**Prison Rape Elimination Act (PREA) Audit Report**

**Juvenile Facilities**

☐ Interim  ☒ Final

**Date of Report**  8/24/18

### Auditor Information

<table>
<thead>
<tr>
<th>Name: Dorothy Xanos</th>
<th>Email: <a href="mailto:dorothy.xanos@truecorebehavioral.com">dorothy.xanos@truecorebehavioral.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: TrueCore Behavioral Solutions, LLC</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: P.O. Box 4068</td>
<td>City, State, Zip: Deerfield, Florida 33442</td>
</tr>
<tr>
<td>Telephone: (813) 918-1088</td>
<td>Date of Facility Visit: 7/09 – 7/10/18</td>
</tr>
</tbody>
</table>

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency: Minnesota Department of Corrections</th>
<th>Governing Authority or Parent Agency <em>(If Applicable)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address: 1450 Energy Park Drive, Suite 200</td>
<td>City, State, Zip: St. Paul, Minnesota 55108</td>
</tr>
<tr>
<td>Mailing Address: Click or tap here to enter text.</td>
<td>City, State, Zip: Click or tap here to enter text.</td>
</tr>
<tr>
<td>Telephone: (651) 361-7200</td>
<td>Is Agency accredited by any organization? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

The Agency Is: ☐ Military  ☐ Private for Profit  ☐ Private not for Profit  ☐ Municipal  ☐ County  ☒ State  ☐ Federal

**Agency mission:** To reduce recidivism by promoting offender change through proven strategies during safe and secure incarceration and effective community supervision.

**Agency Website with PREA Information:** [https://mn.gov/doc/family-visitor/prea-policy/prea-links/](https://mn.gov/doc/family-visitor/prea-policy/prea-links/)

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name: Tom Roy</th>
<th>Title: Commissioner of Corrections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:Tom.Roy@state.mn.us">Tom.Roy@state.mn.us</a></td>
<td>Telephone: 651-361-7200</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name: Deb Wienand</th>
<th>Title: PREA Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:Debra.Wienand@state.mn.us">Debra.Wienand@state.mn.us</a></td>
<td>Telephone: 651-361-7153</td>
</tr>
</tbody>
</table>
**PreA Coordinator Reports to:** Director of Office of Special Investigations - Cari Gerlicher  
**Number of Compliance Managers who report to the PreA Coordinator:** 10

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## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Minnesota Correctional Facility- Red Wing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1079 Hwy 292 Red Wing, MN, 55066</td>
</tr>
<tr>
<td>Mailing Address (if different than above):</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(651) 267-3600</td>
</tr>
</tbody>
</table>

- **The Facility Is:**  
  - ☒ State  
  - ☐ Military  
  - ☐ Private for Profit  
  - ☐ Private not for Profit  
  - ☐ Municipal  
  - ☐ County  
  - ☐ Federal

- **Facility Type:**  
  - ☒ Correction  
  - ☐ Detention  
  - ☐ Intake

**Facility Mission:** The mission of the Minnesota Correctional Facility-Red Wing is to encourage the development of healthy living and social skills. To accomplish this, the facility has established a culture where the dignity of residents is respected and staff demonstrate a level of care which serves as a model to others. Encourage residents to embrace change in the least-restrictive and safest environment possible, while continuing to protect the public and restore justice for victims. Develop programs tailored to meet the needs of each individual. Improve outcomes by using evidence-based approaches. Utilize community-based and family-oriented intervention strategies while emphasizing the responsibility of the resident.

**Facility Website with PREA Information:** [https://mn.gov/doc/family-visitor/prea-policy/prea-links](https://mn.gov/doc/family-visitor/prea-policy/prea-links)

**Is this facility accredited by any other organization?**  
- ☒ Yes  
- ☐ No

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### Facility Administrator/Superintendent

<table>
<thead>
<tr>
<th>Name:</th>
<th>Shon Thieren</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Shon.Thieren@state.mn.us">Shon.Thieren@state.mn.us</a></td>
</tr>
<tr>
<td>Title:</td>
<td>Warden</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(651) 267-3686</td>
</tr>
</tbody>
</table>

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### Facility PREA Compliance Manager

<table>
<thead>
<tr>
<th>Name:</th>
<th>Tammy Wherley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Tammy.J.Wherley@state.mn.us">Tammy.J.Wherley@state.mn.us</a></td>
</tr>
<tr>
<td>Title:</td>
<td>Associate Warden of Operations</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(651) 267-3617</td>
</tr>
</tbody>
</table>

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### Facility Health Service Administrator

<table>
<thead>
<tr>
<th>Name:</th>
<th>Nola Karow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:nola.karow@state.mn.us">nola.karow@state.mn.us</a></td>
</tr>
<tr>
<td>Title:</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(507) 332-4366</td>
</tr>
</tbody>
</table>

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### Facility Characteristics

<p>| Designated Facility Capacity: | 88 |
| Current Population of Facility: | 70 |</p>
<table>
<thead>
<tr>
<th>Number of residents admitted to facility during the past 12 months</th>
<th>227</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</td>
<td>82</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>116</td>
</tr>
<tr>
<td>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</td>
<td>0</td>
</tr>
<tr>
<td>Age Range of Population:</td>
<td>14-20</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>160 days including secure detention, 322 for long term &amp; sex offender program</td>
</tr>
<tr>
<td>Facility Security Level:</td>
<td>Minimum</td>
</tr>
<tr>
<td>Resident Custody Levels:</td>
<td>Serious/Chronic Violent Offender</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with residents:</td>
<td>189</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with residents:</td>
<td>0</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</td>
<td>0</td>
</tr>
</tbody>
</table>

**Physical Plant**

<table>
<thead>
<tr>
<th>Number of Buildings:</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Single Cell Housing Units:</td>
<td>7</td>
</tr>
<tr>
<td>Number of Multiple Occupancy Cell Housing Units:</td>
<td>0</td>
</tr>
<tr>
<td>Number of Open Bay/Dorm Housing Units:</td>
<td>0</td>
</tr>
<tr>
<td>Number of Segregation Cells (Administrative and Disciplinary):</td>
<td>27 and 3 observation cells</td>
</tr>
</tbody>
</table>

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Minnesota Correctional Facility-Red Wing has a total of 291 cameras with a system that monitors both areas inside and outside of the facility. The facility has a system that is actively monitored via screens, as well as 24/7 monitoring with a monitor in the staff area. This system automatically records and can take “snapshots” and is available for use in post-incident investigations and reviews.

**Medical**

<table>
<thead>
<tr>
<th>Type of Medical Facility:</th>
<th>Clinic on-site in school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic sexual assault medical exams are conducted at:</td>
<td>Mayo Health System</td>
</tr>
</tbody>
</table>

**Other**

<table>
<thead>
<tr>
<th>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</th>
<th>107</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</td>
<td>10</td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative

The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of the Minnesota Correctional Facility-Red Wing (MCF-RW) was conducted on July 9-10, 2018 by Dorothy Xanos, US DOJ Dual Certified PREA Auditor. The audit begins with the notification of the on-site audit that was posted by June 5, 2018, six weeks prior to the date of the on-site audit. The facility’s last PREA audit was on May 1, 2015. The posting of the notices were verified during the tour and verified by photographs received on the USB flash drive from the MDOC PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the front entrance area, living unit areas, intake area, and the school area. This auditor did not receive any communication from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all forty-one (41) standards were received by June 19, 2018. The documentation was uploaded to a USB flash drive and it was organized, highlighted and easy to navigate; however the information in regards to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address fourteen (14) standards. The supporting documentation for the fourteen (14) standards was provided to this auditor during the on-site and after the on-site visit to the facility.

A conference call was conducted prior to the site visit with MCF-RW Warden, Associate Warden of Operations/PREA Compliance Manager (PCM) and one (1) of the Lieutenants to review the schedule and discuss the information to be sent to this auditor prior to the site visit. MCF-RW Associate Warden of Operations/PCM sent the documentation to this auditor prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit to address the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on July 9-10, 2018. An entrance briefing was conducted with MCF-RW Warden, Associate Warden of Operations/PREA Compliance Manager (PCM), Captain, Title I Reading Teacher, (2) Lieutenants and MDOC PREA Coordinator. During the entrance briefing, it was explained the audit process and a tentative schedule for both days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the secure front entrance, administration area, living unit areas, kitchen/dining area, staff offices, laundry area, school area (classrooms & offices), gymnasium, library, vocational area, medical area, maintenance area, volunteer center (closed for renovation) and storage in all seven (7) buildings. Also, located in the school area was a secure grievance box for residents and is checked daily by MCF-RW Captain.

During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. The facility was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video
surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the bathroom/shower area so residents are not seen on the surveillance system while showering or toileting. During the tour, it was observed that the bathroom/shower area did allow for privacy.

During the two (2) day on-site visit, there were a total of seventy (70) residents in the facility. Eighteen (18) residents were randomly selected from the resident list provided by the Associate Warden of Operations/PREA Compliance Manager (PCM). Eight (8) residents met the identified categories from the required list of targeted resident interviews. The required categories are as follows: (2) Residents who identified as Lesbian, Gay or Bi-sexual, (2) Residents with a cognitive disability and (4) Physical disability (Blind, Deaf or Hard of Hearing). There were no other residents that met the other required categories i.e. Transgender or Intersex; Resident who is Limited English Proficient (LEP); Resident in isolation; Resident who reported sexual abuse, and Resident who reported sexual victimization during risk screening. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, the hot line, and the grievance process.

There is evidence of MDOC’s attempts in obtaining Memorandum of Understanding with community service providers to provide emotional support services, however this was unsuccessful. MDOC’s Director of Victim Services is identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the residents at the facility. The Mayo Health System (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim.

Twenty-seven (27) staff were formally interviewed including (12) staff from all three (3) shifts, Warden, Associate Warden of Operations/PCM, Captain, HR Specialist, (3) medical and mental health staff, (1) first responder, (3) volunteers and contractor, incident review team member, Sergeant (supervise isolation), (1) intake staff, and OSI Investigator were interviewed during the two (2) days of the on-site visit. Additionally, interviews were conducted via telephone with the MDOC Commissioner of Corrections and MDOC PREA Coordinator prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Associate Warden of Operations/PREA Compliance Manager (PCM) and one (1) of the Lieutenants. At the exit debriefing, it was discussed additional documentation was required for five (5) standards and it was determined this information would be sent to this auditor within the next three (3) weeks to be in compliance with all the PREA Standards. The requested information was sent to this auditor by MDOC PREA Coordinator prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards. The final PREA report was begun on August 24, 2018 however the report was delayed due to an unforeseen illness of the auditor.

**Facility Characteristics**

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special
housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Minnesota Correctional Facility at Red Wing (MCF-RW) is an eighty-eight (88) bed secure, long-term treatment facility for adjudicated juveniles governed by the Minnesota Department of Corrections (MDOC). The facility is located in Red Wing, Minnesota and was originally designated as a “state training school” built in 1889 for juveniles would otherwise have been sent to adult jails or prison. The county refers young men with a lengthy history of serious offenses who typically have numerous previous failed placements in the community. The facility has a capacity of one hundred and eighty-nine (189) residents which includes a long-term program, a sex offender treatment program and a secure detention. Also, there is an adult program located on the campus, these detainees typically are near the end of their term of incarceration and are preparing for re-entry into the community. The adult and juvenile populations never communicate with each other. The length of stay for residents is dependent on their committing offense and progress within the program. The average length of stay is 160-322 days and can be extended if necessary. The average age of the residents is between 10-20 years old. There were seventy (70) residents at the facility at the time of the on-site visit. The facility is accredited through the American Correctional Association (ACA).

MCF-Red Wing is located on approximately 52 acres of land located in Goodhue County. The facility’s physical plant has a total of thirty-one (31) buildings on campus with several buildings that are closed both within a fenced secure area and outside of the fenced area. The administrative building leads into a lobby/checkpoint area and is comprised of administrative offices, visitation and hearing office, investigation, human resources office, and control area. The education building consisted of classrooms, computer lab, woodworking, credit recovery class, metal shop with a tool room, library, property room, gymnasium, rock-climbing wall, an exercise area, education offices and program offices. Also located on the other side of the education building was the medical area that consisted of waiting area, exam rooms, dental and medical offices. Another building consisted of the staff training area. There are six (6) cottages/living units and a detention center. Each cottage/living unit contained a dayroom, dormitory, kitchen/dining area, kiosk and telephones, bathroom/shower area and the PREA information posted on the bulletin boards including the victim advocate information and the facility information. The detention center and a visiting/waiting area, kiosk and telephones, dayroom, safty, intake area, health office, kitchen area, gym/recreation area, laundry/storage area, to classrooms, single cells and bathroom/shower area. There is a laundry area and several outdoor recreation areas for basketball and volleyball as well as each cottage/living units has leisure activities. Also there is an industry and warehouse area and the facility maintenance and grounds area.

The facility is staffed with one hundred eighty-nine (189) full-time and part-time staff. The staff consists of: Warden; Associate Warden of Operations; Correctional Captain; (8) Correctional Lieutenants; (6) Clinical Program Therapists; Psychologist; State Program Admin Manager Sr.; (97) Correctional Officers I,II,III; (2) Trainee Corrections Officers; (14) Correctional Security Caseworkers; Investigation Specialist; Training and Development Supervisor; (20) Education Staff and (35) other staff (Administrative, Food Service, and Maintenance). In addition, there are over fifty (50) religious volunteers and contractors who are authorized to enter the facility.

MCF-Red Wing has two (2) medical staff: Registered nurses providing nursing services at the facility eight (8) hours a day, seven (7) days per week. Both nurses are responsible for coordination of the medical services and medical clinics. The nurse practitioner is on-site one day per week, the pediatrician every other Tuesday and is on call 24/7. Both nurses provide health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu
vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental services are provided for once per month and consisted of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has contracted an optometrist who provides routine eye exams and a number of specialized service providers to assist residents in their treatment. Twice a month, the contracted psychiatrist provides mental health and treatment services and is available for emergency services. The services will consist of the initial mental health assessment and will refer residents to outside mental health and substance abuse services for any additional services deemed necessary to assist the resident.

The facility’s educational department consists of twenty (20) education staff providing educational services, licensed by the State of Minnesota. Following required State law all educational staff in “licensed” positions holds the appropriate licensure for their subject(s), grade level(s) or professional assignment(s). The academic department provides responsive and progressive education based on professional values of integrity, responsibility and best practices that foster student growth which builds bridges to a successful life of responsible citizenship.

Residents are assessed upon arrival to aide with proper grade level placement. Each resident undergoes a series of pre-tests to determine their level of performance and then given assignments based on the results of the pre-tests. The educational program offers comprehensive instruction for middle and high school students. The goal is to promote learning and development through a wide range of educational and vocational learning experiences. Their vision is to provide a safe, caring, instructional environment where students with social and educational challenges can best develop the skills and character necessary to rejoin their communities with success. The residents participate in an individual education program that is designed for them. The facility provides an educational program during the week in order for residents to maintain their grades and the continuity of care upon return to their community schools. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. Residents receive instruction in life skills, English, mathematics, social studies and science. When a resident completes high school, their education continues at the facility by taking on-line classes at the local community college.

MCF-Red Wing’s staff has integrated principles of the restorative justice model as their treatment protocols and program services. The focus is on restoring the relationship between the resident and the community by developing pro-social competencies and providing opportunities for the residents to make amends for the harm caused. These principles are reflected in the facility’s treatment, education, therapeutic community and the transition service program components. The residents participate in the facility’s cognitive/behavioral restructuring and skill development treatment program. Risk and needs assessments are completed for each resident and outcomes are used to develop the resident’s individual treatment plan. Monthly and quarterly reports are used to measure progress toward treatment and completion. All residents are expected to develop an individualized relapse prevention plan and demonstrate its effectiveness during daily activities prior to their release.

MCF-Red Wing’s staff has updated their long-term program and now participates in the performance – based standards (PbS), with a focus on individualized treatment approaches and evidence-based practices, but utilizes a trauma response care approach that includes the implementation of Trauma and Grief Component Therapy for Adolescents (TGCTA). The staff is trained in the Positive Youth
The facility’s substance abuse treatment program is also cognitive/behavioral therapy based. The program is designed for those residents whose substance abuse is primary to their delinquency. In addition, to the cognitive behavioral restructuring and skill development components, the program activities include a logical and sequential approach to recovery based on stages of change, relapse prevention, and transition/aftercare maintenance. Residents assigned to the facility sex offender treatment program participate in cognitive/behavioral restructuring and skill development components designed to address their sexual misconduct. Program goals include increased victim empathy, increase understanding of sexual arousal, and understanding the elements of healthy sexual relationships.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

<table>
<thead>
<tr>
<th>Number of Standards Exceeded</th>
<th>3</th>
<th>(115.311, 115.317 &amp; 115.331)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Standards Met</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Number of Standards Not Met:</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Summary of Corrective Action (if any)</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>
Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)
- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes □ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes □ No

115.311 (b)
- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes □ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes □ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes □ No

115.311 (c)
- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes □ No □ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes □ No □ NA

Auditor Overall Compliance Determination
- ☒ Exceeds Standard *(Substantially exceeds requirement of standards)*
- □ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- □ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. A review of both organizational charts contained the designations of the PREA Coordinator and PREA Compliance Manager positions.

Minnesota Department of Corrections (MDOC) has a designated PREA Coordinator and she reports directly to the Director of Office of Special Investigations. The PREA Coordinator works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of ten (10) residential facilities with the support of the executive administration.

Minnesota Correctional Facility-Red Wing (MCF-RW) Associate Warden of Operations/PREA Compliance Manager (PCM) during her interview indicated she had sufficient time and authority to develop, implement and oversee the facility's PREA compliance efforts to comply with the PREA standards and perform other duties as assigned. Additionally, she has created a PREA reference binder located in their staff work stations containing the policy, reporting process, victim advocate information, and forms for the facility staff.

Based on the randomly selected and specialized staff and resident interviews, the extensive staff training, the resources available to the facilities, it is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Minnesota. Also, during the tour of the facility, the observation of postings, reviews of staff and resident handbooks, training curriculums confirmed the facility's commitment and dedication to create a PREA compliant culture. The facility has PREA reference binder located in their staff work stations containing the reporting process and forms for the facility staff in the event of an incident. Overall, this auditor has determined the agency and the facility have substantially exceeded the requirements of this standard based on the above information.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private
Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO"). ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 describes the contractor’s obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. MDOC has entered into/renewed one (1) contract with another government agency to provide confinement of residents in the past twelve (12) months. An interview with the MCF-RW Associate Warden of Operations/PREA Compliance Manager (PCM) confirmed this contractor is monitored by MDOC to ensure compliance with the PREA standards. A review of the contracted documentation indicated the contractor’s obligations to adopt and comply with the PREA Standards. Therefore, based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

☒ Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☒ NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☒ NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☒ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☒ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☐ Yes ☒ No

### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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A review of the Minnesota Department of Corrections (MDOC) Policy 301.055 (Security Rounds) effective 4/25/17 contained the required information identifying each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring (if applicable), and federal standards. The staffing plan would be reviewed annually with the administrative staff. Also, the policy contained information identifying each facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts documenting the information in facility logbooks and “Administrative Inspection/Tour Log” form that contain observations of all areas of the facility on a monthly basis.
According to the policy, MCF-RW’s staff-to-youth ratio is identified to meet the PREA standard (1:8 during the resident waking hours and 1:16 during resident sleeping hours). During the documentation review, the facility did not report deviations from the staffing plan during the past twelve (12) months. A memo dated May 8, 2018 from MCF-RW Associate Warden of Operations/PREA Compliance Manager (PCM) advised there had been no deviations from the staffing plan or the staff-to-youth ratios. MCF-RW’s staffing plan was reviewed, developed, implemented 5/03/18 and in compliance with the standard. An interview with the MCF-RW Warden and the documentation confirmed on an annual basis, there is a review of the facility’s staffing plan. The facility has a mechanism in place for call outs and staff volunteer to stay over if needed.

MCF-Red Wing is a secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and sexual harassment. The MCF-RW Warden, Associate Warden of Operations/PREA Compliance Manager (PCM), Captain and Lieutenants conducts and document unannounced rounds on all three (3) shifts and in all areas of the facility to monitor and deter staff sexual abuse and sexual harassment on a monthly basis. All unannounced rounds are documented in the facility logbooks and “Administrative Inspection/Tour Log” form that contains information and observations of all areas of the facility. Documentation, Warden and staff interviews confirmed the process takes place on all three (3) shifts in the facility on a monthly basis.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.315: Limits to cross-gender viewing and searches**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)
- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No

- In facilities (such as facilities) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 301.055 (Security Rounds) effective 4/25/17 and Policy 301.010 (Searches) required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident’s genital status.

MDOC has extensive staff training, a review of the training documentation including a “Control Tactics, Security Searches & Pat Searches inclusive of Cross Gender/Transgender” power point and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful, professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Staff interviews were unable to describe what an exigent circumstance would be and were not knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Staff interviews could not identify the MCF-RW policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident’s genital status. Residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. Staff interviews indicated that staff of the opposite gender entering the dorm area would consistently announce themselves, however residents confirmed the staff of the opposite gender did not consistently announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that staff of the opposite gender is prohibited from entering the bathroom/shower area while residents are showering. During the tour, it was observed that the toilets located in the bathroom/shower areas did allow for privacy.

There has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve (12) months at the facility. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents in the past twelve (12) months at the facility.

After the on-site visit, all staff were re-trained on when entering the living units, the opposite gender should always announce themselves, how to describe what an exigent circumstance would be and the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches and the MCF-RW policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident’s genital status. The MDOC PREA Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

**Standard 115.316: Residents with disabilities and residents who are limited English proficient**
115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

• Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

• Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

• Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.050 (Offender/Resident Orientation) effective 11/7/17 and Policy 203.250 (Modifications for Offenders/Residents with Disabilities) effective 10/17/17 contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of each facility’s efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policies indicate each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident’s safety.

There are postings throughout the facility in English and Spanish and staff had access to varied interpreter services through language line services including translation and sign language. Staff
training documentation and the resident handbook contained information on providing appropriate explanations regarding PREA information to residents based upon the individual needs of the resident. Staff interviews confirmed they would not allow the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment but had limited knowledge on how to obtain an outside agency to provide interpreter services. In the past twelve (12) months, the facility did not have any instances of resident interpreters or readers being used for reporting allegations of sexual abuse or sexual harassment.

