



## 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:

#### MCF-Red Wing

**Address:** 1079 Highway 292, Red Wing, MN 55066

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

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

**Inspected on:** 03/06/2023 to 03/13/2023

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

**Officials Present During Inspection:** Captain Erik Meier; Program Director James Schaffer; Warden Shon Thieren; AWO Suzanne Hughes

**Officials Present for Exit Interview:** Captain Erik Meier; Program Director James Schaffer; Warden Shon Thieren; AWO Suzanne Hughes

**Issued Inspection Report to:** Warden Shon Thieren; AWO Suzanne Hughes; Regional Manager Dayna Burmeister

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	311	4

### TERMS OF OPERATION

**Authority to Operate:** approval

**Begins On:** 04/01/2023 **Ends On:** 03/31/2025

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

**Placed on Biennial Status:** Yes

**Biennial Status Annual Compliance Form Due On:** 03/31/2024

**Delinquent Juvenile Hold Approval:**

**Certificate Holder:** Minnesota Department of Corrections  
1079 Highway 292  
Red Wing, MN 55066

**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	27	100	27.00	0	0	Unit Name: MCF-RW - Dayton.	None.
Non-secure residential	Male	88	100	88.00	0	0	Unit Name: MCF-RW.	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:**

A review of resident files revealed that in some instances there is no documentation as to the extent the resident's parent or guardian would like to be involved in the treatment process per this rule part.

**Corrective Actions:**

**Ensure that the extent to which the resident's parent or guardian would like to be involved in the resident's treatment process is documented per this rule part.**

**Response Needed By: 05/19/2023****2. 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:**

Review of personnel files showed that one staff did not have a completed DHS Background Check.

**Corrective Actions:**

**Ensure that each employee has a completed DHS background check in their personnel file. Note: This background check is now submitted.**

**Response Needed By: 05/19/2023****3. 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:**

A review of disciplinary room time processes and documentation revealed instances of late and undocumented eight-hour reviews per this rule part. There are also multiple instances of reviews that do not include articulation of the need for continued DRT.

**Corrective Actions:**

**Ensure that disciplinary room time reviews are conducted within the eight hour time frame or more frequently. When the review time occurs at a time when a resident is asleep, ensure that this is followed up as soon as possible with a purposeful review, indicating the need for continued DRT.**

**Response Needed By: 05/19/2023****4. 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:**

Camera review and well-being check log documentation of randomly chosen dates/times identified two rounds in which staff conducted well-being checks at 32 and 35 minute intervals. During the review it was revealed that in some instances, time documentation did not match the camera recording event of the check. There were also concerns with the quality of some well-being checks/security rounds. Many staff do not appear to be pausing long enough to ensure resident safety during their check.

**Corrective Actions:**

**Ensure that all well-being checks are completed within the 30 minute interval for each resident per this rule part. It is suggested that the facility consider retraining staff on conducting quality well-being checks and appropriately completing associated documentation.**

**Response Needed By: 05/19/2023****Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 1****1. 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:**

Resident bedding and clothing are in acceptable condition. Many towels and washcloths are in need of replacement (torn, dingy, rough texture).

**Corrective Actions:**

**Ensure that these items are regularly inspected by staff and replaced when excessively worn.**

**Response Needed By:****INSPECTION COMMENTS**

The MCF-Red Wing Facility inspection occurred from March 6-13th, 2023, using Minnesota Rules, Chapter 2960, governing juvenile facilities. Sections of the 2960 standards that are applicable to this facility include: Administrative, Group Residential, Secure, Detention, Corrections and Restrictive Procedures.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, gym/recreation areas, health services, education/classrooms and administration areas.

The inspection also included discussions with multiple staff at various levels, supervisors, training coordinator, nursing staff and administration. Resident interviews were conducted in a private area without staff present. Documentation review included staff personal and training files, resident files, daily logs, treatment plans, menus, recreation schedules, grievance documentation, well-being checks and other documents pertinent to operations. The facility policy/procedure manual was reviewed.

The following comments are a result of the inspection. These comments may not be specific rule violations; however, some are areas of constructive feedback to help address potential facility issues.

**Comments:**

1. The facility has plans to revise the location of their weight room to create greater accessibility for all residents, including those with mobility issues. Their plans include investing in all new equipment to enhance health and wellness for residents.
2. The education department has made significant improvements over the past year in assisting residents with credit recovery and obtaining a high school diploma. They have developed incentive programs to motivate students to actively participate in their educational process. There are designated teachers working with students when they are behaviorally unable to attend class. The facility is in the process of implementing live streaming of classrooms on tablets for those students as well, when needed.
3. Red Wing has the ability to safely house residents who are in need of more intensive attention and supervision due to mental health/behavioral challenges and safety concerns. During the inspection, residents temporarily housed in that unit for those reasons were observed in the pod areas interacting with staff, playing games, and playing in the unit's recreation area. Fewer residents and increased staff ratio per resident create a safer space for residents during their difficult times.
4. The facility has made many improvements throughout the physical plant and grounds over the past year. The investment in creating a safe, updated space is appreciated.
5. Review of surveys returned from former residents, families, and probation officers, indicated a high percentage of satisfaction with staff and programming.
6. The facility has reduced the incidence and length of disciplinary room time usage over the past two years. This is a continued focus and revision process. Suggestions include revising the major infractions/sanctions that could result in DRT and allowing the resident to review and discuss the infraction at the time of the notice of violation in order to prevent a delay of up to 24 hours until a hearing occurs. Additionally, consider implementing a maximum amount of DRT time, which falls underneath the sanctions guidelines, without supervisory approval.

This inspection went well and MCF-RW administration and staff appear committed to continuous improvement. Both administration and staff appeared appreciative of constructive feedback provided. I would like to thank the facility administration and staff for their cooperation and transparency during the inspection process. MCF-Red Wing will be placed on a biennial inspection cycle.

Please contact me if you have any questions regarding this report or any licensing concerns at 612-468-2027.

#### JJDPa Compliance

This federal compliance review is completed by staff at the Department of Public Safety.

Report completed By: Marcia Sparrow – Detention Facility Inspector

Signature: 