



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
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

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:** Lisa Becking – Assistant Director of I&E **Inspected on:** 01/27/2022 to 02/04/2022

Inspection Method: Due to COVID I met with many staff via TEAMS on Jan 27, 28 & 31 and Feb 3. I was on campus Feb 1 & 2. Two days on campus consisted of inspection of resident units, review of resident files, incident reports, DRT reports, well-being checks, logs and other pertinent documentation, interviews with youth and additional staff.

Officials Present During Inspection: Warden Shon Thieren; AWO Sherlinda Wheeler; Associate Warden of Administration James Schaffer

Officials Present for Exit Interview: Warden Shon Thieren; AWO Sherlinda Wheeler; Associate Warden of Administration James Schaffer

Issued Inspection Report to: Warden Shon Thieren; AWO Sherlinda Wheeler; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

| Rule Chapter | Requirement Type | Total Applicable | Total Compliance | Total Non Compliance |
|--------------|------------------|------------------|------------------|----------------------|
| 2960 | Mandatory | 316 | 311 | 5 |

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 04/01/2022 **Ends On:** 03/31/2023 **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: 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. | Entire campus is considered secure due to fencing and locked cottages. |

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 5**

1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.A.. Resident and family grievance procedures.

A. The license holder must develop and follow a written grievance procedure that allows a resident, the resident's parent or legal representative, a guardian, or a concerned person in the resident's life to make a formal complaint or suggestion or express a concern about any aspect of the resident's care during the resident's stay in the facility. The license holder and staff must not attempt to influence a resident's statement about the facility in the grievance document or during an investigation resulting from the grievance.

Inspection Findings:

Youth are required to complete a "kite" to resolve the grievance and not allowed to freely submit a grievance.

Corrective Actions:

Kites are a tool of communication in prisons. Consider renaming them if this form of communication is expected. Youth are allowed to file a grievance at anytime to make a formal complaint, suggestion, express concern about ANY aspect of their care during their stay at the facility. Retrain staff and educate youth on this process.

Response Needed By: 05/31/2022

2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 9.B.. 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. B. The license holder must facilitate the resident's school attendance and homework activities.

Inspection Findings:

Youth in DRT are NOT having the same educational opportunities as youth on campus.

Corrective Actions:

Create an educational plan and assure all youth in DSU, including those in DRT have similar classroom time as other youth on campus. When education services are not provided due to youth or staff safety threats, documentation must clearly explain why the youth did not receive education/classroom time that day.

Response Needed By: 05/31/2022

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:

The status of a resident placed in disciplinary room time must be reviewed at least once every eight hours and each review must be done according to the facility's due process system and must be documented. Eight hour reviews are not indicating the need for continued DRT in the documentation. In one example documentation verified the youth was released from DRT early, but remained in the Secure Unit past the number of hours to be served. DRT ends at 3:30 pm for each youth. Staff are manipulating the DRT hours.

Corrective Actions:

Retrain staff on the use of DRT and documentation. Train the eight hour reviewers on the purpose and intent of the eight hour reviews. The youth must be released from DRT when the time is up or when the eight hour review determines they can be released early.

Response Needed By: 05/31/2022

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:

F. One half hour interval well-being checks, when residents are not under direct supervision. Camera review and log documentation identified a situation where a staff was not conducting the well-being checks as required.

Corrective Actions:

An audit system to review well-being checks on a monthly basis must include documentation of the number of checks observed, named of staff observed and findings of the observation. The observation must include at minimum 4 hours of checks for each cottage/unit and each staff having worked that month on the overnight.

Response Needed By: 05/31/2022

5. 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:

Staff files were lacking current staff development and evaluation plans.

Corrective Actions:

Complete the staff development and evaluation plans getting them current by May 31, 2022.

Response Needed By: 05/31/2022

INSPECTION COMMENTS

Sections of 2960 that are applicable to MCF-Red Wing include: Administrative Standards, Group Residential, Secure, Detention, Corrections, and Restrictive Procedures certifications. Inspection results are contained in the various sections of this report.

The following comments are not specific rule violations, but are intended to provide constructive feedback to address potential facility issues that were noted on site.

Comments:

1. The facility response to COVID-19 follows CDC guidelines and included N95 masks for residents and staff, ample amounts of hand sanitizer, temperature checks and screening questions for all staff and visitors prior to entering the secure areas.
2. Previous concerns around reasonable privacy and unclothed body searches have been addressed. The new process allows for a degree of privacy in a manner that is mindful of the youth's trauma, mental health needs, and developmental level while still maintaining security for the facility.
3. Many facilities are struggling to complete training requirements due to COVID-19. This may be an area of focus and staff should be reminded of their training requirements.
4. Please consider the reading level of youth entering MCF-Red Wing and consider providing a resident handbook designed with a 3-4 grade reading level in mind.
5. Canteen allows residents to accumulate large amounts of food and hygiene products in their bedrooms. MCF-Red Wing canteen is not kid friendly. Please consider a kid friendly canteen.
6. Emergency head counts practice drills on the overnight must NEVER wake a youth.
7. I encourage you and your staff (behavioral health, COs, Case managers, nursing, educators- any staff with direct care of youth) to continue expanding your team approach to serving youth. When we work together and advocate for the youth, great things can happen.

I would like to sincerely thank you for your cooperation and flexibility during this licensing visit. There are areas identified in this report that need improvement, however MCF-Red Wing continues to work diligently to positively impact the youth in their care. Please contact me if you have any questions regarding this inspection report.

JJDP A Compliance

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

Report completed By: Lisa Becking – Assistant Director of I&E

Signature:

