



## 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:

#### MCF-Red Wing

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

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

**Inspection Type:** Annual **Inspected By:** Stephanie Kantola – Detention Facility Inspector

**Inspected on:** 01/27/2025 to 01/31/2025

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

**Officials Present During Inspection:** Warden Shon Thieren; Management Analyst 3 Ruth Kuehni

**Officials Present for Exit Interview:** Warden Shon Thieren; Management Analyst 3 Ruth Kuehni

**Issued Inspection Report to:** Warden Shon Thieren; Management Analyst 3 Ruth Kuehni

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	349	339	10

### TERMS OF OPERATION

**Authority to Operate:** approval

**Begins On:** 04/01/2025 **Ends On:** 03/31/2026

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

**Placed on Biennial Status:** No

**Biennial Status Annual Compliance Form Due On:**

**Delinquent Juvenile Hold Approval:**

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

**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
Detention Services	Male	27	1/1/2006	100	27.00	0	0	Unit Name: MCF-RW - Dayton.	
Restrictive Technique Services	Male	80	10/11/2017	100	80.00	0	0	Unit Name: MCF-RW.	

### RULE COMPLIANCE DETAILS

**Chapter 2960 - Mandatory Rules Not In Compliance****Total: 10****1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 4.C.. Inventory and handling of resident property.**

The license holder must inventory the resident's personal property, including clothing, and have the resident and the license holder sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The license holder must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's treatment plan. License holders and program staff must not: (1) borrow money from a resident; (2) purchase personal items from a resident; (3) sell merchandise, except through a canteen type service, or sell personal services to a resident; (4) require a resident to buy items for which the license holder is eligible for reimbursement; or (5) use resident funds in a manner that would violate part 9505.0425, subpart 3.

**Inspection Findings:**

Five of seven resident files did not have an inventory of residents' personal property in the files.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding resident inventory.**

**Response Needed By:****2. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.1.. 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. 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. (1) The health screening must note the resident's history of abuse and vulnerability to abuse, potential for self injury, current medications, and most recent physician's and clinic's name, address, and telephone number.

**Inspection Findings:**

Five of five resident files reviewed did not include information of the most recent physician's and clinic's name, address, and telephone number on the health screen.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding health screens.**

**Response Needed By:****3. 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:**

Five of five resident files reviewed did not contain documentation identifying contact with the newly admitted residents prescribing medically licensed person. This was discussed in October 2024 with facility with no updated changes in practice at the time of the inspection.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding health and hygiene services.**

**Response Needed By:****4. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 5.A.. 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. A. The license holder must not subject residents to: (1) corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects, or spanking; (2) verbal abuse, including, but not limited to: name calling; derogatory statements about the resident or resident's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the resident; (3) punishment for lapses in toilet habits, including bed wetting and soiling; (4) withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a resident who destroys bedding or clothing, or uses these or other items to hurt the resident or others, may be deprived of such articles according to the resident's case plan or, for a facility licensed by the commissioner of corrections, according to part 2960.0270, subpart 6; (5) assigning work that is dangerous or not consistent with the resident's case plan; (6) disciplining one resident for the unrelated behavior or action of another, except for the imposition of restrictions on the resident's peer group as part of a recognized treatment program; (7) use of restrictive techniques or procedures as punishment, for convenience of staff, to compensate for not having an adequate number of staff, or to substitute for program services; (8) restrictions on a resident's communications beyond the restrictions specified in the resident's treatment plan or case plan; and (9) requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.

**Inspection Findings:**

Resident reported to inspector that they were not allowed extra food due to being on Loss of Privilege Status (LOP). This practice was confirmed by license holder. Resident was withheld being given food items due to behaviors not related to food.

**Corrective Actions:**

**Within 30 days of receipt of this inspection report, the license holder must submit discipline policies and procedures and level/status systems that meet all applicable requirements.**

**Response Needed By: 04/19/2025**

5. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.1.. 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. (1) The license holder must begin to develop a treatment plan within ten days of admission.

**Inspection Findings:**

One of seven resident files reviewed did not have a treatment plan that identified the facility began the development within 10 days of admission.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding resident treatment plans.**

**Response Needed By:**

6. 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:**

Three of seven resident files reviewed did not contain monthly reviews of the resident's treatment plans.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding treatment plan reviews.**

**Response Needed By:**

7. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 4.F.. Medical services.

The license holder , in consultation with a medically licensed person, must develop plans and establish procedures and accessories for the secure storage, delivery, supervision, and control of medications and medical supplies in the facility.

**Inspection Findings:**

Three of six resident files reviewed for requirements governing practices related to the storage and delivery of medications identified the facility is out of compliance. File 1 revealed refusal of prescribed medication 45 times in January (as of 1/28/25). File 2 revealed that a Schedule 2 controlled medication was marked as missed three times in January with no follow up documentation as to why this medication was missed, this medication was marked as refused 21 times in January (as of 1/28/25). File 3 revealed two missed prescribed medication doses with no documentation and two doses that were labeled "" in which the documentation reported "med not on cart" these occurred in January (as of 1/28/25). When reviewing medication distribution with the RN it was identified that documentation was not completed for some of the missing medication doses.

**Corrective Actions:**

**Within 30 days of receipt of this inspection report, the license holder must implement a plan to MN DOC that addresses the license holder's delivery of medication to residents (including at minimum: resident missed and refused medication).**

**Response Needed By: 04/19/2025**

8. 2960.0380 WEAPONS, TOOLS, EQUIPMENT, AND HAZARDOUS SUBSTANCE. Subpart 1. Dangerous materials.

Materials that can be deleterious to security, safety, and health must be properly secured, inventoried, and dispensed.

**Inspection Findings:**

During the onsite inspection tour there was a bottle of glass cleaner and a bottle of germicide left out in the open in the resident bathroom in the Grinnell Unit.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding weapons, tools, equipment, and hazardous substances.**

**Response Needed By:**

9. 2960.0550 PROGRAM CERTIFICATION APPROVAL. Subpart 4.D.. Minimum criteria for certification.

The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. The plan must include at least the following requirements: (1) regulations that are reasonable/necessary to protect the facility's security & the resident's welfare; (2) at least two hours daily of organized and supervised physical exercise and recreational activities and leisure time activities for residents, excluding time spent watching television. Organized and supervised physical exercise and recreational activities include preplanned exercise or activities that are supervised and directed by qualified or trained staff; (3) provisions for indoor space and equipment for active recreation; and (4) provisions for outdoor recreational space, equipment, and supportive staff for outdoor recreational program services.

**Inspection Findings:**

The facility failed to provide at least two hours daily of organized supervised physical exercise, recreational activities, and leisure time activities for residents. The supporting schedule did not show that the amount of time allocated for physical exercise and recreational activities for all units was consistently met on a daily basis.

**Corrective Actions:**

**No further action required. While onsite for inspection the license holder provided the inspector with a revised recreation schedule which allocated the required amount of time of physical exercise and recreational activities for each unit.**

**Response Needed By:**

10. 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:**

Review of staff files of staff hired in 2024, revealed one of four 90 day staff reviews was completed after the 90 day time frame.

**Corrective Actions:**

**Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding staff development and evaluation plans.**

**Response Needed By:**

**INSPECTION COMMENTS**

The MCF-Red Wing Facility inspection occurred from January 27-31, 2025, using Minnesota Rule, Chapter 2960, governing juvenile facilities.

The following items were discussed during the inspection:

\*The following were current violations noted at the inspection, however they were not cited in this inspection due to being cited in a recent corrective action (two corrective action orders were given to the facility on 01/27/2025 one was based on the outcome of a review of a complaint and the other was based on a death review): 2960.0080 Subpart 11 D 2, 2960.0390 Subpart 3, 2960.0080 Subpart 18 A, and 2960.0360 Subpart 1 (quality of a well being check based on definition in 2960 and the facility Policy).

\*Discussed reporting requirements of Safety Based Separation (facility was out of compliance 2960.0740 Subpart 3 C, however due to the newness of this Rule this was utilized as T.A.)

\*Discussed with facility that they are to update any waivers or variances that they want to reapply for with MN DOC through the DOC Portal.

\*Discussed that it is required for the facility to report any use of chemical irritant into MN DOC Portal within 10 days of occurrence (this has historically not be required by DOC and this served as notification update for the facility).

\*Discussed concerns around the adult inmates seeing juvenile residents and the supervision of juvenile residents when adult inmates are unsupervised.

\*Discussed the facility is working towards improving communication between their different departments.

\*Discussed both staff and residents overall had positive feedback about the facility, residents reported feeling safe, residents reported feeling their rights being met, and overall appeared content.

\*Inspector was able to meet with the license holder's lieutenants during the inspection, discussing topics such as: facility programming, SBS and documentation of SBS, and how staff overall appear to feel supported by other officers.

This license holder will be placed on an annual inspection for the next inspection cycle.

**JJDPA Compliance**

No violation was observed at the inspection.

**Report completed By:** Stephanie Kantola – Detention Facility Inspector

**Signature:**