After the on-site visit, all staff were re-trained on interpreter services provided at the facility and the process on how to obtain these services. Also, the interpreter information would be located in the “Watch Center Information” binder for staff to access upon needing an interpreter. All postings of the PREA and emotional support services information were updated to reflect both English and Spanish. The MDOC PREA Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

**Standard 115.317: Hiring and promotion decisions**

*All Yes/No Questions Must Be Answered by the Auditor to Complete the Report*

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☒ **Exceeds Standard** *(Substantially exceeds requirement of standards)*
- ☐ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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A review of the Minnesota Department of Corrections (MDOC) Policy 103.014 (Background Checks for Applicants and Current Employees) effective 2/6/18 and Policy 300.045 (Contractor Relationship to Department) effective 3/21/17 requires that a criminal background shall be conducted before hiring new employees who may have contact with residents, and will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegations of sexual abuse. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with offenders and a criminal background records check is completed at least every five (5) years for current employees and contractors, and annually for sensitive specialist assignments.

Also, the above policies and procedures indicated that the MDOC shall not hire or promote anyone for a position that may have resident contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force,
overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. MDOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated residents. MDOC staff must ask all applicants and employees who may have contact with residents directly about previous misconduct noted above in written applications or interviews for hiring or promotions.

MDOC has extensive initial background checks to include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, driving records check, child abuse registry checks, and best efforts to contact all previous institutional employers for information on substantiated allegations of sexual abuse, consideration of incidents of substantiated sexual harassment when determining whether to hire or promote staff or enlist the services of any contractor who has contact with residents and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and contractors. Material omission by an employee is subject to termination. Additionally, contractors who have contact with residents have documented criminal background checks.

An interview with the facility’s HR Specialist confirmed the process on the facility performing the criminal background checks, considering the pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents, all employees who are considered for promotion and every five (5) years. They also conduct the same checks for contractors. She advised that their Central Office ensures background checks are conducted every five (5) years. Also, there is an affirmative duty to disclose any arrests or previous misconduct by all employees at hire and anytime there is a law enforcement contact. A sample review of staff’s and volunteer’s HR files had documentation on staff completing varied forms and contained the questions regarding past misconduct (PREA Requirements) were asked and responded to during the hiring process. The contracted staff’s HR files are maintained at the Central Office. Information regarding previous misconduct is provided to potential employers automatically if the potential employer is in Minnesota, otherwise an authorization for release for information is required and referred to Central Office.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and the review of detailed documentation during the on-site visit and facility tour, the facility has demonstrated exceeding this standard. The agency requires all staff to complete extensive initial background checks.

**Standard 115.318: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  ☒ Yes  ☐ No  ☐ NA
115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Minnesota CF-RW has not been newly designed nor had a substantial expansion since August 20, 2012. However, one of the living units (Yale cottage) bathrooms was remodeled by adding double doors to the shower stalls, new urinals and partitions for privacy. The department requires each facility to complete a quarterly report with any updates, significant accomplishments, primary concerns, and operational goals etc. There has been no upgrade of a video monitoring system but additional new cameras and the replacement of outdated analog cameras with full digital. The facility has a five (5) year replacement camera plan.

An interview with the MCF-RW Warden and documentation review confirmed the remodeling and the replacement cameras in the past twelve (12) months. During the tour, cameras were observed throughout the facility and this auditor was able review the video surveillance system in master control. This system will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility.

Based on the review of the agency policy and procedures, observations and information obtained through the interview and documentation, the facility has demonstrated compliance with this standard.
Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
  - Yes ☒ No ☐

115.321 (e)
- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?
  - Yes ☒ No ☐
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?
  - Yes ☒ No ☐

115.321 (f)
- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)
  - Yes ☒ No ☐ NA ☐

115.321 (g)
- Auditor is not required to audit this provision.

115.321 (h)
- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)
  - Yes ☒ No ☐ NA ☐

**Auditor Overall Compliance Determination**

- [ ] Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- [ ] Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*
A review of the Minnesota Department of Corrections (MDOC) Policy 107.007 (Criminal Investigations) effective 1/17/17 and Policy 301.035 (Evidence Management) effective 3/6/18 requires an administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. All staff is required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff is required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Special Investigations (OSI).

Also, the policies and procedures require protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Requires a history be taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the resident for this examination. Also requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A qualified mental health staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

There is evidence of MDOC’s attempts in obtaining Memorandum of Understanding with community service providers to provide emotional support services, however this was unsuccessful. MDOC’s Director of Victim Services is identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the residents at the facility. The Mayo Health System (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Also, this auditor contacted the Director of Victim Services via telephone during the on-site visit and confirmed her department has established a telephone number for residents to call and to provide confidential emotional support services.

Documentation, Warden and staff interviews confirmed Office of Special Investigations (OSI) conducts the administrative and criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct. Interviews with the medical staff were knowledgeable of the procedures to secure and obtain usable physical evidence when sexual abuse is alleged and confirmed in the event of an alleged sexual abuse occurrence, residents would be sent to Mayo Health System. MDOC’s Director of Victim Services has extensive experience and training in victim advocacy to provide confidential emotional support to residents who are victims of sexual abuse in accordance with the PREA standards. In the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.322: Policies to ensure referrals of allegations for investigations**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 107.007 (Criminal Investigations) effective 1/17/17 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff is required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff is required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Special Investigations (OSI) for both administrative and criminal investigations. The PREA policy can be found at the Minnesota state’s website.

The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. All staff interviews reflected and confirmed their knowledge on the reporting, referral process and policy’s requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct.

Interviews with the MCF-RW’s Warden, Associate Warden of Operations/PREA Compliance Manager, and OSI investigator confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Also, any internal investigation that identifies criminal activity or involves a staff member would be immediately referred to local law enforcement. The OSI investigator would act in a liaison position and would advise MCF-RW’s Warden on the progress of a sexual abuse investigation. This was confirmed during an interview with an OSI investigator. MCF-RW had received sixteen (16) allegations of sexual abuse and sexual harassment resulting in a criminal investigation or in an administrative investigation in the past twelve (12) months.

After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. MDOC PREA Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)
Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No

Is such training tailored to the gender of the residents at the employee’s facility? ☒ Yes ☐ No

Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.331 (c)
- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 103.420 (Pre-Service and Orientation Training effective 7/19/16) requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually.

All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard’s requirements and is tailored to all facilities with the gender of their resident populations. These topics consist of: zero-tolerance policy, how to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, resident’s right to be free from sexual abuse and sexual harassment, staff and residents rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents, dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including LGBTQI, and gender nonconforming residents, and relevant laws regarding the
applicable age of sexual consent. Also, the staff receives training on professional and ethical boundaries relating not only to PREA but to their role as an employee.

A review of the staff training documentation including staff training rosters, annual training plans, curriculum (power point), lesson plans and staff interviews confirmed staff receives PREA training during initial pre-service training and during annual refresher in-service training. Staff interviews confirmed receiving annual in-service training, all the different training modules and their comprehension of the initial PREA training, understand their responsibilities and obligation to report any allegation of the sexual abuse and/or sexual harassment. At the facility, it was evident through documentation, interviews and observation of the day-to-day operations that the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and the review of detailed documentation during the on-site visit and facility tour, the facility has demonstrated exceeding this standard. The agency requires all staff to receive formal PREA training annually.

