend significant amounts of time in their locked room. In some cases, as aforementioned, this has been necessary for safety of the resident. In reviewing video, there were times when residents spent nearly an entire day in their room until late afternoon. There are also cases in which staff moves the resident to the unit with the intent of DRT, however, their has not been a hearing or a formal sanction given and the resident stays in the unit without appropriate documentation.

Q. Right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as it is allowed in the correctional facility's discipline plan.

**Corrective Actions:**

**The facility moving the behavioral unit to a larger area is positive. They do need to develop a way to have the residents out of their rooms more frequently in this unit. A group atmosphere should be created to the best of their ability considering safety and staffing. Staff must not use the unit to move residents for behavioral issues without appropriate documentation.**

**Response Needed By:**

2. 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:**

3. 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:**

There is some difficulty with printed documentation of specific rule violations and notices to residents due to the newer CSTS system. While residents appear to be receiving notices of violation, there is missing documentation of this occurring.

**Corrective Actions:**

**Residents will be given written notice of their violation per this rule part. This process will need to be documented.**

**Response Needed By:**

## INSPECTION COMMENTS

The Ramsey County Juvenile Detention Center annual inspection was completed on June 20 - 23, 2023, 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 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, administration and residents. 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. Since the last inspection the facility has implemented many positive changes:  
The intake area has been moved to a more private area to protect resident information.  
There has been a complete upgrade to the camera system and the facility is adding body worn cameras.  
There is a new phone system being installed that will allow residents greater access and free calls.  
The facility has added a full time activities/programming coordinator and there has been significant upgrades to facility programming for residents.
2. Residents interviewed included two of whom were interviewed during the last inspection. They indicated that programming and conditions have improved significantly since they were interviewed a year ago.

3. Suggestions during the last inspection included the participation in Controlled Force, a standardized de-escalation and restrictive procedures program that is being utilized by most juvenile facilities across the state. The facility has plans to train all staff in this process throughout the year.

Concerns:

1. Staff turnover is a consistent issue. The JDC serves as an entry point for many new staff and some transfer out once they have gained the experience to do so, creating high turnover and new hiring.
2. The facility has had management turnover. There have been two facility directors over the past three years.

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. This facility will remain on an annual inspection schedule through 2024 due to the management turnover. This will allow for additional support and technical assistance for a 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, 2022 to June 22, 2023 showed no JJDPA violations.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature:

*Monaie Hebert*