



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:

West Central Regional Juvenile Center

Address: 919 Eighth Avenue, PO BOX 280, Moorhead, MN 56560

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 07/07/2020 to 07/09/2020

Inspection Method: Facility tour, staff and resident interviews, employee and resident file reviews and related documentation reviews.

Officials Present During Inspection: Administrative Director James Odonnell; Assistant Administrator Josh Swanson

Officials Present for Exit Interview: Administrative Director James Odonnell; Assistant Administrator Josh Swanson

Issued Inspection Report to: Administrative Director James Odonnell; Assistant Administrator Josh Swanson; Regional Manager Sherry Hill

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	311	3

TERMS OF OPERATION

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

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

Delinquent Juvenile Hold Approval: **Certificate Holder:** West Central Regional Juvenile Center
919 Eighth Avenue N
Moorhead, MN 56560

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	25	100	25.00	0	0	None.	None.
Interchangeable secure residential/detention	Coed	45	100	45.00	6	14	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 3****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. 2960.0250 ADMISSION AND RELEASE POLICY AND PROCESS. Subpart 4. search.**

Upon admission, personal belongings of a resident must be examined in a manner and in a location that ensures the personal privacy of the resident. Items taken from the resident during the search must be included in the resident's personal property inventory. The search of the resident must be done by a staff person of the same gender as the resident.

Inspection Findings:

During the review of secure detention intakes, discussion identified that unclothed searches were happening with all new intakes. Facility had recently changed the practice of regular searches and unclothed searches.

Corrective Actions:

Facility policy and procedure of unclothed searches for felony level admissions into secure detention shall be implemented. Facility policy and procedure of regular searches for misdemeanor and gross misdemeanor level admission into secure detention shall be implemented. Protocols to override the regular search to an unclothed search should be put in place.

Response Needed By: 08/28/2020**3. 2960.0260 CLASSIFICATION AND SEPARATION OF RESIDENTS. Subpart 3. Residents who may have sexually abusive behaviors.**

The license holder must take special precautions when a resident is considered likely to have sexually abusive behavior. The license holder must screen the resident to determine which precautions may be appropriate, give the resident an individual sleeping room, and direct staff to pay special attention to the resident's interactions with others. The license holder's care for a resident likely to have sexually abusive behavior must protect the resident, other residents, staff, and the community. The license holder must consider the vulnerability of other residents in the facility.

Inspection Findings:

On site physical plant inspection identified males and females sharing a unit during the secure detention COVID-19 quarantine phase of placement/holding. Facility policy and procedure is in compliance with this rule part.

Corrective Actions:

The policy and procedure for this rule part must be followed at all times. Staff, including the detention supervisor shall be retrained in this area. Training will be documented and submitted as compliance with this rule part by 08/28/2020.

Response Needed By: 08/28/2020

Chapter 2960 - Mandatory Rules In Compliance With Concerns

Total: 2

1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 13. Resident clothing, bedding, and laundry.

The license holder must ensure that a resident has: A. an adequate amount of clean clothing appropriate for the season; B. an appropriate sized, clean, fire retardant mattress; two sheets or one sheet and clean mattress cover; sufficient clean blankets to provide comfort under existing temperature conditions; and one pillow and one pillowcase that is antiallergenic, if required, to meet a resident's health care needs. Existing non fire retardant mattresses may continue to be used until they are replaced, provided that the existing mattresses are replaced no later than July 1, 2015; and C. adequate bath towels and washcloths. Clean bedding and linens must be furnished upon each new admission, and bedding and linens must be cleaned once a week or more often as needed to maintain a clean and safe environment. Bedding and linens that are worn out or unfit for further use must not be used.

Inspection Findings:

Physical plant inspection identified numerous worn and ripped mattresses in the secure detention area. Policy and procedure for identifying and replacing mattresses is in compliance with this rule part. Staff were not following the policies.

Corrective Actions:

CORRECTED ON SITE- Facility had new mattresses that replaced the damaged mattresses prior to the end of the inspection.

Response Needed By:

2. 2960.0200 PHYSICAL PLANT AND ENVIRONMENT. Subpart C..

A group residential facility must meet the requirements in items A to D. C. The license holder must have a written maintenance plan that includes policies and procedures for detecting, reporting, and correcting building and equipment deterioration, safety hazards, and unsanitary conditions.

Inspection Findings:

Resident rooms in the secure detention intake area were found to be dirty and unsanitary, at the time of the inspection. Graffiti was identified in most of the rooms. Stains on walls and ceiling were noted. Policy and procedures for maintaining clean living areas for residents were not being followed.

Corrective Actions:

CORRECTED ON SITE- Resident room dirt and unsanitary conditions were corrected and cleaned prior to the end of the inspection. This is an area that must be maintained to assure safety and security of the facility.

Response Needed By:

INSPECTION COMMENTS

The West Central Regional Juvenile Center biennial inspection was completed on July 7-9, 2020, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities. Sections of the 2960 standards that are applicable to the four separate programs at this facility include: Administrative, Group Residential, Secure, Detention, Corrections and Restrictive Procedures. This inspection was conducted by both of the Inspection and Enforcement Unit, Juvenile Inspectors.

NOTE: This was the first full inspection completed at West Central Regional Juvenile Center since the completion of their new addition and remodel. During this construction period and COVID-19 pandemic the facility was able to separate the programing from two units to four separate units/programs. Due to the recent expansion, policies and procedures for this change in physical plant may continue to occur throughout the next several months. As the staff and residents in these new units get comfortable in their new surroundings you may identify possible lapses in policies. This is normal following an expansion of this size.

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

The inspection also included discussions with multiple staff, supervisors, direct care staff, training coordinator, nursing staff and administration. Resident interviews were conducted in a private area without staff present. Documentation review included staff personal and training files, resident files, daily logs, treatment plans, menus, recreation schedules, grievance documentation, well-being checks and other pertinent documentation. There was also a review of the facility policy and procedure manual, resident handbook and overviews for each of the four individual programs.

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 for all staff and visitors prior to entering program areas.
2. Training Coordinator was very knowledgeable about the facility, orientation trainings and annual staff training requirements. He was very open to training modifications and suggestions. Many facilities are lacking in training requirements due to COVID-19. This was not the case at this facility. Having in-house training is a great addition to your team
3. Review of overnight well-being checks on the camera system, most looked good and ALL fell within the allotted time requirement.
4. The CLIPS program has been operating for the past 3 months. The residents in this program appear to be thriving in this family style atmosphere. Staff seem very positive about this new program area as well.

Concerns:

1. Consider shortening the initial intake room time in secure detention. The initial 24 hours when residents are required to be in their rooms is not required by rule to take place in the resident bedroom areas. With all we know about suicide risks, depression, anxiety and childhood trauma, we encourage you to limit this initial time and get the residents out of their rooms and involved with programming, school, recreation as soon as it is safely possible.
2. Secure detention resident living areas and bedrooms need to be maintained in order to provide all residents a clean and safe environment. The graffiti must be identified and addressed by staff on a daily basis to assure that it doesn't get out of control. This appears to be a non-issue in the other program areas.
3. Direct care/floor staff turnover and the number of new staff hired just in the last year is of concern. Staff retention is not always easy. Please make sure senior staff are available to new staff for assistance and or questions.
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.
6. Facility/plant improvements should include a painting solution for the third floor detention unit.
7. Residents in C-pod may have visual access to the control room at times. Please consider covering said windows as sight lines in this area are not needed.
8. Camera review verifies well-being checks being conducted within every 30 minutes, however the documentation between shifts exchanges is lacking and or not clear. Please assure the well-being checks are being documented consistently throughout the facility.

Overall I think the inspection went very well. We were able to have great discussions with all unit supervisors. Staff and administration appeared appreciative to all feedback provided over three very long working days.

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.

If you have any questions regarding any other licensing matter or you need any assistance during this transition in the new surroundings, please contact your new Inspector, Monaie Hebert at 651-261-1657.

JJDPa Compliance

The West Central Regional Juvenile Center was found in compliance with JJDPa requirements.

Secure detention data was reviewed from October 1, 2019 to July 7, 2020. No violations were found in the reviewed documentation of intakes, discharges and resident files.

The nonsecure units have free egress and are truly nonsecure.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature:

