



## 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:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 07/01/2020 to 07/01/2020

**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. Interviewed all 6 youth at the program that day. Interviewed staff including supervisors.

**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	2

### TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 05/01/2020 **Ends On:** 04/30/2022 **Facility Type:** Non-Secure Juvenile Detention/Residential Facility

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 04/30/2021

**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: 2****1. 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:**

During the inspection it was learned that time-out is being used as a consequence for negative behavior rather than its intended use as a non-emergency behavior management technique. Residents are sent to time out for a specified amount of time, which is in direct conflict with the expectations of this rule part.

**Corrective Actions:**

**Policy and procedures will be modified to follow the rule requirements. Documentation forms will be modified to reflect the policy and procedure changes. Staff will be trained in the correct use of Time Out.**

**Response Needed By: 08/28/2020****2. 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:**

Out of county youth have access to a large recreational facility off grounds. Scott County youth are apparently prohibited from leaving the detention facility, thus are without adequate provisions for indoor space to burn energy and partake in large muscle exercises.

**Corrective Actions:**

**This facility needs an actual indoor recreation area for youth to use during the winter months and times of inclement weather. A half court/sports court would be most practical. Plans for correcting this have been placed on HOLD due to the pandemic 2020.**

**Response Needed By:****Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 3****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:**

At the time of the inspection youth were reporting that the food, which is sent to the facility from the jail, is not palatable. On site observation showed the menu is not being followed as posted at the facility.

**Corrective Actions:**

**Documentation for a nutritionist verifies the nutritional values of the daily menu. Residents are getting a balanced diet- according to the menu provided by the food service company.**

**Response Needed By:**

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

A. The license holder must develop and follow a written grievance procedure that allows a resident, the resident's parent or legal representative, a guardian, or a concerned person in the resident's life to make a formal complaint or suggestion or express a concern about any aspect of the resident's care during the resident's stay in the facility. The license holder and staff must not attempt to influence a resident's statement about the facility in the grievance document or during an investigation resulting from the grievance.

**Inspection Findings:**

No grievances were reported in the past year. Staff are addressing the grievance concerns before there is a need for the resident to put them in writing. This process prevents documentation of grievances and how the concerns were resolved.

**Corrective Actions:**

**If addressing grievances with residence verbally- please document the concerns and action taken. This will provide important information when correcting future issues and will provide valuable information in the annual assessment of your facility (example- document bad food or failure to follow menu- through youth grievances, use documentation to correct issues with food vendor).**

**Response Needed By:**

3. 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:**

Documented quarterly reviews of Restricted Procedures are occurring. Individuals involved should also address the number of staff or times the same staff are involved in holds and or DRT. The reviews should also be looking at the time lengths of holds and hours in DRT.

**Corrective Actions:**

**Physical holds- reviews should gather data on length of holds, staff involved in each hold and attempt to reduce the number of holds and the length of the holds. DRT- Review should include the staff involved, which staff use DRT the most, the number of DRT hours given and the number of hours served- with the goal of reducing the number of times DRT is used, reducing the number of hours given and the number of hours served. If patterns are then found- additional training and or corrective action can be used to reduce the use of DRT. More detail required.**

**Response Needed By:**

**INSPECTION COMMENTS**

Scott County Juvenile Alternative Facility- Sections of 2960 that are applicable to your facility included: 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, and review of daily logs and other pertinent documentation. Also reviewed was the facility policy and procedure manual.

The previous facility director retired last August. The replacement, Robert (Bob) Nelson, began in his new position in November 2019. While Mr. Nelson has little juvenile justice background he does bring many years of experience working with youth. He is bringing a fresh set of eyes and ideas to the facility. Mr. Nelson has already implemented weekly treatment team meetings for the residents, thus providing a better line of communication for the direct care staff working with the youth. There has been a recent schedule change to address potential COVID-19 exposure among staff. We discussed several ideas he has and how they can be fit within the licensing rules as well as ideas to expand the services for youth in the facility.

The following comments are a result of the inspection. While these are not 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 for all staff and visitors prior to entering program areas.
2. Some youth have expressed a disruption of their sleep by staff on the overnight well-being checks. They report staff shining flashlights directly into the face/eyes of youth while they are sleeping. Please remind overnight staff that while we do want to assure they are conducting a thorough well-being check, we also want to be mindful and not disrupt the residents' sleep.
3. 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.
4. It is reported that some staff are attempting to use sarcasm as a way to joke with youth in an attempt to build rapport. The perception of the youth is that staff are being disrespectful and mocking them. Please consider additional training in the area staff relationship building with residents.
5. The use of the term "Umbrella Rule" was found in several policies and used in documentation. Please remove this term for all areas of your Policy and Procedure manual. It is a term that was used 15 years ago with the implementation of the Children's Residential Facility Rule 2960, July 1, 2005- and has not been used in over a decade.

I would like to thank you for your cooperation during this licensing visit.

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 (507) 382-9791.

**JJDPa Compliance**

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

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

**Signature:**



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