**Standard 115.332: Volunteer and contractor training**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.332 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

**115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

**115.332 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
☐ Does Not Meet Standard *(Requires Corrective Action)*

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 103.420 (Pre-Service and Orientation Training) effective 7/19/16, Policy 300.040 (Volunteer Services Program) effective 10/18/16 and Policy 300.045 (Contractor Relationship to Department) effective 3/21/17 requires that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. Long-term, full-time contract staff with resident contact shall comply with the same orientation and training as equivalent MDOC employees.

All volunteers, interns and contractors receive the same PREA training and view the power point that includes: policies, PREA definitions, reporting requirements and other required procedures. All volunteers, interns and contractors receive and sign both an acknowledgement and the "Volunteers, Contractors, and Interns Orientation and Checklist Agreement" forms upon completion of the PREA training they received. Documentation (power point & agreements) was reviewed for content and addresses the zero-tolerance policy, volunteers and contractors requirement for confidentiality and how to report any incidents of sexual abuse and or sexual harassment. The facility reports ten (10) volunteers and contractors who may have access to residents.

A review of randomly selected individual volunteer and contractor files contained a signed and dated acknowledgement form that the volunteer and/or contractor completed and understood their requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with (2) volunteers and a contractor confirmed their knowledge of the PREA training and MDOC’s zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through the contractor interview and documentation, the facility has demonstrated compliance with this standard.

### Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)
During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

Have all residents received such education? ☒ Yes ☐ No

Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident’s new facility differ from those of the previous facility? ☒ Yes ☐ No

115.333 (d)

Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No

Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No

Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No

Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No

Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)
• Does the agency maintain documentation of resident participation in these education sessions?
  ☒ Yes  ☐ No

115.333 (f)

• In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 requires mandatory PREA information, both orally and in writing for residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency’s response to allegations within 10 days upon arrival. However, the assigned facility staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. Also, the facilities are required to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired.

During the initial intake, the assigned staff utilizes the resident handbook (PREA Youth Safety Material) and reviews this detailed information verbally with the resident and the resident signs the “Offender/Resident PREA Intake Training” form verifying receipt for all information regarding orientation to the facility. After the review with the resident, he is asked to sign various forms (i.e. Initial Orientation Intake and Orientation Procedures & Offender/Resident PREA Intake Training) verifying receipt for all information regarding orientation to the facility. All residents are provided the resident handbook (PREA Youth Safety Material) which includes information on prevention/intervention self-protection, reporting and treatment/counseling and all available in Spanish for future reference. The staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session to the residents.

Interviews with intake staff confirmed residents receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting, access on
emotional support services and the agency’s response to allegations upon arrival. The residents are provided with the resident handbook (PREA Youth Safety Material) that is available in English and Spanish. The resident signs the “Initial Orientation Intake and Orientation Procedures & Offender/Resident PREA Intake Training” form to verify the reviews of the PREA education.

A review of several resident files confirmed the resident is provided the PREA education upon arrival. Also, the staff completes an “Admissions Checklist” form and document the intake information on a progress note. Resident interviews stated they received the PREA information, identified the receipt of the pamphlet and observed the video the same day they arrived at the facility. PREA postings were observed during the tour at the facility.

Documentation of resident’s signatures were reviewed and confirmed during resident interviews. Also, a review was conducted of the resident PREA education forms and the information was provided within the appropriate time frames as required by this standard. Several interviews of residents stated they received this information the same day they arrived at the facility and identified the receipt of the handbook however other resident interviews were unable to confirm receiving information about the facility’s rules against sexual abuse and sexual harassment. PREA postings were observed during the facility tour in the housing units, common areas and residents identified the postings as another source of information for them.

After the on-site visit, the staff were re-trained on the orientation process to ensure the information was reviewed verbally and provided during an resident’s admission to the facility. MDOC PREA Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

**Standard 115.334: Specialized training: Investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of the Minnesota Department of Corrections (MDOC) Policy 107 .005 (Office of Special Investigations) effective 11/21/17 requires the executive administration to ensure all investigators are properly trained in conducting investigations in confinement settings. The required training includes: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity Warnings; Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. Also, the policies and procedures requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Special Investigations (OSI) for administrative and criminal investigations.
All OSI Investigators undergo an extensive training prior to conducting both administrative and criminal investigations which includes the “Basic Investigation Training” requirement. Documentation and an interview with the OSI investigator confirmed the required initial and annual investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiated a case for administrative or prosecution referral. Also, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the local law enforcement for further investigation for the determination of criminal charges.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.335: Specialized training: Medical and mental health care**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

### 115.335 (d)
- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 500.030 (Orientation Training for Health Services Staff) effective 4/3/18 requires medical and mental health care staff to receive the training mandated for employees or for contractors and volunteers depending on the practitioner’s status in MDOC. Also, requires that all full and part-time medical and mental health staff who work regularly in MDOC facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The medical and mental health staff (full-time and contracted) at the facility is required to complete the basic PREA training and the specialized training for medical and mental health staff. Documentation review confirmed that all the medical and mental health staff completed the required annual PREA training and the specialized training (Specialized Training Specifically for MN DOC Behavioral Health and Health Services Staff). Interviews with the facility medical and mental health staff confirmed their understanding of the requirement to complete the specialized training, verified completing the specialized PREA training for behavioral health and health services staff and participating in the annual basic PREA training provided by MDOC. Also, the facility medical and mental health staff interviews confirmed they had received the appropriate training in detecting/assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicious of sexual abuse or sexual harassment. None of the medical staff conduct forensic examination.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.
**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.341: Screening for risk of victimization and abusiveness**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.341 (a)**

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No

- Does the agency also obtain this information periodically throughout a resident’s confinement? ☒ Yes ☐ No

**115.341 (b)**

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

**115.341 (c)**

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability? ☒ Yes ☐ No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No

Is this information ascertained: During classification assessments? ☒ Yes ☐ No

Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files? ☒ Yes ☐ No

115.341 (e)

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18; Policy 202.040 (Offender Intake Screening and Processing) effective 11/21/17; Policy 203.010 (Case Management Process) effective 7/3/17 and Policy 203.011 – 2RW (Treatment Planning and Reports) effective 3/1/16 requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified.

“Safety/Vulnerability Risk Assessment” form is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed at a minimum quarterly and throughout their stay at the facility. The facility’s policy limits staff access to this information on a “need to know basis”.

Staff interviews confirmed that an initial screening is conducted within twenty-four (24) hours of the resident’s arrival. Also, the staff reviews prior information in the court reports, health issues, classification assessments and past criminal behavior. The screening that is conducted includes any disabilities, age, physical build, current and previous juvenile programs, personal history, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented. Residents are reassessed at a minimum quarterly and throughout their stay at the facility. The screening form “Safety/Vulnerability Risk Assessment” is utilized for the initial screening and for reassessing residents at the facility. Also a progress report is utilized to document the resident’s progress in the facility. Access to information is available only to the Warden, Associate Warden of Operations/PREA Compliance Manager, case management, medical, and mental health staff.

Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as their admission and reassessed quarterly at the facility. Residents confirmed during the intake process being asked the questions on whether they had been sexually abused, identified with being gay, bisexual or transgender, whether they had any disabilities and/or whether they think they might be in danger of sexual abuse at the facility. Although there has been no transgender or intersex resident admitted to the facility within the past twelve (12) months, staff interviews confirmed consideration is given for the resident’s own views of their safety in placement and programming assignments.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.342: Use of screening information**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.342 (a)
 Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No

 Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No

 Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No

 Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No

 Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

115.342 (b)

 Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? ☒ Yes ☐ No

 During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No

 During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No

 Do residents in isolation receive daily visits from a medical or mental health care Worker? ☒ Yes ☐ No

 Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

 Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

 Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? ☒ Yes ☐ No

115.342 (f)

- Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility’s concern for the resident’s safety? (N/A for h and i if facility doesn’t use isolation?) ☒ Yes ☐ No ☐ NA

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn’t use isolation?) ☒ Yes ☐ No ☐ NA
115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.100RW (Program Placement) effective 12/15/15 and Policy 301.085RW (Administrative Hold) effective 11/01/05 prohibits gay, bisexual, transgender and intersex residents being placed in a particular cottage, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical/mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident’s appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The assigned facility staff utilizes various forms (Safety/Vulnerability Risk Assessment & Residents Comprehensive Needs Assessment Summary) and any other pertinent information during the resident’s admission process to determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). Documentation review confirmed the risk assessment occurred within seventy-two (72) hours and the residents received the rescreening as required. The facility does not have a designated bedroom for gay, bisexual, transgender or intersex resident. This facility did not have a resident who identified as transgender or intersex during the on-site visit, therefore this auditor was unable to ask a resident of concerns regarding their placement, a special unit just for LGBTI residents, their safety, and request to shower separately.

The Associate Warden of Operations/PCM and the staff interviews described how information from the “Safety/Vulnerability Risk Assessment” form precludes gay, bi-sexual, transgender and intersex residents being placed in a particular bedroom or other assignments based solely on their identification or status. In addition, they described the screening and assessment process and how that information, along with information derived from medical/mental health screening and assessments, records
reviews, database checks, conversations and observations, is used to determine an resident’s appropriate placement, bed assignments, as well as education and program assignments with the goal of keeping all residents safe and free from sexual abuse. There are six (6) cottages/living units and the detention center with single cells for the residents. PREA and other facility information is posted and located on the bulletin board in the day/multi-purpose room areas. Isolation is not utilized at the facility as a means of protective custody.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 302.020 (Mail) effective 6/30/15 identified the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents, hotline, regular safety surveys, confidential access to agencies that provide legal services – including legal aid offices, and confidential access through correspondence to the MDOC PREA Coordinator that receives and forward reports of sexual abuse and sexual harassment to OSI officials, allowing residents to remain anonymous upon request. Also the policies identified the resident’s accessibility to filing a grievance, communication (telephone, visitation and correspondence) with their attorney and/or parent/guardian, staff providing access to the hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report.

While touring the entire facility, there were postings of the PREA information and victim advocate services information throughout the facility. In the school area there is a locked grievance box with grievance forms and a posting with the PREA information. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment during the intake process. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline number, and placing a written complaint in the grievance box and external complaint to a third party. Reporting procedures are provided to residents through the MCF-RW resident handbook (PREA Youth Safety Material) and during the intake/orientation process.
Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust, juvenile probation/parole officer and about the anonymous reporting capability. During the intake and admission process residents are advised of their rights and sign a form acknowledging they had been advised of these rights. Some residents identified the grievance box as a means to report sexual abuse and sexual harassment. Staff interviews along with the postings, and supporting documentation confirmed multiple internal ways (verbally, writing, anonymously) for residents to report sexual abuse and sexual harassment, their understanding of the policies and their obligation of being mandated child abuse reporters.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

### Standard 115.352: Exhaustion of administrative remedies

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

**115.352 (b)**

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

**115.352 (c)**

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

**115.352 (d)**
- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
☒ Yes ☐ No ☐ NA

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the initial response and final agency decision document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 303.100 (Grievance Procedure) effective 7/29/14 describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident’s grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the grievance box located in school area of the facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The MCF-RW assigned staff will review the complaint immediately and advise the resident of the outcome or status of the investigation. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents.

The facility’s protocol indicated when a resident submits a grievance relating to sexual abuse or sexual harassment or sexual misconduct staff will immediately report the alleged details of the allegation directly to their supervisor and administrative staff (Warden, Associate Warden, Captain). A grievance regarding a PREA allegation is not processed as a grievance but is forwarded to the OSI for an investigation.

Resident interviews indicated there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box (black box). Also, they would contact a trusted staff, telephone the hotline, parent/guardian, facility’s administration, juvenile probation/parole officer in relation to sexual abuse or sexual harassment complaints. Staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and identified the grievance box (black box) located in the school area. However, the staff indicated they would contact the supervisor immediately and OSI to begin an investigation. MCF-Red Wing did not have any grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaints at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.353: Resident access to outside confidential support services and legal representation**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No

Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 202.55RW (Resident Rights) effective 10/20/15 confirmed that residents are provided access to an outside victim advocate for emotional support services, access to confidential legal counsel and reasonable access to parent/guardian.

There is evidence of MDOC’s attempts in obtaining Memorandum of Understanding with community service providers to provide emotional support services, however this was unsuccessful. MDOC’s Director of Victim Services is identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the residents at the facility. The Mayo Health System (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Also, this auditor contacted the Director of Victim Services via telephone during the on-site visit and confirmed her department has established a telephone number for residents to call and to provide confidential emotional support services. There have been no calls from residents to outside services in the past twelve (12) months at the facility.

Resident interviews could not confirm they have reasonable and confidential access to their attorneys but they do have reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The facility’s postings and the resident handbook contained information of the outside services. Resident interviews confirmed their knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. The staff will be providing additional education to future residents on victim advocate services during their orientation process and during their group session while at the facility. Also, all the postings in the facility were updated with additional victim advocate services information.

After the on-site visit, all staff were re-trained on who provides free confidential emotional support services and to provide additional education to future residents on outside advocate services during their intake/orientation process. Also, the staff were trained on how to provide reasonable and confidential access to resident’s attorneys. Postings of the outside advocate to access free emotional support information was updated both in English and Spanish and placed in the facility. The MDOC PREA Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 identifies the agency’s third party reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through the Office of Special Investigations (OSI).

MDOC website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties (OSI).

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)
• Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

• Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

• Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

• Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

• Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

• Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No

• Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

• Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No

• Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No

• If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead
of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☒ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18; Policy 300.300 (Incident Reports) effective 9/20/16 and Minnesota Statute 626.556 (Reporting Of Maltreatment Of Minors) effective 2017 identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

MDOC has identified the reporting process for all staff employed, contracted or who volunteer to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment, retaliation against inmates or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During random staff interviews, staff confirmed being mandated reporters and receiving information on clear steps on how to report sexual abuse, sexual harassment and to maintain confidentiality through the facility’s protocol and/or training. All staff would complete an incident report with the details of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.
Also, there is a PREA reference binder located at the staff work station and the intake area of the facility that contains the reporting process and forms to assist staff. Interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. Both the Warden and Associate Warden of Operations/PREA Compliance Manager indicated that all alleged sexual abuse or sexual harassment reports, regardless of where the information came from, is reported immediately to the Office of Special Investigations (OSI).

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.362: Agency protection duties**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse.

There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past twelve (12) months at the facility. Documentation and interviews with the Warden and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the MDOC policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse.
All staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse. MCF-RW’s staff has a process in place that when identifying a resident who may be subject to a substantial risk of imminent sexual abuse the information is documented and the resident is placed on a watch status.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.363: Reporting to other confinement facilities**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.363 (a)**

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

**115.363 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

**115.363 (c)**

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

**115.363 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 107.007 (Criminal Investigations) effective 1/17/17 requires the Warden, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with MDOC policies and procedures. Also according to policy and procedure the Warden is to immediately report the incident to OSI for investigation and complete an incident report.

An interview with the Warden indicated he had received no allegations that a resident was abused while confined at another facility or were there any allegations received from another facility during the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.364 (b)
If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18; Policy 107.007 (Criminal Investigations) effective 1/17/17 and MDOC’s First Responder - Sexual Abuse Response Checklist requires all staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

Interviews with the staff and a first responder interview validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused and provided the action steps identified in the MDOC policies and procedures of their responsibilities as first responders and aware of why they do these duties. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with MDOC policies and procedures including reporting to the Shift Supervisor. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. There have been no allegations of sexual abuse during the past twelve (12) months at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.365: Coordinated response**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 and MDOC’s First Responder - Sexual Abuse Response Checklist provides a written coordinated response system at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive staff and contacting medical & mental health staff.

MCF-RW’s staff has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting OSI and law enforcement, victim advocate services, hospital & parent/guardian and a number of other individuals in response to sexual abuse allegations. Interviews with the Warden and other staff validated their technical knowledgeable of their duties in response to a sexual abuse allegation.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual
abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☒ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 and the documentation of the labor contracts between the state of Minnesota and Minnesota State Employees Union, AFSCME, Council #5, AFL-CIO; Commissioner’s Plan; Managerial Plan; Middle Management Association; Minnesota Association of Professional Employees; Minnesota Nurses Association; State Residential Schools Education Association and Unit 208 dated July 1, 2017 through June 30, 2019 is in accordance with the PREA standards and can be found on the MDOC website. MDOC does not allow an entity to restrict the Department’s ability to terminate an employee or remove a staff who allegedly abuses and harasses youth from having contact with residents pending the outcome of an investigation or determination of whether and to what extent to discipline is warranted. This was confirmed with MDOC’s PREA Coordinator’s interview.

Based on the information discovered in the documentation and an interview with the MDOC’s PREA Coordinator, the auditor has determined the facility meets the requirements of the standard.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? ☒ Yes ☐ No

### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No
115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
  ☒ Yes  ☐ No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
  ☒ Yes  ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** *(Substantially exceeds requirement of standards)*
- ☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. MDOC policies and procedures prohibit retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed.

An interview with the Associate Warden of Operations/PREA Compliance Manager confirmed her responsibility with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. Also, she indicated this monitoring would include weekly face-to-face meetings, review of resident disciplinary reports, bed and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation at the facility in the past twelve (12) months.
Based on the review of the agency policy and procedures, observations and information obtained through the staff interview, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.368: Post-allegation protective custody**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 301.085RW (Administrative Hold) effective 11/1/05 contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. An interview with the Warden advised the facility per policy and the use of an isolation room is prohibited to confine any residents. The facility restricts any isolation placement and does not provide protective housing for a resident as a last resort. The residents would be placed in another facility. An interview with the staff confirmed the facility does not use isolation for a victim of sexual abuse or sexual harassment, the resident would be placed in another facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview, and review of documentation, the facility has demonstrated compliance with this standard.
INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.371 (f)
- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? ☒ Yes ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if
an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18; Policy 103.225 (Employee Investigation and Disciplinary Administration) effective 1/2/18 and Policy 107.005 (Office Of Special Investigations) effective 11/21/17 require all staff to refer all alleged incidents of sexual abuse, sexual harassment or sexual misconduct to the Office Of Special Investigations (OSI) for investigation and determination of criminal charges. Staff refer all allegations of sexual abuse, sexual harassment or sexual misconduct to the OSI for completion of both administrative and criminal investigations.

Also, the policies require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complaint's alleged victim or perpetration from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as a resident or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings.

An interview with the OSI Investigator confirmed that all allegations of sexual abuse or sexual harassment receive an administrative investigation whether it was through the facility, victim, third party or law enforcement, depending on the type of allegation. An investigation begins with information regarding the allegation, a review of the incident report, interview with the victim, alleged perpetrator, witnesses and evidence gathering. The evidence collected is not limited to videos, statements, and prior complaints. Also, if an allegation is determined to contain criminal elements, the local law enforcement would be notified.

There has been one (1) reported investigation that appeared to be criminal and referred for prosecution of alleged staff’s or residents inappropriate sexual behavior that occurred in this facility in the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information
obtained through the staff interview, and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.372: Evidentiary standard for administrative investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 103.225 (Employee Investigation and Discipline Administration) effective 1/2/18 contains all the elements of the standard and OSI investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.

Interviews with both OSI Investigator and Warden indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to MDOC for consultation with legal and Human Resources to determine disciplinary actions.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.373: Reporting to residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**
115.373 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? ☒ Yes ☐ No

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.373 (d)

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
115.373 (e)  
- Does the agency document all such notifications or attempted notifications? ☒ Yes  ☐ No

115.373 (f)  
- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation.

This policy further requires that following a resident’s allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are “unfounded” whenever the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; MDOC learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. Investigations involving resident-on-resident allegations of sexual abuse, OSI notifies the Associate Warden of Operations who will then inform the resident and the Warden whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

MCF-RW Associate Warden of Operations confirmed the process of notification from OSI of the investigation outcome and she would notify the resident as soon as possible. MCF-RW Associate Warden of Operations completes a written notification to the resident. There have been sixteen (16) reported investigations of alleged staff or resident’s inappropriate sexual behavior that occurred in this facility in the past twelve (12) months which was investigated and completed by OSI.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.
Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)
- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)
- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)
- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.376 (d)
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 requires staff disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement.

All disciplinary sanctions are maintained in the employee’s HR file in accordance with MDOC policy and procedures. Termination is the presumptive sanction for staff who had engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. Interviews with the Warden, HR Specialist and documentation review confirmed there had been one (1) employee disciplined, terminated or resigned in the past twelve (12) months for violation of the facility’s sexual abuse or sexual harassment policies. MCF-RW’s Associate Warden of Operations/PCM memorandum dated May 5, 2018 advised the facility had one (1) substantiated complaint of staff sexual abuse against a resident who was terminated and is currently an active criminal investigation.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.377: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.377 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

**115.377 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*
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☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 requires that volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents will be reported to OSI unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies require the staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility’s sexual abuse and harassment policies by contractors or volunteers.

MCF-RW’s Associate Warden of Operations/PCM’s interview and her written memorandum dated May 14, 2018 confirmed there were no instances or reports whereby a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment MDOC policies and procedures in the past twelve (12) months at the facility.

Based on the review of the agency policy and procedures, observations information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? ☑ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☑ Yes ☐ No
In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No

In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No

In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care Worker? ☒ Yes ☐ No

In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.378 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No

If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

115.378 (e)

Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.378 (g)

Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA
Auditor Overall Compliance Determination

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A review of the Minnesota Correctional Facility – Red Wing (MCF-RW) Operating Guideline 303.010 (Security) and MCF-RW Juvenile Resident Rules of Conduct effective 5/1/18 requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or harassment that is determined to be false, may be charged with sanctions pursuant to the behavior management program if it is determined the report was made in bad faith following consultation with the MCF-RW Captain. Residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

MCF-RW’s staff provides each resident with a resident handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. MCF-RW Captain’s written memorandum dated May 8, 2018 states that there has been one (1) administrative findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past twelve (12) months that resulted in disciplinary action. An interview with the MCF-RW Associate Warden of Operations and the Captain indicated that residents may also be referred for prosecution if the allegations were criminal.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

### MEDICAL AND MENTAL CARE

**Standard 115.381: Medical and mental health screenings; history of sexual abuse**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

▪ If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (b)

▪ If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (c)

▪ Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.381 (d)

▪ Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 require medical and mental health/substance abuse evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident’s prior sexual victimization that did not occur in an institutional setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

Documentation review confirmed that MCF-RW’s medical and mental health staff had an intake process completing various admission screening forms (i.e. Medical Initial Screening, Medical Education, Medical Referral, Mental Health Evaluation, Sexual Violence Prevention PREA Checklist, and Mental Health Referral) including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process in the past twelve (12) months. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers. Medical staff provides residents with health education (including sexual abuse/assault) during the initial intake process and throughout their stay at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Standard 115.382: Access to emergency medical and mental health services**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)
- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.382 (b)
- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)
- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes  ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 and Policy 500.100 (Offender Co-Payment for Health Services) effective 3/6/18 requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services.

