



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:

Northwestern Minnesota Juvenile Center

Address: 1231 Fifth Street, Bemidji, MN 56619

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Annual **Inspected By:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 08/23/2016 to 08/25/2016

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

Officials Present During Inspection: Superintendent Mindy O'Brien

Officials Present for Exit Interview: Superintendent Mindy O'Brien

Issued Inspection Report to: Superintendent Mindy O'Brien; Regional Manager Sherry Hill

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	313	3

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 09/01/2016 **Ends On:** 08/31/2017 **Facility Type:** Secure/Non-Secure Juvenile Residential/Detention Facility

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

Delinquent Juvenile Hold Approval: Not Applicable **Certificate Holder:** Northwestern Minnesota Juvenile Center

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	24	100	24.00	0	0	Unit Name: Non-secure detention.	None.
Interchangeable secure residential/detention	Coed	16	100	16.00	0	0	Unit Name: Secure detention.	None.
Non-secure residential	Coed	25	100	25.00	0	0	Unit Name: Residential.	None.

Variations

1. MN Rule 2960.0100. 6.C. PERSONNEL POLICIES. - License holder and staff qualifications. - **Conditions:** None.
None.

RULE COMPLIANCE DETAILS**Chapter 2960 - Mandatory Rules Not In Compliance****Total: 3**

1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 3.A.. Resident admission documentation.

Upon or within five working days after admission, the license holder must obtain and document the information in items A and B to the extent permitted by law: legal authority for resident placement;

Inspection Findings:

Numerous violations have been identified and appear to have been common practice and on going within the secure perimeter of the facility. The long standing practice of requiring non-status offenders into the secure perimeter for medical visits with the contracted nurse has immediately ceased. The exact number of violations is unclear.

Corrective Actions:

The non-secure detention and non-secure residential residents have no legal authority in place to allow them into the secure perimeter. This practice has stopped and been corrected in policy and practice today.

Response Needed By:

2. 2960.0560 PERSONNEL STANDARDS. Subpart 5. Individual staff development and evaluation plan.

The license holder must ensure that an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers correctional program services. The plan must: A. be developed within 90 days after the person begins employment and at least annually thereafter; B. meet the staff development needs specified in the person's annual employee evaluation; and C. ensure that an employee who provides, supervises, or directly administers program services has sufficient training to be competent to deliver the correctional services assigned to the employee.

Inspection Findings:

Inspection findings determined that the plans are not developed in a consistent and timely fashion and the information in the plans could be greatly improved to provide constructive development for each staff.

Corrective Actions:

Review and modify staff development plans to assist staff in identifying their strengths and areas where they could use further training.

Response Needed By:

3. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 2. Restrictive procedures plan required.

The license holder must have a restrictive procedures plan for residents that is approved by the commissioner of human services or corrections, and the plan must provide at least the following: A. the plan must list the restrictive procedures and describe the physical holding techniques which will be used by the program; B. how the license holder will monitor and control the emergency use of restrictive procedures; C. a description of the training that staff who use restrictive procedures must have prior to staff implementing the emergency use of restrictive procedures, which includes at least the following: (1) the needs and behaviors of residents; (2) relationship building; (3) alternatives to restrictive procedures; (4) de escalation methods; (5) avoiding power struggles; (6) documentation standards for the use of restrictive procedures; (7) how to obtain emergency medical assistance; (8) time limits for restrictive procedures; (9) obtaining approval for use of restrictive procedures; (10) requirement for updated training at least every other year; and (11) the proper use of the restrictive techniques approved for the facility; D. the license holder must prepare a written review of the use of restrictive procedures in the facility at least annually; and E. the license holder must ensure that the resident receives treatment for any injury caused by the use of a restrictive procedure.

Inspection Findings:

Documentation identifies areas where additional training is needed in the areas of- (1) the needs and behaviors of residents; (2) relationship building; (3) alternatives to restrictive procedures; (4) de escalation methods; (5) avoiding power struggles; (6) documentation standards for the use of restrictive procedures; (9) obtaining approval for use of restrictive procedures;

Corrective Actions:

Additional training for staff with a focus by direct supervisors to mentor newer staff in these areas.

Response Needed By:

Chapter 2960 - Mandatory Rules In Compliance With Concerns

Total: 2

1. 2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT. Subpart 4. Use of findings.

The license holder must use the program evaluation reports and findings in subpart 3 as a basis to make improvements in its programs.

Inspection Findings:

Previous Outcomes were not being used to improve said programs.

Corrective Actions:

Current outcome measures need to be correctly gathered and said information needs to be used to modify, correct, and improve the facility at several levels.

Response Needed By:

2. 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:

An updated camera system is planned for the facility. As said cameras are implemented, policy and procedures will need to be added to the camera reviews and documentation of said reviews.

Corrective Actions:

Policy, procedures and documentation forms will be created and implemented on each unit for the review of camera footage.

Response Needed By:

INSPECTION COMMENTS

The biennial inspection visit was completed on August 23-26, 2016, using Minnesota Rules, Chapter 2960, governing Juvenile Residential Facilities.

This inspection visit consisted of a tour of all three units of the main building, school area, staff areas, kitchen, control room, gymnasium, dining hall, intake area and all living units including resident bathrooms, showers and bedrooms. The inspection also included discussions with multiple administration and staff members, review of staff and resident files, a review of logs and other pertinent documentation, and a review of the policy and procedure manual.

The review of Disciplinary Room Time documentation confirms that most staff understand restrictive procedure, time-out and DRT requirements. DRT continues to be used frequently. Please consider using less punitive alternatives.

Many positive changes have been implemented in the past three months with many more changes in the planning stages.

The DOC Inspection and Enforcement Unit routinely places facilities on an annual inspection status for a minimum of two years when a new Administrator/Superintendent is hired. NMJC will be moved to annual inspections until further notice. We look forward to working closely with and supporting the new Superintendent as she brings about positive change and growth to NMJC while maintaining licensing rule compliance.

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. I can be reached at (507) 357-6933.

JJDP A Compliance**FEDERAL COMPLIANCE MONITORING INFORMATION**

Northwestern MN Juvenile Center has 16 secure detention beds (co-ed).

Capacity at the time of the visit was 16.

The review of data from Oct 1, 2015 to August 24, 2016 showed zero federal violations.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature:

