



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:

Address: 606 E Fourth Street, Chaska, MN 55318

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Jake Nelson – Senior Detention Facility Inspector **Inspected on:** 10/23/2025 to 10/24/2025

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, facility documentation review and video footage review.

Officials Present During Inspection:

Officials Present for Exit Interview:

Issued Inspection Report to:

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	350	340	10

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 11/01/2025 **Ends On:** 10/31/2027 **Facility Type:** 8 Day Temporary Holdover Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 10/31/2026

Delinquent Juvenile Hold Approval: **Certificate Holder:** Carver County
606 E Fourth Street
Chaska, MN 55318

Special Conditions:

Approved Capacity Details *Operational Capacity is calculated as a percent of Approved Capacity beds.

Bed Type	Gender	Approved Capacity	Effective Date	%Operating Capacity	Operational Capacity	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Secure 8 day holdover	Coed	6	11/10/2001	100	6.00	0	0	None.	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 10

- 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 3.B.. Basic rights information.

The license holder must meet the requirements of this subpart. The license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.

Inspection Findings:

Four out of four resident files reviewed showed no documentation of the resident's parent, guardian, or custodian being told that the information in item A was available.

Corrective Actions:

The facility will be adding this notification to a parent notification process already in place. Send documentation of this addition to the DOC by the assigned date.

Response Needed By: 02/13/2026

2. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 3.D.. Basic rights information.

The license holder must meet the requirements of this subpart. A copy of the resident's rights must be posted in the staff work station. E. The license holder must inform residents how to contact the appropriate state appointed ombudsman and give residents the name, address, and telephone number of the state appointed ombudsman.

Inspection Findings:

The facility does not have information posted or available to residents on how to contact the state-appointed ombudsman.

Corrective Actions:

The facility shall make available, or post, all required information in 2960.0050.3.E. Send documentation to the DOC by the assigned date.

Response Needed By: 02/13/2026

3. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.3.. 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. A. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field. (3) The education screening must be administered according to Minnesota Statutes, section 125A.52.

Inspection Findings:

Four out of four resident files reviewed showed no education screening being completed.

Corrective Actions:

The facility shall implement an approved educational screening instrument. Send documentation of implementation to the DOC by the assigned date.

Response Needed By: 02/13/2026

4. 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:

Four out of four resident files reviewed showed no documentation of the resident, or the resident's family's desired level of involvement.

Corrective Actions:

The facility will be adding this to an already existing parent notification process. Send documentation of the implementation of this process to the DOC by the assigned date.

Response Needed By: 02/13/2026

5. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 14.d.. Emergency plan.

The plan must specify responsibilities assumed by the license holder for assisting a resident who requires emergency care or special assistance to a resident in emergencies. The license holder must review the plan with staff and residents at least once every six months.

Inspection Findings:

The facility does not review emergency plans every 6 months with residents as required.

Corrective Actions:

The facility shall develop a procedure to ensure emergency plans are reviewed with residents at least every 6 months. Send documentation of the procedure to the DOC by the assigned date.

Response Needed By: 02/13/2026

6. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 9.D.. Educational services.

The license holder must ensure that educational services are provided to residents according to items A to D, except where not applicable, due to the age of the resident or the resident's short stay in the facility. D. The license holder must provide education about chemical health to the resident who has had a problem related to inappropriate chemical use, but who does not have a sufficient chemical use history to refer to treatment. The education must provide the resident with opportunities to examine the problems associated with inappropriate chemical use.

Inspection Findings:

Four out of four resident files reviewed showed no education being provided to residents regarding chemical health.

Corrective Actions:

The facility will be adding resources to the resident tablets regarding chemical health. Send documentation of these resources being available to resident by the assigned date.

Response Needed By: 02/13/2026

7. 2960.0090 DISCHARGE AND AFTERCARE. Subpart 3. Return of resident's property.

The license holder must return all of the resident's personal property to the resident along with a signed receipt upon discharge, unless prohibited to do so by law or case plan. Discrepancies between the resident's inventoried property turned over to the facility at admission and the property returned to the resident at discharge, and the resolution of the discrepancy, must be documented by facility staff.

Inspection Findings:

One out of four resident files reviewed did not have a signed property receipt by the resident at the time of discharge.

Corrective Actions:

The facility shall update any relevant discharge procedures to ensure all property receipts are signed by residents at the time of discharge. Send documentation of any updates to the DOC by the assigned date.

Response Needed By: 02/13/2026

8. 2960.0100 PERSONNEL POLICIES. Subpart 7. Background study.

A license holder and individuals identified in Minnesota Statutes, sections 241.021 and 245A.04, subdivision 3, must submit to a background study. A. Background checks conducted by the Department of Human Services are conducted according to Minnesota Statutes, section 245A.04, subdivision 3. B. Background checks conducted by the Department of Corrections are conducted according to Minnesota Statutes, section 241.021, subdivision 6.

Inspection Findings:

At the time of inspection, only four staff members had background checks completed that were in compliance with Minnesota Statutes. These were the four main staff who worked the juvenile unit. However, the facility acknowledged that other custody staff are used for vacation and shift relief.

Corrective Actions:

In response to discovering that some staff assigned to the juvenile holding area for shift relief had not completed the background study required by statute, the facility immediately discontinued assigning those staff to that area until the required checks were completed. Once staff successfully completed the background study, they became eligible to provide shift coverage and vacation relief. The DOC verified all completed background studies through state databases. No further action is required at this time.

Response Needed By:

9. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 4. Audio or visual recording of resident.

Photographs, videotapes, and motion pictures of a resident taken on program premises or by program personnel are considered a resident record. Photographs of a resident for identification and recordings by videotape and audiotape for the purpose of enhancing therapy, staff supervision, or security may be required. A resident must be informed when actions are being recorded, and has the right to refuse any recording unless authorized by law, necessary for program security, or to protect the health and safety of a resident. The use of an audio or visual recording of a resident must comply with data practices laws.

Inspection Findings:

No postings were observed in the facility notifying of audio or visual recording.

Corrective Actions:

The facility shall develop postings, or a process to notify all residents that they are being recorded while in the facility. Send documentation to the DOC by the assigned date.

Response Needed By: 02/13/2026

10. 2960.0240 PERSONNEL POLICIES. Subpart 3.F.. staffing plan.

The license holder must prepare and obtain approval from the commissioner of corrections of a written staffing plan that shows staff assignments and meets the needs of the residents in placement. The license holder must use the criteria in items A to J to develop the facility's staffing plan. F. Minimum staffing requirements for temporary holdover facilities are described in subitems (1) to (5). (1) No person may be housed in a temporary holdover facility without at least one staff person on duty, awake, alert, and capable of responding to the reasonable needs of a resident in the facility. (2) Staff must not be placed in positions of responsibility for the supervision and welfare of a resident of the opposite gender in circumstances that can be described as an invasion of privacy, degrading, or humiliating to the resident. Male staff must not supervise female residents except in activity areas and only when female staff are on duty and present in the facility. Female staff may supervise male residents, provided resident privacy is protected and visual and audio monitoring equipment is operating and constantly attended by other staff. (3) One staff person may supervise up to four juveniles at one time, provided they are all of the same gender. Two staff persons are required to be on duty if five or more juveniles are being detained in a nonsecure temporary holdover facility. (4) Staff supervising residents in a secure 24 hour temporary holdover facility must remain at their posts at all times. Staff must document residents' behavior at 30 minute intervals. (5) In eight day temporary holdover facilities having both secure and nonsecure detention beds, two staff persons must be on duty when five or more residents are being detained. If all detention beds are secure, a minimum of one staff person must be on duty during each shift.

Inspection Findings:

While in the facility on the day of inspection, there were two residents in custody. However, at the time the inspector was in the unit, no staff was present, as they were in the adult portion of the facility.

Corrective Actions:

The facility must immediately adjust its staffing plan or post-orders to ensure that whenever a juvenile is being housed in the temporary holdover facility, there is at least one staff person awake and on duty in the holdover facility. Send documentation of the updated staffing plan or post-orders to the DOC by the assigned date.

Response Needed By: 02/13/2026

INSPECTION COMMENTS

The facility shall remain on biennial inspections.

JJDPA Compliance

Report completed By: Jake Nelson – Senior Detention Facility Inspector

Signature:

