



Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

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INSPECTION DETAILS FOR:

Dakota County Juvenile Services Center

Address: 1600 W Highway 55, Hastings, MN 55033

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Julie Snyder – Senior Detention Facility Inspector **Inspected on:** 06/29/2016 to 06/30/2016

Inspection Method: This biennial inspection consisted of a tour of the facility, interviews with administration, staff and residents, a review of employee and resident files and a review of other pertinent documentation.

Officials Present During Inspection: Director Jim Scovil

Officials Present for Exit Interview: Director Jim Scovil

Issued Inspection Report to: Director Jim Scovil; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	310	306	4

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2016 **Ends On:** 06/30/2018 **Facility Type:** Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2017

Delinquent Juvenile Hold Approval: **Certificate Holder:** Dakota County Community Corrections

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 secure residential/detention	Coed	40	100	40.00	10	0	None.	None.

Variances

NONE

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 4****1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.1.. 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). (1) The license holder must contact a newly admitted resident's prescribing medically licensed person to verify the following information regarding prescribed medication: (a) instructions about how the medication must be administered; (b) the symptoms that the medication will alleviate; and (c) the symptoms that would warrant consultation with the physician.

Inspection Findings:

Upon review of admission documentation with the new nurse, she was not verifying the medications for youth with the pharmacy.

Corrective Actions:

Please be sure to verify the youth's medication with the pharmacy upon admission per the above standard.

Response Needed By:**2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.5.b.. 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). A medically licensed person must provide consultation and review of the license holder's administration of medications at least monthly.

Inspection Findings:

Upon discussions with the nurse, although she reviews the Medication Delivery Record for each youth weekly, she does not document that review.

Corrective Actions:

Please be sure to initial the monthly review of the MAR's as per the above standard.

Response Needed By:**3. 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:

Upon discussing the use of time out and reviewing youth files, time out was being used but the required paperwork was not being completed.

Corrective Actions:

Please be sure that when time out is used as directed by staff, all timeout paperwork is completed per the above standard.

Response Needed By:

4. 2960.0550 PROGRAM CERTIFICATION APPROVAL. Subpart 4.A&B&C.. Minimum criteria for certification.

The LH must meet the requirements of items A to D. A. The LH must identify specific, measurable outcomes that indicate that the LH will meet the needs of the target population served by the facility's program. The measurable outcomes must be directly related to the program objectives stated in the LH's correctional program services certification application. B. The certification applicants must offer at least the services in subitems (1) to (4) in their correctional services program: (1) social and interpersonal skills development to achieve the outcomes in units (a) to (d): (a) the resident resolves conflict in an appropriate manner; (b) the resident develops and maintains supportive relationships; (c) the resident communicates and interacts appropriately with peers and adults; and (d) the resident is aware of race and gender bias issues; (2) chemical use and abuse awareness; (3) correctional programming to achieve the outcomes in units (a) and (b): (a) the resident makes reparations for past behavior; and (b) the resident addresses relationships with the resident's family, community, & school; and (4) transition and life skills development to achieve the outcomes in units (a) and (b): (a) the resident practices age appropriate self-care and self-reliance; and (b) the resident is released with a place to live, a plan for constructive daily activity, a means of financial support, and a system to support continued progress in the community. C. The LH must notify the placement agency that the LH cannot meet the resident's needs, if the LH's program of correctional program services inadequately addresses the resident's needs that were identified through screening/assessment. The LH must document notification of the placement agency and the action taken by the placement agency in response to notification from the LH.

Inspection Findings:

Upon discussions about programming offered to the youth in the program, it appeared that chemical awareness was not being offered to those in the program.

Corrective Actions:

Please be sure chemical awareness groups are offered to the appropriate youth in your program per the above standard. (All other areas in this section of the standards were in compliance.)

Response Needed By:**INSPECTION COMMENTS**

It should be noted that DRT documentation has improved since my last visit to the facility. However, be sure that all handwritten documentation is legible including the 8 hour reviews for the use of DRT. Also, be sure to justify the continued use of DRT, each 8 hours, with comments about the youth's behavior and cooperation.

I would recommend you review your list of major rule violations making sure your major rule violations are truly major and safety and security risks. There should be other options available to you for lesser rule violations.

I wish to thank you and your staff for their assistance during this visit. If you have any questions about this report, or any other licensing matter, please feel free to contact me at 507-344-5282.

JJDPA Compliance

After reviewing all admission documentation from Oct 1, 2015 - June 27, 2016 there was 3 admissions that required follow up information. After reviewing the additional information, it appears there was one, (1) federal De-institutionalization of Status Offender, (DSO) violation for the Dakota County JSC for the above stated time period.

Report completed By: Julie Snyder – Senior Detention Facility Inspector

Signature:

