



## 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:

#### Anoka County Juvenile Center

**Address:** 7545 Fourth Avenue, Lino Lakes, MN 55014

**MN Governing Rule:** 2960 Children's Residential Facility

**Inspection Type:** Biennial **Inspected By:** Marcia Sparrow – Detention Facility Inspector

**Inspected on:** 04/16/2024 to 04/18/2024

**Inspection Method:** On Site, in person inspection.

**Officials Present During Inspection:** Director John Gross; Superintendent Nate Parker

**Officials Present for Exit Interview:** Director John Gross; Superintendent Nate Parker

**Issued Inspection Report to:** Director John Gross; Superintendent Nate Parker; Regional Manager Jacob McLellan

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	309	4

### TERMS OF OPERATION

**Authority to Operate:** approval

**Begins On:** 05/01/2024 **Ends On:** 04/30/2026

**Facility Type:** Secure Juvenile Detention/Residential Facility

**Placed on Biennial Status:** Yes

**Biennial Status Annual Compliance Form Due On:** 04/30/2025

**Delinquent Juvenile Hold Approval:**

**Certificate Holder:** Anoka County  
7545 Fourth Avenue  
Lino Lakes, MN 55014

**Special Conditions:**

#### 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 secure residential/detention	Male	50	100	50.00	25	0	None.	

### RULE COMPLIANCE DETAILS

#### Chapter 2960 - Mandatory Rules Not In Compliance

Total: 4

1. 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:**

Resident files reviewed showed three files did not have any notation of family involvement documented.

**Corrective Actions:**

**Ensure that all resident files have the extent of the family involvement documented.**

**Response Needed By:**

2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.2.. Health and hygiene services.

The license holder must meet the conditions in items A to F. D. The license holder, in consultation with a medically licensed person, must have a plan for the safe storage and delivery of medicine. The license holder must meet the requirements in subitems (1) to (5). (2) The license holder must document attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. If permission is denied and the parent has the legal right to deny permission, then the medication will be discontinued under the supervision of a physician unless a court order to administer the medication is obtained.

**Inspection Findings:**

11D(2) In resident files reviewed, one file showed there was no documentation of the parent/guardian consent to administer medications or documentation that the facility can dispense medications due to parent/guardian not being involved.

**Corrective Actions:**

**Ensure that all resident files have consent or facility responsible for administration of medications documented.**

**Response Needed By:**

3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.A.4.. Resident and family grievance procedures.

A. The written grievance procedure must require, at a minimum, that: (4) a person filing a grievance must receive a response within five days.

**Inspection Findings:**

In review of grievances filed, it was noted that three grievances did not have follow up dates documented on the form. It was unknown if the follow up was conducted within the five days required by rule.

**Corrective Actions:**

**Ensure that all grievance follow up meetings are dated on the form.**

**Response Needed By:**

4. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.1.. Facility programs.

The license holder must prepare written program descriptions and policies and procedures that implement the program described. Measurable program outcomes must also be identified. B. Each resident must have a treatment plan. (1) The license holder must begin to develop a treatment plan within ten days of admission.

**Inspection Findings:**

In review of resident files, it was noted that one resident file did not have a treatment plan started within ten days of his/her admission date.

**Corrective Actions:**

**Ensure that all residents have a treatment plan started within ten days of his/her admission date.**

**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:**

All meals are transported to the facility from a contracted location. It was noted that one particular meal during the inspection was not "palatable" as it was discolored, and the texture was extremely runny. The youth commented that it was "disgusting." This was also a very low scoring area in the surveys returned from residents.

**Corrective Actions:**

**The facility will work with the company to attempt to provide more palatable meals.**

**Response Needed By:**

**2. 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:**

The facility's supply of linens and clothing showed stains, discoloration, and holes/tears. This is the supply the youth use on a daily basis.

**Corrective Actions:**

**The facility will inventory all linens and clothing, disposing of any that are torn, stained, or have holes in them, and replace with new items.**

**Response Needed By:**

**3. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 4.A.. Medical services.**

A facility must provide space, staff, and a procedure for daily sick call to ensure residents the opportunity to report illness and injury and receive appropriate medical services for illness or injury.

**Inspection Findings:**

Medical professionals at times are meeting with youth in conference rooms with windows where other youth and staff can visualize the consultation. At times consultations take place in a more private location in the health services area, however there was only a chair for the youth to sit in for an examination.

**Corrective Actions:**

**The facility will be purchasing a portable examining table that can be used in the health services area for all consultations.**

**Response Needed By:**

## INSPECTION COMMENTS

The Anoka County Juvenile Center biennial inspection was completed on April 16-18, 2024, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities.

This scheduled visit consisted of a physical plant safety and security inspection. The physical plant inspection included intake, resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, recreation areas, kitchen, and classroom areas of the facility.

The inspection also included discussions with direct care staff, nursing staff, administration, residents, and observation of staff interactions with residents. Documentation review included staff personnel and training files, resident files, daily logs, treatment plans, menus, recreation schedules, grievance documentation, well-being checks, policy and procedure manual, and resident handbooks.

If you have any questions regarding this report, please email [ie-support.doc@state.mn.us](mailto:ie-support.doc@state.mn.us).

## JJDPA Compliance

After a review of admissions from October 1, 2023 through April 18, 2024, there were no violations of the JJDP act.

Report completed By: Marcia Sparrow – Detention Facility Inspector

Signature:

