



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:

Scott County Juvenile Alternative Facility

Address: 17681 Valley View Drive, Jordan, MN 55352

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 03/16/2022 to 03/18/2022

Inspection Method: On site inspection. Physical plant inspection, resident file reviews, staff file and training record reviews, daily logs, recreation logs, staffing plans, annual facility reports, menu and other documentation reviews.

Officials Present During Inspection: Director Bob Nelson

Officials Present for Exit Interview: Director Bob Nelson

Issued Inspection Report to: Director Bob Nelson; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	311	1

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 05/01/2022 **Ends On:** 04/30/2024 **Facility Type:** Non-Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 04/30/2023

Delinquent Juvenile Hold Approval: **Certificate Holder:** Scott County
17681 Valley View Drive
Jordan, MN 55352

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	16	100	16.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 1**

1. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 8.C.. Exercise and recreation.

Provisions for indoor space and equipment for active recreation;

Inspection Findings:

There is a facility plan for development of indoor recreational space for residents. The plan has been put on hold due to COVID, and more recently, there have been discussions about the future direction of the facility which has also prevented forward movement. Most residents are allowed to access an off site recreational facility, with exception of Scott County non-secure detention residents or others as directed by placement agency. While these residents do not make up a large part of the population, there should be equal opportunity for indoor recreation.

Corrective Actions:

This facility should either move forward with their plans to construct an indoor recreation area, or revise the practice/policy preventing some residents from participating in off site indoor recreation.

Response Needed By: 06/10/2022**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 4**

1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 12. Food and nutrition.

The license holder must provide: A. a balanced diet consisting of foods and beverages that are palatable, of adequate quantity and variety, and prepared and served at appropriate temperatures to protect residents from foodborne illness and conserve nutritional value; B. a diet medically prescribed, if ordered by a resident's physician or, in the case of a pregnant resident, recommended or ordered by a prenatal care provider; and C. a diet that does not conflict with the resident's religious or cultural dietary regimen.

Inspection Findings:

Food service at this site is contracted by Trinity Food Services. There are published menus consistent with the school lunch program, however, indications are that there are frequent undocumented substitutions. Food served on the day of the inspection did not appear palatable. For instance, the vegetable served was broccoli and consisted of only cut up stems, no florets. The staff and residents indicated that the food is usually not adequate and residents often will not eat it. There have been some discussions with Trinity and they have indicated that they are attempting to develop a more child friendly menu with better quality. The school lunch program prevents JAF from offering alternatives when a child will not eat the served meal.

Corrective Actions:

Continue to follow up with Trinity management to resolve this issue. Consider alternatives to Trinity's meals when residents will not eat the food due to quality issues.

Response Needed By: 06/10/2022

2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.B.. Resident and family grievance procedures.

B. If a grievance is filed, the license holder must document the grievance along with the investigation findings and resulting action taken by the license holder. Information regarding the grievance must be kept on file at the facility for two licensing periods.

Inspection Findings:

There is a grievance policy in effect. There were only a few grievances over the past reporting period. Indications are that grievances are being addressed verbally prior to submittal, which prevents reporting on resolution and prevents the information from being utilized to improve processes. Grievance forms are not accessible for residents without requesting from staff. There is no receptacle to place once written.

Corrective Actions:

The facility should make grievance forms readily available in an accessible location for residents and have a receptacle for grievances to be submitted. Ensure that follow up is written and resolutions documented to be utilized for annual reporting and program improvement.

Response Needed By:

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:

The facility has a discipline plan consistent with this rule part. Per facility policy reviews are to occur every eight hours and includes a statement indicating that disciplinary room time may be ended at the time of review if the reviewer deems that the resident has made positive steps to change attitude and behaviors. While examining instances of DRT eight hour reviews it was revealed that during that review, there is no discussion with the resident regarding their status at that time. There is no documentation other than a signature that the review has been completed and that DRT should be continued with no indications of behavioral observation.

Corrective Actions:

An eight hour review of DRT should include, at minimum, a discussion with the resident regarding the resident's behavior and current observation of behavior. Absent this, the review is administrative only. The discussion, behavioral observation and need for continued DRT should be documented in the review.

Response Needed By: 06/10/2022

4. 2960.0570 FACILITY OPERATIONAL POLICIES AND PROCEDURES. Subpart 3. security policies and procedures.

The license holder must have security policies and procedures that include the topics in items A to K: A. control and recovery of contraband; B. delivery and service procedure; C. prohibition of firearms and other weapons in resident areas; D. search procedures; E. escort of residents outside security area; F. one half hour interval security inspection routines when residents are not under direct supervision; G. lock and key procedures; H. inspection of physical plant procedures; I. count procedures; J. weapons, tools, equipment, medications, and hazardous substances; and K. use of chemical irritants.

Inspection Findings:

This facility conducts 15 minute interval security round/well being checks. All checks were conducted within the timing per this rule part. A camera review of these checks revealed that some checks are not being conducted in a manner that would ensure resident safety at the time of the check. Indications are that some staff do not want to shine the bright flashlights (used to conduct the checks) into the room, disrupting the resident's sleep.

Corrective Actions:

Ensure that staff are completing these checks in a manner that ensures resident safety. Retrain staff on the importance of quality checks. At the time of this inspection the facility ordered red light flashlights and has reported that this has minimized the disruption to residents.

Response Needed By:

INSPECTION COMMENTS

Scott County Juvenile Alternative Facility- Sections of 2960 that are applicable to this facility include: Administrative Standards, Group Residential, Corrections, Detention, and Restrictive procedures certifications.

This inspection visit consisted of a physical plant safety and security inspection, including resident living areas, resident bedrooms, dining area, meeting/group rooms, emergency shelter area and classrooms. The inspection also included discussions with multiple staff, resident interviews, review of staff and resident files,a review of daily logs, the facility policy and procedures and other pertinent documentation.

I would like to thank you for your cooperation during this licensing visit. There were productive discussions with supervisors and all appear appreciative of constructive feedback.

Please contact me if you have any questions regarding this report or any other licensing matter. If I can be of any assistance during this transition of new leadership. I can be reached at (651) 261-1657.

JJDP A Compliance

The Scott County Juvenile Alternative Facility is nonsecure. Free egress was verified during the on site visit.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature:

Monaie Hebert