The medical staff had a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the direct care staff. Documentation and interviews with medical staff confirmed Mayo Health System (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. MDOC’s Director of Victim Services is identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the residents at the facility. The facility has available for the residents to telephone the hotline number and the postings of the PREA information is another reporting resource.

Interviews with the medical and mental health staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications would be completed to the appropriate individuals and to follow the medical staff’s directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of
services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders will be documented in the resident’s medical/mental health record.

Also, the medical staff’s interviews indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Mental health staff interviews indicated that they would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.383 (f)
- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes  ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes  ☐ No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

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A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/ Harassment Prevention, Reporting and Response) effective 4/3/18 requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policies require the facilities to offer medical and mental health evaluations, transportation to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence and appropriate follow-up treatment that may include screening, including follow-up care for sexually transmitted diseases and other communicable diseases and any other counseling or assistance as requested.

Victims of sexual abuse will be transported to Mayo Health System to receive treatment and the physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure medical and mental health staff track on-going medical and mental health services for victims who may have been sexually abused. The medical and mental health staff interviews indicated there is a protocol (Facility Release Checkout) in place to assist residents and their families upon discharge from the facility to continue services if needed.
Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews, and review of documentation, the facility has demonstrated compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for
improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 202.057 (Sexual Abuse/Harassment Prevention, Reporting and Response) effective 4/3/18 requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated.

MCF-RW’s Sexual Abuse Incident Review Team consists of the Warden, Associate Warden of Operations/PCM, OSI Investigator, Captain, Corrections Program Director and Health Services Administrator. Documentation and staff interviews confirmed they would document their review in the PREA Incident Management System under Incident Panel that captures all aspects of an incident that include: brief chronological summary, acknowledgment of what went well during the incident, whether the incident response/action was in compliance with relevant MDOC rules, policies, and procedures, corrective actions taken or still needed to improve outcomes in future similar incidents, policy changes, motivation of the incident, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and resident notification of investigation outcome.

MCF-RW’s Associate Warden of Operations/PCM and her written memorandum dated May 8, 2018 reported there had been one (1) criminal investigation of alleged staff’s or resident’s sexual abuse that occurred in this facility in the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.
Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes  ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes  ☐ No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes  ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes  ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes  ☐ No  ☐ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 102.050 (Prison Rape Elimination Act - Data Collection, Review, and Distribution) effective 11/21/17 requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Also, the policy and procedure requires annual aggregate of the sexual abuse data, the collection of necessary data to respond to the DOJ – Survey of Sexual Violence and the data provided to the DOJ no later than June 30 of each year. Requires that data will be collected from any private facility with which it contracts for the confinement of offenders.

MCF-RW Associate Warden of Operations/PCM completes the collected data related to PREA forwards the report to the Warden for review and approval prior to forwarding to the MDOC PREA Coordinator. MDOC has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. The MDOC PREA Coordinator is responsible for monitoring the PREA data and alerting the MDOC Commissioner of Corrections of any notable trends. An interview with the MDOC PREA Coordinator indicated that she maintains all related data and document information as required by policy and procedure from each facility on a monthly basis. This information is used to identify trends and create corrective actions for an individual facility.

Documentation review of the 2016 DOJ SSV-2 form and 2017 MDOC Sexual Abuse Annual Assessment (annual report) revealed they were detailed, comprehensive and identified all state facilities within the Minnesota Department of Corrections. Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response
policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes  ☐ No

115.388 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse ☒ Yes  ☐ No

115.388 (c)

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes  ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 102.050 (Prison Rape Elimination Act - Data Collection, Review, and Distribution) effective 11/21/17 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Also, the policy and procedure requires the report to include comparison data and corrective actions from prior years, approved by the Commissioner, made public and allows the redaction of specific material and an indication of the material redacted.
An interview with the MDOC PREA Coordinator reports that information is gathered and submitted to the public through Sexual Abuse Annual Assessments that is available on the website, and includes comparison data and any facility modifications or agency policy changes. Also, she indicated the information is security retained and ongoing corrective action is tracked. MCF-RW Associate Warden of Operations/PCM monitors collected data to determine and assess the need for any corrective actions and forwards the information to the MDOC PREA Coordinator.

Documentation review of the 2017 MDOC Sexual Abuse Annual Assessment (annual report) contained the comparison data and corrective actions specific to MDOC facilities as well as to the agency. Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

### Standard 115.389: Data storage, publication, and destruction

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.389 (a)**

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
  - ☒ Yes  ☐ No

**115.389 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?
  - ☒ Yes  ☐ No

**115.389 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?
  - ☒ Yes  ☐ No

**115.389 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?
  - ☒ Yes  ☐ No

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

- ☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the Minnesota Department of Corrections (MDOC) Policy 102.050 (Prison Rape Elimination Act - Data Collection, Review, and Distribution) effective 11/21/17 requires that the MDOC shall ensure that data collected of allegations of sexual abuse is securely retained, and makes information readily available to the public through an annual report on its website. Also, the policy and procedure requires that before making the report public, the MDOC shall remove all personal identifiers and to maintain this information for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise. Also, MDOC has a data collection retention schedule that identifies the completion of ten (10) years and then to be destroyed.

An interview with MDOC PREA Coordinator confirmed that data is collected and securely retained for a minimum of ten (10) years. A review of the 2017 MDOC Sexual Abuse Annual Assessment (annual report) confirmed there were no personal identifiers within the document and it is posted on the MDOC Website and readily available for public review.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

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**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  ☒ Yes  ☐ No  ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  ☒ Yes  ☐ No
115.401 (h)
- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
  ☒ Yes ☐ No

115.401 (i)
- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?
  ☒ Yes ☐ No

115.401 (m)
- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
  ☒ Yes ☐ No

115.401 (n)
- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?
  ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor reviewed the Minnesota Department of Corrections (MDOC) web page at https://mn.gov/doc/family-visitor/prea-policy/prea-links/ containing the eleven (11) audit reports for PREA audits completed from April 2015 through August 2018. One third of each facility type operated by this Agency was completed during the first PREA review cycle in accordance with the standard. All eleven (11) facilities have been scheduled for the second PREA review cycle. Four (4) facilities have been completed the first year of the second PREA review cycle. This facility is one of the facilities scheduled for the second year of the second PREA review cycle. This auditor had access to the entire facility and was able to conduct staff and resident interviews in a private room and provided with documentation in accordance to the standard. Residents were permitted to send confidential information or correspondence to this auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the facility.
**Standard 115.403: Audit contents and findings**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This auditor reviewed the Minnesota Department of Corrections (MDOC) web page at https://mn.gov/doc/family-visitor/prea-policy/prea-links/ containing the eleven (11) PREA Final Reports that were facilities audited for the previous three years and published within 90 days after the final report was issued by the auditor. Also, four (4) facilities that were audited for the first year of the second cycle their reports were published within 90 days after the final report was issued by the auditor.
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.1 Auditors are not permitted to submit audit reports that have been scanned.2 See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dorothy Xanos  October 19, 2018
Auditor Signature  Date

1 See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.