



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:** Julie Snyder – Senior Detention Facility Inspector **Inspected on:** 04/25/2016 to 04/26/2016

Inspection Method: This inspection consisted of a tour, interviews with administration, resident and staff, employee and resident file reviews, related documentation reviews and review of sections of the policy and procedure manual.

Officials Present During Inspection: Director John Emmel; Superintendent Todd Benjamin

Officials Present for Exit Interview: Director John Emmel

Issued Inspection Report to: Director John Emmel; Superintendent Todd Benjamin; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	306	302	4

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 05/01/2016 **Ends On:** 04/30/2018 **Facility Type:** Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 04/30/2017

Delinquent Juvenile Hold Approval: **Certificate Holder:** Anoka County Board of Commissioners

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	Male	50	100	50.00	25	0	None.	None.

Variances

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:

Upon review and discussions related to your inquiries about the involvement of parents in their child's placement, it appeared the question was being asked of the youth and not the parents. Also, a number was being used and the standard would require more than a number about involvement.

Corrective Actions:

Please be sure to capture more specific information from the parent related to their intentions around their involvement while their child is on placement at AJC.

Response Needed By:**2. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.2.. 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. (2) The license holder must review the resident's case and treatment plans on a monthly basis or, if necessary, more often and recommend changes, if appropriate.

Inspection Findings:

It appears there has been confusion in the SO treatment unit. While Dr. Listiak only requires quarterly reviews of treatment plans, my licensing rules require monthly reviews.

Corrective Actions:

Please be sure to develop and begin monthly treatment plan reviews for all youth in AJC. (The monthly reviews can be short and to the point.)

Response Needed By:**3. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 4.D.. Medical services.**

staff responsible for the supervision, safety, and well-being of residents must be trained in emergency first aid procedures. * At least one person per shift must have training in receiving, screening, basic life support, cardiopulmonary resuscitation, and recognition of symptoms of the illnesses most common to the residents detained in the facility.

Inspection Findings:

Upon review of staff training records, not all AJC staff were current in their first aid training.

Corrective Actions:

Please read the above standard carefully and be sure all staff are first aid trained per the above standard. Upon completion of first aid training, please forward updated training records for all FT staff to this inspector.

Response Needed By: 06/15/2016**4. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.. Discipline plan.**

The license holder must have a discipline plan that includes the requirements in items A to F. D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan. The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours. Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented.

Inspection Findings:

Upon review of the DRT documentation for the last two years, some of the required eight hour reviews were not done within the 8 hour timeline.

Corrective Actions:

This area is greatly improved from the last inspection, but documentation of eight hour reviews MUST occur each and every 8 hours per the above standard.

Response Needed By:

INSPECTION COMMENTS

It was encouraging to see staff using many different consequences, other than Disciplinary Room Time (DRT) for rule violations. However, your use of DRT can still be improved. Although staff have had some training on Trauma informed care, I think they could benefit from more training in this area. It is a different way of thinking about situations for correctional programs that have long used the group process for much of their programming. With the increase in youth with mental health issues, the group process may not always work for certain youth you find in your programs. Having other "tools" to utilize, for those special youth, may make working with those youth easier for your staff and may assist those youth in having more success in your program.

I would also encourage you to discuss your major rule violations, at length, as a staff and decide which are truly those violations that need to be considered major.

I noticed that in some of your use of DRT, staff were not allowing the DRT time "to begin" until the youth was cooperative. DRT begins when the youth is placed in the locked room.

I was informed that they will break ground on the outdoor recreation project this summer. I look forward to pictures upon completion of the project.

You have packets to review for the use of DRT in your program. I would ask that in those packets, you include the well-being checks on youth while they are in DRT. Thus, I will have all of the information in one place to review compliance with DRT standards.

Thank you for you and your staff's assistance during this biennial inspection and federal compliance visit. If I can be of further assistance regarding this inspection or any other licensing matter, please feel free to contact me at 507-344-5282.

JJDPA Compliance

In reviewing the 2015-16 admission data at this facility from October 1, 2015-April 25, 2016 it was determined that there needed to be follow-up on a few cases. After the follow up information was received, I determined that for the time period indicated above, there were no federal violations to the JJDP Act of 2002 at the Anoka Secure Juvenile Residential/Detention program.

Report completed By: Julie Snyder – Senior Detention Facility Inspector

Signature:

