

PREA Facility Audit Report: Final

Name of Facility: Minnesota Correctional Facility Rush City

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/15/2023

Date Final Report Submitted: 12/04/2023

Auditor Certification

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.



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



Auditor Full Name as Signed: Sharon Ray Shaver

Date of Signature: 12/04/2023

AUDITOR INFORMATION

Auditor name: Shaver, Sharon

Email: sharonrshaver@gmail.com

Start Date of On-Site Audit: 03/27/2023

End Date of On-Site Audit: 03/31/2023

FACILITY INFORMATION

Facility name: Minnesota Correctional Facility Rush City

Facility physical address: 7600 525th Street, Rush City, Minnesota - 55069

Facility mailing address:

Primary Contact

Name:	Victor Wanchena
Email Address:	victor.wanchena@state.mn.us
Telephone Number:	320-358-0403

Warden/Jail Administrator/Sheriff/Director

Name:	Jesse Pugh
Email Address:	jesse.pugh@state.mn.us
Telephone Number:	320-358-0401

Facility PREA Compliance Manager

Name:	Jacquelyn Chard
Email Address:	jacquelyn.chard@state.mn.us
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Jessica Olson
Email Address:	jessica.olson@state.mn.us
Telephone Number:	320-358-0485

Facility Characteristics

Designed facility capacity:	1032
Current population of facility:	936
Average daily population for the past 12 months:	915
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	18-73
Facility security levels/inmate custody levels:	Levels 3,4,5
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	424
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	113
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	71

AGENCY INFORMATION

Name of agency:	Minnesota Department of Corrections
Governing authority or parent agency (if applicable):	State of MN
Physical Address:	OSI PREA, 7525 Fourth Avenue , Lino Lakes, Minnesota - 55014
Mailing Address:	
Telephone number:	6123283582

Agency Chief Executive Officer Information:

Name:	Paul Schnell
Email Address:	Paul.Schnell@state.mn.us
Telephone Number:	651-361-7226

Agency-Wide PREA Coordinator Information

Name:	Diana Magaard	Email Address:	diana.magaard@state.mn.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

7

- 115.15 - Limits to cross-gender viewing and searches
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.18 - Upgrades to facilities and technologies
- 115.21 - Evidence protocol and forensic medical examinations
- 115.51 - Inmate reporting
- 115.53 - Inmate access to outside confidential support services
- 115.403 - Audit contents and findings

Number of standards met:

35

Number of standards not met:

3

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.71 - Criminal and administrative agency investigations

- | | |
|--|--|
| | <ul style="list-style-type: none">• 115.86 - Sexual abuse incident reviews |
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-27
2. End date of the onsite portion of the audit:	2023-03-31

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Local Hospital: Wyoming Hospital Canvas Health (Advocate) Tubman (Advocate)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1032
15. Average daily population for the past 12 months:	915
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	920
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	11
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	9
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	17
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	30

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	4
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	314
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Question #45 unavailable as the facility is non-compliant in this area. Will need more information to complete.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	424
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	71

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	113
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>MCF-RC has 364 full time staff consisting of: 3-Administrative staff, 1-Program Director, 1-Health Services Administrator, 1-Health Services Supervisor, 1-Behavioral Health Director and 1-Behavioral Health Supervisors (OASIS). There are 217 funded security staff which includes: Correctional Officers I, II, and III, 14-Lieutenants, and 3-Corrections Captains. There are 4 Lieutenants who supervise our four living units, 8 Lieutenants who cover Watch Commander duties, a Lieutenant who covers our support services areas, and a Discipline Lieutenant who oversees due process at the facility. During the past two years the facility experienced a historically high vacancy rate for many months. Vacancies are covered primarily by the hiring of overtime and when staff were not available to work overtime operations were modified to reduce security staffing needs. The Administration Team has utilized this to address the issue so that the safety/ security of offenders and staff is not sacrificed.</p>
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	30

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected were categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, length of time in the facility, programming, and work assignments to ensure a balanced representative number of interviewees from each of the living units.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>This facility's population at the time of the audit was 920. The population consisted of 79% between the ages of 26-55, with 147% being age 56 and older and 15% under 26. The facility does not house juvenile/youthful offenders. Population race consisted of 36% White; 54% Black; 8% American Indian or Alaskan Native; and the remainder Asian or Pacific Islander. Education level indicated 78% had a verified High School Diploma or GED.</p>

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	23
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	3

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	8
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the relevant policies and interviews with staff and incarcerated individuals indicated that individuals are never placed in segregated housing due to the risk of sexual victimization. Interviews with incarcerated individuals who reported sexual abuse confirmed that they were not placed in segregation after reporting the allegation. The auditor also interviewed supervisory staff and the officers working segregation to confirm that individuals are not placed in segregated housing for risk of sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>21</p>

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor met no barriers to completing staff interviews.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	50
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Officer; Volunteer Coordinator; Mailroom Staff; Chaplain; and ADA Coordinator.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	Many specialized staff interviewed hold responsibilities for multiple roles.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p> PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information. </p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Located in Rush City, Minnesota, the facility is a level 4 close custody prison housing male offenders. Offender activities include intuitional support and prison industry jobs, educational assignments, religious programing, and recreation and visiting time. Offenders have access to a variety of work, education, and other program activities. MCF-Rush City consists of eight housing units located in four building complexes. There are six general housing units and two dedicated housing units. Each of the regular housing units holds over 100 offenders. Dedicated housing units include segregation and a special housing unit (SHU). Segregation could house over 50 offenders and the SHU unit over 100 offenders. The SHU is often used for transition from segregation to general population. All the housing units, except for segregation, are a double bunk design. Offenders are generally housed based on their program or work assignment. Students are split up and either attend education in the AM or PM. AM students live in Complex 4 South and PM students live in Complex 4 North. Education tutors live in Complex 3 North. There are showers, and dressing areas in the dormitories that provide an area for inmates to shower and dress without being viewed by staff of the other gender. The tour began in the Employee Development area and continued to the records area; intake area; Visiting Application Unit; Attorney visit rooms, non-contact visiting area; Warehouse; Property/ Canteen; Education South/Count Office; Transitions Area; kitchen/dining room; dry food storage, freezer areas; North Industry; Painting and Decorating; Yard Crew Area; Religious Resources; North Education; Library; Watch Center; Health Services.Dental area; Recreation Bubble; Barbershop; OASIS Building; Complex 2 West; Complex 2 East; Complex 2 Bubble; Complex 4 North; penthouse; greenhouse; Complex 3; Complex 1; segregation unit and shower layouts; CO Desk. Master Control has access to every camera within the facility with few exceptions

such as in the administrative conference room; garage; transportation unit area; and plant operations office areas where there are no IP plant operation workers allowed. The Auditor observed and viewed various cameras and blind-spot mirrors throughout the facility. All camera views reviewed in bathroom areas contained a black box to provide privacy. In the main open area of South education, there were PREA brochures available for IPs. There are 650 +/- cameras throughout the facility. A test call was made to PREA hotline on the phone in the Complex 2 West multi-purpose room; these calls are not recorded as the phones on the unit flags have recording capabilities. Posters and signage was available throughout the entire facility. Weekly camera checks are completed Saturday evenings into Sunday mornings. When there is an error or any issues, an incident report is submitted along with a work order ticket. There is a search area when IPs enter visiting. IPs are pat searched when entering visiting and unclothed body searched when leaving visiting or attorney visits. There are two plant operations staff that oversee IP work areas: the yard crew with IP workers who work inside the secured perimeter and the corridor cleaning crew consisting of IP workers. The property/canteen area receives orders and distributes property items at the windows. Canteen is delivered to IPs in the living units. IP property/canteen workers are pat searched when they leave the working area. If an unclothed body search is warranted, the IP would be escorted by A-Team to a holding cell across from the watch center.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- ☒ Yes
- ☐ No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Using the PREA Compliance Audit Instrument and the Checklist of Documents during the review of the PAQ, a list was prepared for review during the onsite portion of the audit. Other documents reviewed for compliance determination are referenced in the narrative sections under each individual standard discussion. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining agency and facility compliance with the PREA Standards. Included below is the list of governing Minnesota Department of Corrections policies that were provided for compliance determination and will be referenced throughout the audit report, annotated throughout the report using only the policy number. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process. Information obtained from these policies combined with the information provided with the PAQ and the observations, facility documentation, and general information collected from the site visit was carefully evaluated and assessed against each of the elements of the standards. Additionally, the MN DOC publishes its agency policies on its public website at <https://policy.doc.mn.gov/DOCPolicy/>.

102.050 PREA Data Collection, Review, and Distribution

103.006 Supervision and Monitoring

103.014 Background Checks for Applicants and Current Employees

103.0141 Employees Who Are the Subject of Criminal Investigation(s), Arrest(s), and/or Convictions(s)

103.218 Discipline Sanctions for Staff

103.220 Code of Conduct

103.225 Fact-Finding Process and Discipline Administration

103.410 In-Service Training

103.420 Pre-Service Orientation Training

	<p>106.210 Providing Access to and Protecting Government Data</p> <p>107.005 Office of Special Investigations</p> <p>107.007 Criminal Investigations</p> <p>202.040 Offender Intake Screening and Processing</p> <p>202.045 Management of Transgender/Gender Non-Conforming/Intersex Offenders/Residents</p> <p>202.050 Resident Orientation</p> <p>202.051 Offender Handbook Policy</p> <p>202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response</p> <p>203.010 Case Management Process</p> <p>203.015 Offender/Resident Risk Assessments</p> <p>203.115 Consular Notification and International Prisoner Transfer</p> <p>203.250 Modifications for Offenders/Residents with Disabilities</p> <p>204.020 Youthful Offender in Adult Facilities</p> <p>300.040 Volunteer Services Program</p> <p>300.045 Contractor Relationship to Department</p> <p>300.300 Incident Reports</p> <p>301.035 Evidence Management</p> <p>301.055 Security Rounds</p> <p>301.147 Security Video Recording Systems/ Photographic Images</p> <p>302.020 Mail</p> <p>303.100 Grievance Procedure</p> <p>500.030 Orientation Training for Health Services Staff</p> <p>500.050 Health Screenings and Full Health Appraisals</p> <p>500.100 Offender Co-Payment for Health Services</p> <p>500.302 Mental Health Continuity of Care</p> <p>500.303 Mental Health Assessment Minnesota Department of Corrections - Agency Organizational Charts</p> <p>Confinement Contracts</p> <p>Offender Discipline Rules</p> <p>MN DOC Adult Facilities Offender Handbook</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	14	0	11	3
Staff-on-inmate sexual abuse	13	0	12	1
Total	27	0	23	4

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	19	0	19	0
Staff-on-inmate sexual harassment	29	0	29	0
Total	48	0	48	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	1	2	0
Staff-on-inmate sexual abuse	0	4	4	1
Total	1	5	6	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	4	2	6	1
Staff-on-inmate sexual harassment	5	4	6	0
Total	9	6	12	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

13

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	9
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	17
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	7
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	10
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Questions 92-97 are based on information obtained during the site visit which was determined to be inaccurate. A full reconciliation of cases could not be completed based on the information provided during the audit period, including the corrective action period. At the end of the audit period the facility remains non-compliant with 115.71.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

Correctional Management & Communications Group, LLC

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057, Minnesota Department of Corrections (MN DOC) Organizational Chart; OSI Organizational Chart; MCF-Rush City Organizational Chart; Agency's Website; PREA Coordinator Position Job Description; Personal Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: Memorandum RE: Standard #115.11 Corrective Action; PREA Staffing Proposal; Interviews.</p> <p>115.11(a): Policy 202.057, Sexual Abuse/Harassment Prevention, Reporting, and Response, mandates zero-tolerance toward sexual abuse and harassment to promote a safe and humane environment free from sexual violence and misconduct for incarcerated individuals. The policy directs a system-wide program for the prevention, detection, reporting, response, and retention of records to an incident of sexual abuse/harassment of any incarcerated individual by an incarcerated individual, contractor, volunteer, staff, or visitor within the MN DOC. This policy applies to prisons, county jails, detentions, lockups, and residential placement facilities within</p>

the purview of the MN DOC. Formal and informal interviews with random staff indicated they are aware of the zero-tolerance policy and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment incident of sexual abuse/harassment of any incarcerated individual by an incarcerated individual contractor, volunteer, staff, or visitor within the MN DOC.

115.11(b): The incumbent Agency PREA Compliance Coordinator was promoted to the permanent position of State Program Administrator Manager Senior, with the working title of Program Manager/PREA, on December 15, 2021. She previously held this position in an acting capacity beginning September 1, 2020. This position is an upper-level position within the agency and is a direct report to the Office of Special Investigations (OSI) Corrections Investigations Director. Based on an interview with the Commissioner, the Agency PREA Compliance Coordinator has a direct line to him on matters that need his direct attention. The PREA Compliance Coordinator's job description comprehensively outlines the incumbent's duties, responsibilities, and authority. Based on the auditor's interview with the PREA Compliance Coordinator, she dedicates her full-time efforts toward developing, implementing, and overseeing the agency's efforts to comply with the standards in all the Minnesota DOC state and contract facilities. Based on the position status and the support received from the OSI Director and Executive Leadership, she has sufficient authority to carry out her duties; however, while 100% of her efforts are invested in PREA compliance, she is still unable to provide sufficient oversight to all 11 facility PREA Compliance Managers (PCM), develop policy, monitor investigations, manage the PREA database, and publish the required reports. She explained to the auditor that she would benefit from support staff to enforce the agency's PREA program, assist with data management, support training efforts, and maintain policy and procedure updates, especially after the number of audit deficiencies identified during the audits in the third cycle. As part of her responsibilities she oversees Field Services PREA and manages PREA-related contracts not previously assigned to this position. The agency has seen an increase in PREA cases from 2017 to 2022 of 2286%; an 817% increase in 2020-2022; and a 102% increase in cases from 2021 to 2022. The PREA Coordinator has requested additional personnel be designated to this unit to assist with these duties and feels it is necessary for the program's effectiveness. Additional positions were requested through the legislative process by the agency but as of June 2023 no positions had been allocated for staffing. One grant funded position was allocated and a candidate onboarded. An interview with the agency's Commissioner confirmed that several positions had been awarded through legislative action which should allow the Coordinator better management of her responsibilities. At the end of the post audit period these positions still had not been funded/filled resulting in the Agency PREA Compliance Coordinator still not having sufficient time to manage all the responsibilities of her role. The auditor concurred that the responsibilities of this position are more than can be managed by one person and in order to fully comply with this standard, will need additional assistance, primarily through assignment of additional support staff. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the agency was required to adequately staff the PREA Coordinator's Office to allow the PREA Coordinator enough time and resources to manage all of the agency's PREA responsibilities.

Corrective Action Taken/Non-Compliant: One grant funded position was allocated and filled to assist with data management and a part-time PCM position has been allocated to oversee the PREA allegations received from community sources. During an interview with the agency's Commissioner, he confirmed that several positions had been awarded through legislative action and which, once funded, filled and staff trained, will allow the coordinator better management of her responsibilities. The PREA Coordinator provided the auditor with well documented notes outlining the responsibilities of her position and the need for additional staffing. A proposal was submitted for Legislative approval for nine positions; however, three were funded. These positions have been approved for hire but have not been filled as of publication of this report. Based on an interview with the PREA Coordinator, these positions will allow delegation of responsibilities and allow her more time to coordinate her duties. While efforts have been made to allocate positions to the PREA Coordinator's Office, they remain vacant and the PREA Coordinator still does not have time to to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

115.11(c): Each of the 11 facilities of the MN DOC has a designated PREA Compliance Manager (PCM). MN DOC policy directs that the Assistant Warden of Operations (AWO) is the designated PCM to oversee the facility's PREA compliance efforts. An interview with the AWO revealed that he was very knowledgeable about the PREA standards and was highly dedicated to ensuring that sexual safety remained a top priority at the facility. The PCM states that during the past 12 months the expectations for approach to harassment cases and record keeping regarding all cases have dramatically increased. Additionally, during the prior 12 months, the previous AWO was on WOOC (work out of class) status as Warden at which time PREA matters were neglected. The new position was just filled prior to the audit and the current AWO was unable to catch up the backlog prior to the audit. The AWO explained that he delegates tasks, when possible, but the overall volume of work requires much more time on a day-to-day basis than previously. As a result, other duties receive less time and attention. He often works longer hours (beyond the normal work week) to accomplish what is required. The MCF-RC Organizational Chart indicates, and interviews confirmed that the facility's AWO/PCM reports to the facility's Warden, with oversight and guidance provided by the agency's PREA Coordinator. The AWO/PCM explained that to coordinate the facility's efforts to comply with the PREA standards, he reviews all incident reports for any issues that may have a PREA component or require follow up and ensures that if an incident requires follow up that a case is issued and handled appropriately. He attends the PCM meetings hosted by the agency PREA Coordinator and holds quarterly meetings with his SART to share information, review cases, and present educational information. Standards are reviewed on a regular basis by the SART, and information is communicated to impacted staff as needed. The AWO/PCM conducts regular unannounced rounds, visits all areas of the facility, and is vigilant for areas of concern for prevention, detection, and appropriate response to sexual abuse/harassment. He also participates in the monthly Electronic Security Committee meetings to provide input on the needs of the facility and enhance the facility to prevent and detect sexual abuse. The AWO/PCM indicated during his interview that he does not have adequate time to tend to his PREA related duties and handle his other

	<p>AWO responsibilities. An interview with the PREA Coordinator further confirmed that the mission of this facility and number of allegations that are reported justify additional PREA staffing in order to sufficiently manage these responsibilities. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to develop a corrective action plan (CAP) to ensure the PCM has sufficient time and authority to comply with PREA implementation and compliance at the facility.</p> <p><u>Corrective Action Taken/Non-Compliant:</u> The facility developed a CAP which included training more staff where responsibilities could be delegated, additional training for facility administrative investigators, and ensuring that all allegations are reported to the PREA Coordinator's office and entered into the agency's database. After the 180-day corrective action period ended, the facility had not implemented the plan to ensure the PCM has sufficient time to coordinate the facility's efforts to comply with the PREA standards. The AWO/PCM explained he was in an acting warden role during a portion of the corrective action period and during which, the PCM duties were not delegated to a dedicated staff member with the authority and time to address the CAP. PREA case tracking was not kept current during the CAP period and not entered timely into the agency's PREA database and incident reviews were not conducted within 30 days of the cases being closed;</p> <p>Based on the review and evaluation of the stated evidence, the facility and agency have not demonstrated full compliance with provisions (b)(c) of this standard, remaining non-compliant.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Contracts for Confinement; Information Obtained from Interviews; PREA Audit Final Reports; Website Search; MN DOC 300.045.</p> <p>115.12(a)(b): MN DOC contracts with six counties at 12 county jails for the confinement of individuals. The auditor reviewed 12 contracts and found language requiring the private entity to comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C. 15601 et. seq.) with all applicable Federal PREA standards and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. In addition to self-monitoring requirements, the MN DOC will conduct compliance monitoring, and an outside independent PREA audit is required. The agency's Contracts Administrator confirmed that the PREA compliance requirement is standard language in all contracts for the confinement of incarcerated individuals. These contracted entities are monitored by the agency's Grants & Subsidies/Inspection Enforcement Unit. They</p>

	<p>must also provide the agency with a PREA Final Report conducted by an independent auditor every three years, following §115.401. A web search for Final Reports indicated these contracted entities are current with their PREA audits.</p> <p>Based on review and evaluation of the stated evidence, the agency has demonstrated compliance with all provisions of this standard.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 103.006; Staffing Plan Recommendations; Camera Projects; Security Staffing Analysis Report; List of Camera Projects; MCF-RC 2022 Staffing Plan; Facility Activity Schedule Report; Captain's Report; Warden's Staff Inspection Logs; Minutes from Security Systems/Camera Committee Meeting; Post Orders; Observations During Site Visit; Interviews.</p> <p>115.13(a): As directed by 103.006, the agency requires each facility it operates to develop, document, and make its best efforts to comply regularly with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect incarcerated individuals against abuse. The current staffing plan is predicated on 917; the average daily population for the prior 12 months is 917. The staffing plan addresses each area required for this provision to be considered during development. MCF-RC has 364 full-time staff including shared services staff. This consists of (3) Administrative Staff; (1) Program Directors; (1) Health Services Administrator, (2) Health Services Supervisor, (1) Behavioral Health Director; (1) Behavioral Health Supervisor. In addition, MCF-RC has 217 funded security staff, including Correctional Officers I, II, and III; (14) Lieutenants; (3) Correctional Captains. All programs take place in adequately supervised and monitored areas by security, programming staff, and video surveillance. Programs occur in many areas of the facility, including the Chapel, Education, Behavioral Health, Visiting, and Conference Room. The auditor's review of the staffing plan, shift rosters, logbooks, post orders, and interviews with staff and incarcerated individuals confirmed that staff maintain high visibility and sufficient supervision is provided to staffing during all shifts.</p> <p>115.13(b): Policy 103.006 requires that in circumstances where the staffing plan is not complied with, justification of all deviations from the plan must be documented, and the AWO retains this documentation at the facility. An interview with the AWO/PCM confirmed that there are no deviations from the staffing plan and that staffing shortages are managed by using voluntary and mandated overtime to cover priority posts. In addition, certain posts are preapproved to be closed that are not detrimental to maintaining safety and security; when these posts are closed or staffing adjusted, they are documented in the Captain's Daily Report. The facility indicates that they did not deviate from the staffing plan. However, the facility provided a memo explaining</p>

deviations stating that Administration made many changes to programming times and locations and hired overtime to ensure all areas of the facility were staffed according to the staffing plan. The Administration continues to monitor staffing levels on a daily basis on each Watch and makes programming changes as needed to ensure that the staffing plan is followed.

115.13(c): Policy 103.006 requires that in consultation with the agency's PREA Coordinator, each appointing authority must assess, determine, and document, whether adjustments are needed to the staffing plan/program schedule, at least annually to ensure a) an adequate ratio of supervision and placement of staff; b) the ratio of staff to an incarcerated individual is maintained in the division; c) that programming needs are met, based upon available budgeted resources, and d) that consideration is given to institution programming and composition of the incarcerated population. The staffing plan review also addresses each area required of this provision, according to provision (a) to be considered and approved by the agency's PREA Coordinator. The auditor's review of the MCF-RC staffing recommendations document found a very comprehensive review of the positions allocated to the facility and their current usage and justification. The AWO/PCM stated the facility regularly conducts camera and technology monitoring assessments of capabilities and recommendations with advisement from the PREA Coordinator. The facility provided the auditor with a current staffing plan indicating the facility's administrative team conducted the last annual review in January 2023 and was reviewed and approved by the PREA Coordinator in February 2023. This group also meets, as necessary, to review and address staffing and security issues as they develop and are identified. The Warden explained that the local management team reviews the HR Activity report weekly to monitor positions and hiring activities and to conduct a systematic and objective review of the security staffing levels, including a review of the operation of both relieved and non-relieved posts on a shift-by-shift basis; a review of the daily roster; a review of current staffing patterns; a review of scheduling patterns and relief factors, including, but not limited to the number of staff on military leave, FMLA, training, paid parental leave, unpaid leave; and a review of the required number of full-time employees. These practices were additionally confirmed during interviews with the AWO/PCM, and HRM. The facility has a Security Systems Committee that meets on a monthly basis to review project updates, assess current issues and prioritize the needs of the facility related to the upkeep of the security systems. The auditor reviewed the FY23 5-Year Camera Plan. The Rush City camera system consists of approximately 290 IP cameras and 370 analog cameras, for a total of 660 cameras across the RC facility. Live viewing in the Complexes is done primarily using touch screen integration. This calls camera images up on a dedicated viewing station using predefined panes. The dedicated viewing station also has the ability to manually select various camera images. Recorded video is viewed which can currently support unlimited workstations.

115.13(d): Policy 301.055 requires intermediate-level or higher-level supervisors to conduct and document supervisory rounds on all shifts. This practice is implemented for all shifts, and staff is prohibited from alerting others that supervisory rounds are occurring unless such announcement is related to the legitimate operation of the

	<p>facility. The auditor reviewed randomly selected Complex Watch reports and inspection logs indicating upper-level staff make rounds throughout the facility in hours outside of regular business hours, on weekends, nights, and holidays. Random historical video footage was reviewed and interviews with staff indicated that these rounds are being conducted. Staff indicated during interviews that policy prohibits other staff from alerting them of the conduct of these unannounced rounds. Staff interviews also confirmed that supervisors make regular rounds throughout the facility every shift. The facility has a full-time officer responsible for monitoring intelligence at the facility which includes random selection monitoring of live and recorded video footage.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard. Based on the weekly staffing reviews and monthly electronic equipment monitoring the facility exceeds the requirements of provision (c).</p>
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Youthful Inmates Memo; Information Obtained from Interviews; Offender Population Roster; Observations During Site Visit.</p> <p>115.14(a)(b)(c): The facility houses no youthful incarcerated people. The agency houses incarcerated juveniles at designated juvenile facilities only. MCF-RC meets all provisions of this standard through non-applicability.</p>

115.15 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 301.010, 301.055, 202.045; Control Tactics Lesson Plan/ Training Objectives/Training Records; PREA Online Refresher Training Records; FTO Training Records for Searches; Limits to Cross-Gender Viewing and Searches/ Transgender Training; Transgender Policy & Pat Search Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.15(a)(c): Policy 301.010 clearly defines the terminology used in the policy related to searches and requires that except in exigent circumstances, a strip search shall be conducted by a staff member of the same gender as the individual being searched. The facility indicates there have been no cross-gender strip or cross-gender visual</p>

body cavity searches of individuals in the last 12 months. The policy requires that if a staff person at any MN DOC facility performs an opposite gender unclothed body search, an incident report must be written and maintained in an electronic file by the watch commander. All searches must avoid unnecessary force, embarrassment, or indignity to the subject. Interviews with watch commanders, supervisors, and random staff confirmed that opposite-gender strip or visual body cavity searches have not occurred within the audit period; however, they are aware that should a search of this nature be necessary, it must be documented in an incident report. Interviews with medical staff confirmed that there had been no cross-gender strip or cross-gender visual body cavity searches conducted by the medical department within the audit period.

115.15(b): MCF-RC does not house female individuals, and this standard is nonapplicable to this facility.

115.15(d): Policy 301.055 requires that individuals be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The policy further requires that staff/non-staff of the opposite gender announce their presence when entering a housing unit using the opposite-gender staff tone. This staff tone is an electronic button pressed each time a person of the opposite gender enters a housing unit, and the tone is the same throughout all MN DOC facilities. Individuals are made aware of this staff tone and its purpose during intake and in writing through the facility handbook. This electronic tone/bell is present at the entry of all housing units. The auditor observed the opposite-gender announcement being made by use of the electronic tone. During the facility tour, the auditor inspected the showers and toilet areas. All showers are individual occupancy and have either a shower curtain or a door. Camera views throughout the facility were checked from the control room monitors. Due to the mission and security level of this facility, cameras are required to be viewable in all areas of the facility, including segregation cells, certain shower and toilet areas, and direct watch cells. All views that had direct view into a shower or toilet area were pixelated or blacked out on the system to block viewing of the individual's genital area. Cells that are used for suicide watches are posted with officers of the same gender. The facility has done a very good job of mitigating opposite gender viewing by video monitoring while maintaining the safety of the individuals and facility as a whole.

115.15(e): Policy 301.010 directs that an unclothed body search must not be conducted to determine an incarcerated individual's gender. Policy 202.045 states that mental health or health services staff may not search or physically examine any incarcerated individual to determine the incarcerated individual's genital status. The facility reports that there have been no such searches conducted in the last 12 months. This prohibition equally applies to transgender, gender non-conforming, or intersex incarcerated individuals. If the individual's genital status needs to be known for the purposes of treatment or the incarcerated individual's safety, it may be determined through conversations with the individuals, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical

	<p>examination conducted in private by a medical practitioner. Interviews with security and non-security staff confirmed they are aware that these types of searches are prohibited and that none have occurred.</p> <p>115.15(f): Policy 301.010 requires that only properly trained staff may conduct searches, regardless of the search type. The agency trains security staff in how to conduct opposite-gender pat-down searches and searches of transgender and intersex incarcerated individuals professionally and respectfully, and in the least intrusive manner possible, consistent with security needs. Policy 103.410 and Policy 103.420 outline the course curriculum for staff, both preservice and in-service.</p> <p>Conducting proper searches is covered in multiple lesson plans and is part of annual officer training. All security staff is trained in searches during the academy. The facility provided a training curriculum and logs and reported that 100% of the security staff had been trained as of the date of this PAQ. Training rosters were provided for Pat Searches, Control Tactics and Transgender Policy and Pat Searches. Interviews with random staff determined that security staff received training during the academy and then refreshers annually to conduct cross-gender pat-down searches and searches of transgender and intersex individuals professionally and respectfully, consistent with security needs. The auditor reviewed the FTO Module Performance Checklist, which is used to reinforce the training of all new officers once they return from the academy, and it includes detailed instructions for conducting searches professionally and respectfully, key definitions to assist with the officer's understanding; and details of conducting cross-gender searches. Policy 202.045 allows for transgender individuals to request, through the transgender committee, a searches pass that identifies the gender preference of the officer for whom they feel comfortable conducting a search. These searches are preauthorized by the transgender committee after consultation with the facility warden and health services staff. This applies to both clothed pat searches and unclothed searches. The auditor's interviews with incarcerated individuals determined that staff are respectful and professional in conducting searches of all individuals. No opposite-gender searches were reported. There were (5) transgender and (1) intersex IP received by the facility in the last 12 months. Interviews with two transgender individuals revealed that searches are conducted in a professional manner.</p> <p>Based on analysis and evaluation of the stated evidence, the facility has demonstrated compliance with all provisions of this standard. It exceeds based on the multiple curricula available to train staff on proper search procedures and annual training requirements.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence Reviewed: Policies 202.050, 202.051, 202.057; 203.250; Spoken Language Interpreting and Related Services Statewide Contract; Language Line Instructions; ASL Interpreting Services Contracts; Written Translation Statewide Services Contract; Offender Handbook and PREA Posters; Sexual Abuse Prevention and Intervention Guide Handout in Spanish; Offenders with Disabilities and LEP Training (PREA Module 3); Information Obtained from Interviews; Observations During Site Visit.

115.16(a): Policy 202.050 requires facility staff to assess individuals during orientation to identify those with special concerns or needs. Assessment includes written assessments as needed, interviews, and observations of behavior. Facility staff must provide orientation materials for all individuals, including translations or alternative formats for those identified at intake or during orientation whose primary language is not English, who have sight and hearing barriers, or who have literacy barriers. Policy 203.250 provides a process for individuals with known physical or mental disabilities to request modifications to allow them to participate in programs, services, and activities. This policy requires, at intake, medical staff to ask newly admitted individuals if they need a modification. For individuals who respond affirmatively or where medical staff has reason to believe a disability exists, the designated staff person must follow agency policy in addressing modification needs. The agency's PREA policy 202.057 further states that a qualified interpreter is provided for individuals with a disability that impacts their ability to communicate. The policy further establishes that the agency provides appropriate auxiliary aids and services, including American Sign Language (ASL) interpreters, when necessary to ensure that individuals with speech, hearing, or vision disabilities can understand what is said and written and can communicate effectively. Facility staff is provided access to the Sign Language Protocol to provide language assistance during intake; if a need is identified, staff must contact the agency's language interpreter specialist for assistance. Staff may solicit assistance from State Services for the Blind for individuals with vision impairments or blindness. The Offender Handbook advises the individual that those with disabilities have a right to request reasonable modifications to ensure equitable access to programs, services, and activities by completion of the "Request for Modification Form. The form is submitted to the facility's Americans with Disabilities (ADA) Coordinator, who will work with the individual to provide reasonable accommodation. Individuals may seek staff assistance in completing and submitting the form as necessary. An interview with the ADA Coordinator confirmed that individual assessments are made for individuals who require accommodation. Interviews with medical staff and the auditor's observation of the intake screening process confirmed that during the intake health screening, each individual is assessed for disabilities, including being asked directly if he has ever been identified as having a disability. Staff indicated that if an individual has a disability that impedes his understanding of any information presented, all efforts will be made to ensure comprehension is reached using the department's resources. Methods for accommodating individuals who are hearing impaired may include obtaining ASL services, and for those who are blind, may consist of having the information read to the individual or providing it in larger print. As deemed appropriate by the ADA Coordinator, cognitive issues will be addressed one on one, as necessary, by the medical, mental health, or caseworker. The ADA Coordinator explained that

individuals identified with failing eyesight or blind they will most likely be housed at MCF-FRB, where their needs can be met. The agency has a staff interpreter and maintains multiple contracts for sign language interpreting services, both onsite face-to-face and video remote interpreting (VRI). The MN DOC trains its employees on effective communication with individuals who are deaf or hard of hearing, who are blind or have low vision, who have intellectual disabilities, who have psychiatric disabilities, and who have speech disabilities through staff training PREA Module 3. The PREA poster and Offender Handbook are available in Braille. The Auditor interviewed (5) disabled (4-Blind/Vision and 1-Cognitive) and found that accommodations are made to ensure that IPs 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.

115.16(b): Policy 202.050 requires staff to provide orientation materials for all individuals, including translations or alternative formats for individuals identified at intake or during orientation whose primary language is not English. Staff is further required to assist incarcerated individuals in understanding orientation and Prison Rape Elimination Act (PREA) materials. The agency's PREA policy, 202.057, states that individuals who do not speak and understand English are provided language interpretive services. The agency maintains statewide contracts with multiple vendors for spoken language interpretation services and written language translation services. The facility provided the auditor with a copy of the Language Line Instructions which provided detailed instructions on how staff can access interpreter services if needed. The facility provided a list of (5) LEP IPs that were housed at the facility during the audit. The auditor selected (3) LEP IPs and only (1) of them required interpreter services. However, they all indicated that staff provide interpreter services if requested and that other language translations will be determined on an ongoing basis as needs arise. The AWO/PCM confirmed that when staff use the Language Line, it is documented in the individual's case notes in COMS. An example of these case notes was provided for the auditor's review. The Offender Handbook, provided to individuals during intake, has been translated into Spanish and was provided for the auditor's review. The handbook contains detailed information about the facility's PREA program. Additionally, the PREA informational posters are translated into Spanish, Hmong, and Chinese and were observed throughout the facility during the auditor's tour. According to the interview with the AWO/PCM, the Orientation Handbook is provided to all individuals upon arrival to the facility and will be translated into other languages if necessary to ensure that all individuals receive the information in a language they understand. The Sexual Abuse Helpline posters are translated into Spanish and were observed posted throughout the facility in common areas and living units. The agency trains its employees to ensure effective communications with LEP individuals in providing access to all aspects of the agency's efforts to address sexual abuse and sexual harassment through staff training PREA Module 3. PREA posters and brochures are available in English, Spanish and Mandarin. The agency also utilizes the "I Speak" poster, which includes 66 languages, including American Sign Language, and is posted in strategic areas of the facility for anyone with difficulty with English to identify the language they are speaking for assistance. Once the language is identified, the staff can facilitate interpretation through the interpreter service

	<p>contract.</p> <p>115.16(c): Policy 202.057 requires the use of qualified interpreters and forbids the use of incarcerated individuals as interpreters except in cases of exigent circumstances. The agency trains its employees that they may not rely on incarcerated individuals as interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of the first-response duties, or an investigation for communicating with an individual who is LEP; this training is delivered during the employee's initial orientation training through PREA Module 3. MCF-RC has had no instances of an incarcerated individual being used to interpret/translate for another incarcerated individual related to an allegation of sexual abuse or sexual harassment within the past 12 months. Staff interviews confirmed that they are aware of the services available and that using an incarcerated individual to interpret/translate for another related to a sexual abuse/harassment incident is prohibited; line staff explained they would contact a supervisor who could assist with accessing the necessary services. The facility reports that there have been no instances where incarcerated individual interpreters, readers, or other types of assistance are provided by incarcerated individuals during an investigation of sexual abuse or harassment.</p> <p>Based on a review and analysis of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard. The facility and agency go beyond the requirements of this standard, having multiple avenues to address disabilities and language barriers, ensuring that all individuals have equal opportunity to participate in or benefit from all aspects of the PREA programs.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 103.014, 103.300, 300.020; 300.040; 300.045; Hiring Forms; Personnel Records; Contractor Records; Volunteer Records; Consent Form for Criminal History/Release of Predatory Offender Registration/Sexual Abuse Record Form; Sample of PREA Smartsheet; Correspondence between PREA Coordinator and Human Resources; Information Obtained During Interviews.</p> <p>115.17(a)(b): Policy 103.014 establishes that the department screens finalists for employment on their criminal history, associations with criminal justice-involved persons or currently/formerly incarcerated persons, employment history, including incidents of sexual harassment, and other background information, if applicable when they are being considered for initial appointment or rehire with the agency. The agency also conducts criminal history and employment history checks, including checking for incidents of sexual harassment on a finalist for promotion. The facility indicated that (16) promotions occurred within the last 12 months. When a finalist's</p>

employment history includes a substantiated complaint of sexual harassment, the appointing authority must give additional consideration when making an employment decision. The agency does not confirm a finalist's contingent job offer or promote anyone who: a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other public or private institution responsible for the care and custody of people; b) 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; or c) Has been civilly or administratively adjudicated to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other public or private institution responsible for the care and custody of people. The policy further outlines extensive procedures for reviewing applicants for hire and promotion. Policies 103.014 and 300.020 require that the facility consider any incident of sexual harassment in determining whether to enlist the services of any contractor who may have contact with incarcerated individuals. Interviews with HR representatives confirmed that any misconduct would disqualify a candidate from being employed.

115.17(c): Policy 103.014 requires finalists for employment to complete the Employment Reference Form and the Release of Information. The policy further requires HR to review the record of any current or former state employee finalist in the state employee management system and contact each current or previous employer from at least the last five years. For current agency employees who are finalists for promotion, HR must verify if the employee has been the respondent in a substantiated violation of Policy 103.300, Sexual Harassment Prohibited. The auditor interviewed the local HR and an HR team from the MN DOC headquarters to gather the full scope of the extensive background review conducted on all new and existing employee candidates. Interviews confirmed that all vacant positions are posted either internally or externally. Once interviews are conducted and candidate selections are made, the candidate completes the background packet, and the process begins. The misconduct questions stated in provision (a) are included in the Consent for Background form, where the prospective or existing employee must answer the questions and sign the attestation. Databases checked during the background check include Federal Criminal Search, National Criminal Search, Nationwide Sex Offender, County Criminal Search, Statewide Criminal Search, MN BCA, and SS Trace. Interviews with HR representatives confirmed that hiring managers reach out to prior institutional employers to obtain information on any substantiated allegations of sexual abuse and any resignations during an investigation. This process was recently accomplished manually; however, the agency has implemented a new automated system, Skill Survey, which notifies applicants and contacts any prior institutional employer(s) by email requesting this information. Internal transfers/promotions are also checked through the agency's internal system DIGITS which shows any investigations and disciplinary action taken at prior facilities. The local HR can also reach out directly to the preceding facility to verify no outstanding allegations are pending. The auditor reviewed sample documentation to confirm this process is well implemented. The facility indicates that 109 new hires and 44 contractors/volunteers had criminal background checks conducted. The auditor reviewed (19) personnel files

	<p>(13-new hires and 6-promotions) and determined that all files had a background check prior to being employed or promoted.</p> <p>115.17(d): Policy 300.045 states that the contractor must recertify annually, which includes a current criminal history check. The facility provided (3) contractor packets that verified contractors had completed background checks conducted.</p> <p>115.17(e): Policy 103.014 requires all current employees and contractors who may have contact with incarcerated individuals to have a background investigation conducted at least every five years. A system of tracking background checks on employees using a Smart Sheet is maintained at the central office level, and based on an interview with the HR representative who oversees the background check process, the agency is current with running all five-year background checks for MCF-RC. The Smart Sheet produces a monthly report of all employees who require a five-year background check, and the employee is notified by email to submit the required Consent for Background form, at which time HR completes the background. The Auditor reviewed a sample of (7) employee files that contained 5-year background checks and determined that the facility/agency conduct checks in compliance with this provision.</p> <p>115.17(f)(g): Policies 103.014 and 300.020 require 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The interview with the HR Manager explained that all employees have a continuing duty to report misconduct and that this is covered by the employee upon hire and during training. Staff interviews confirmed that employees are aware of the continuing duty to disclose misconduct and that material omissions or false information can result in termination. These forms are signed before hiring, during the promotional process, and at least every five years. Interviews with the HRM and Central Office personnel, an automated system has been implemented that captures this information at these three intervals.</p> <p>115.17(h): The HR representative advised the auditor that she responds to requests for substantiated allegations on prior employees when requested by an institutional employer. This correspondence is also tracked in an HR database, and a new category was recently added to assist local HR with tracking these requests.</p> <p>After analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	<p>Evidence Reviewed by Auditor: Policy 301.147; Facility Schematics; Security Technology Meeting Minutes; Five-Year Camera Plan; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.18(a)(b): Policy 301.147 requires that when changes, additions, and/or enhancements are made to any portion of a facility video recording system, the PREA guidelines must be considered in the system design and construction. The facility reports that there have been major improvements to the video system. The Auditor confirmed the upgrades by reviewing the current MCF-RC camera plan, the 5-year camera plan, complex maps, and security technology meetings. The MCF-RC camera system is comprised of 290 IP cameras and 370 analog cameras, for a total of 660 cameras across the RC facility.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard. Additionally, based on the Auditor's review of the facility upgrades to technology, the auditor finds that the facility exceeds provision (b) of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 202.057; 107.007; 300.045; 301.035; 500.100; National Protocol for Sexual Assault Medical Forensic Examinations; Confidential Incident Report and Incident Review Sample; Evidence Collection, Handling & Logging Checklist Form; Security a Potential Crime Scene Checklist Form; Evidence Inventory Report; Advocate Memo 2021; Victim Advocate Memo 2016; Resume for Internal MN DOC Victim Advocate; Canvas Health MOU; Sexual Violence Center MOU; Support Within Reach MOU; Central MN Sexual Assault Services MOU; Chisago County Sheriff's Office MOU; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.21(a)(b): The agency is responsible for conducting administrative and criminal sexual abuse investigations. Policy 301.035 provides procedures for the secure and legal collection, storage, preservation, and disposal of evidence. These procedures outline a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, including securing a crime scene, evidence collection and handling, logging and depositing evidence, management of evidence storage area, retention of evidence, and evidence release or disposal. The agency's protocols are aligned with "A National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents), 2nd Edition, which was developed after 2011. Three forms are utilized by facility and OSI investigators to ensure the agency's protocols are followed: Evidence Collection, Handling, and Login Checklist; Securing a Potential Crime Scene Checklist; and</p>

Evidence Inventory Report. Chisago County Sheriff's Office conducts criminal staff sexual abuse investigations.

115.21(c): Policy 202.057 requires that alleged victims undergo a sexual assault forensic examination at a designated emergency room, where a SANE/SAFE must be utilized, and who will provide the alleged victim the option to access a sexual abuse community advocate during the process. The alleged victim may refuse to be examined by signing a Refusal of Health Care form. Policy 500.100 states that forensic medical examinations (FME) are offered without financial cost to the victim. According to an interview with the AWO, in the last 12 months, the facility had two instances of sexual abuse that resulted in a forensic medical examination. Victims of sexual abuse will receive services at the local ER (Wyoming Hospital) and a victim advocate will be provided from the community if requested.

115.21(d)(e): The facility has secured MOUs with three organizations for advocacy response services Central MN Sexual Assault Services, Support Within Reach, and Sexual Violence Center. All agreements state the organization will respond to requests from the DOC to provide advocacy when incarcerated survivors are transported to the first available SANE for a sexual assault forensic exam. Additional services provided by the MOU include: acting as an outside responding agency and having a 24-hour phone line accessible; responding to requests to provide advocacy when an incarcerated survivor requests community-based sexual assault advocacy (investigatory, follow-up interviews, and follow-up advocacy); assisting in coordinating on-going contact with a survivor who is incarcerated in a MN DOC facility. The agency provides qualified, internal advocates through the agency's Victim Services Unit when a community-based advocate is unavailable. The facility provided qualifications for the WOOOC Corrections Program Director, Risk Assessment Community Notification / Victim Assistance to serve as an internal advocate. The Victim Advocate Services information is posted on the bulletin boards of the housing units and includes the address and number of the agency's victim advocate and the National Sexual Violence Resource Center, as well as the Rape, Abuse, and Incest National Network (RAINN) which can be accessed by speed dial *77 from the individual phones. The auditor interviewed the agency's advocacy coordinator and confirmed that she is the liaison between the incarcerated individuals and the community services and coordinates with the OSI and local facility to ensure that victims of sexual abuse are provided appropriate advocacy. Incarcerated individuals can reach her directly by calling the number posted in the facility.

115.21(f): Sexual abuse allegations that involve criminal activity are referred to the Chisago County Sheriff's Office for investigation. The agency maintains an MOU with CCSO to ensure an effective response to allegations of sexual abuse made by incarcerated individuals. This MOU became effective in 2019 with an expiration date of June 30th, 2024, and was signed by the Chief Deputy. The MOU includes requesting the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

115.21(h): Internal victim advocates have been screened for appropriateness to serve in a victim advocacy role. The victim advocate approved for the victim advocacy role

	<p>possesses sufficient credentials and training to serve in this capacity based on the resume reviewed by the auditor and subsequent interview.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with this standard. Based on the facility and agency having MOU's with five support services and 24-hour victim services hotline, the facility exceeds provision (d) of this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 107.007; Policy 202.057; Investigative Case Files; Confidential Incident Reports; MN DOC Website Review; Sexual Abuse Response Team Guide Checklist; Sexual Abuse Response Checklist; PREA Incident Tracking Log; Chisago Sheriff's Officer MOU; Information Obtained During Interviews.</p> <p>115.22(a)(b): Policy 107.007 provides procedures for conducting criminal investigations of criminal activity by incarcerated individuals and for assisting law enforcement agencies with conducting criminal investigations involving paid employees, volunteers, contractors, and visitors within the department. Completed investigations are forwarded to the appropriate authority for referral to the appropriate county attorney offices for criminal prosecution. Policy 202.057 states that the agency maintains a zero-tolerance policy and investigates all reported or alleged incidents of sexual harassment or staff sexual misconduct. The policy outlines specific duties regarding the administrative investigation. In cases where the harassment allegation is between incarcerated individuals, the harassment allegations are investigated by the supervisor in charge of the alleged perpetrator's living area. An individual's sexual allegation against a staff person, volunteer, or visitor is reviewed by the agency's Office of Special Investigations (OSI) for any criminal violations. The PREA Coordinator reviews and determines if an investigation is warranted. Policy 202.057 requires an investigation for all reports or allegations regarding sexual harassment or staff sexual misconduct. The policy states that allegations without criminal components will be investigated administratively, and allegations containing criminal behavior will be criminally investigated. During the auditor's interview with the agency head, he confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and explained the scope of the facility staff responsibilities as well as that of the OSI, to ensure that appropriate investigation is completed and documented. The auditor discovered that allegations are reported directly to the facility Warden, OSI, and/or the AWO through a Confidential Incident Report by the shift commander. Once received, it is assigned for investigation, and decisions are made on where the case goes from there and entered into the Agency's PREA database. The facility reported 58 allegations of either sexual abuse or sexual</p>

	<p>harassment during the audit period. The auditor reviewed a list of 58 allegations (20 - sexual abuse and 38 - sexual harassment). Of the (58) allegations, five were referred for criminal investigation, and all 58 were investigated administratively.</p> <p>115.22(c): The MOU between MN DOC and Chisago County Sheriff's Office includes the responsibilities of both the agency and the investigating entity. Policies 202.057 and 107.007 require an administrative or criminal investigation when sexual abuse or sexual harassment allegations are made, and the policies govern the conduct of such investigations. The OSI Investigator provided the auditor with an explanation of the local procedures that would be followed during a criminal investigation. The OSI Investigator confirmed during the interview that all criminal investigation referrals are documented. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website at https://policy.doc.mn.gov/DocPolicy/.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.31 Employee training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 103.410; Policy 103.420; Policy, 202.057; PREA Training Course Description (ELS); Sexual Misconduct with Offenders Brochure; Academy Schedule; Officer/Trainee Academy Schedule; MN PREA Standards – Online Module; PREA Refresher Training; MN DOC Training Plan; Gender Responsive Ted Talks Training; Sexual Abuse Online Policy Review Roster; Employee Electronic Verification Screenshot; Staff Training Rosters; Signed Training Acknowledgement Forms; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.31(a)(c): The agency trains all employees who may have contact with incarcerated individuals on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Additionally, employees are trained on how to fulfill their responsibilities, prevention, detection, reporting, and response policies and procedures, and the right of individuals to be free from sexual abuse and sexual harassment, and retaliation. Employee PREA training is directed by policies 103.420 and 202.067, which require that all facility, field services, MINNCOR, and central office employees attend the agency's orientation program. PREA training is included in this curriculum. Policy 103.410 directs that the PREA refresher is to be taken annually, and policy 202.067 is in draft form to require annual PREA training. This yearly requirement is recent, and previously the agency required PREA training every other year. The MN DOC Sexual Misconduct with Offenders brochure was reviewed by the auditor and contains information regarding staff positions of power, sexual misconduct, and sexual harassment definitions and procedures. This brochure is</p>

	<p>provided to all employees and contract employees during their initial pre-service orientation training. Employee Assistance Program information is also included in the brochure. The PREA Standards online modules and the PREA refresher training meet all requirements and contain the topics mandated under PREA standard. Random staff interviewed were very knowledgeable of the agency's zero-tolerance policy and all aspects of the prevention, detection, and response plan and procedures, confirming that they have some training that includes PREA at least once per year. Some staff stated they had classroom training, others computer-based, and others noted a combination of both. The agency has a comprehensive library of training modules which include PREA delivered in multiple formats. The PAQ indicates 424 staff are currently employed at the facility who may have contact with incarcerated individuals, and all have received their initial PREA training. The Auditor reviewed (22) files and electronic verifications that all (22) did receive the required training. Of the (22) files reviewed, (14) contained verification of PREA refresher training completion, the remaining (8) have not been employed longer than 12 months and therefore were not due to take the refresher course.</p> <p>115.31(b): The PREA training modules contain individual sections regarding the dynamics of both male and female offenders and a section on juvenile dynamics. All staff is trained on both male and female gender-specific information regardless of the gender of the facility that they are assigned to. An interview with the Training Coordinator confirmed that employees who transfer in from another type of facility receive a facility-specific orientation which includes a gender refresher.</p> <p>115.31(d): Training is recorded either through the computer-based training system or through sign-in rosters when conducted in person. Based on an interview with the Training Coordinator, training that is conducted in person is also entered into the employee's electronic training record. The auditor reviewed the PREA Refresher completion page that advises the staff of their completion of the training and includes a digital certification with an acknowledgment of completion and understanding of the information provided. The auditor reviewed (14) files and verified that signed acknowledgments were completed for all files reviewed.</p> <p>Based on the evaluation of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy 202.057; Policy 300.40; Policy 300.045; PREA Brochure; MN DOC PREA Standards Online Modules 1/2/3; Volunteers, Contractors, and Interns Orientation Checklist and Agreement; Volunteer Orientation PowerPoint, 2022; Volunteer Orientation Packet; Centurion Training PREA Overview; Signed

	<p>Acknowledgement Forms, 300.040F; Information Obtained from Interviews.</p> <p>115.32(a)(b)(c): All volunteers and contractors who have contact with incarcerated individuals are required to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response according to policy 202.067. Policies 300.040 and 300.045 provide further guidance about the levels of training required based on the services being provided and the level of contact the individual has with incarcerated individuals. The auditor reviewed the 2022 PowerPoint for Volunteer/Contractor/Intern Orientation training and found PREA is covered in ten slides and includes the zero-tolerance policy, their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Additionally, they must read and sign an acknowledgment of their understanding of policy 202.067 and the training received. Medical services are provided by Centurion healthcare. MN DOC employs the remainder of the medical and mental health staff. Centurion has comprehensive PREA training for their healthcare workers, which is required in addition to the facility's training. An interview with a medical practitioner confirmed that they must take the MN DOC PREA training and the Centurion PREA training annually. The facility indicates a total of (184) contractors/volunteers (71-Volunteers, 107-Contractors, 6-Centurion staff) have been trained on their responsibilities under the agency's policies and procedures, had been notified of the agency's zero-tolerance policies regarding sexual abuse and sexual harassment, and how to report these incidents. The Auditor reviewed (7) acknowledgement sheets (3-Volunteer; 3-Contractor; 1-Centurian) to verify the training participants' understanding of PREA.</p> <p>The facility and agency have demonstrated compliance with this standard based on analysis and evaluation of the evidence reviewed</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.050; Policy 202.057; Policy 102.040; Policy 202.040; Policy 203.250; Training Records; Incarcerated Individual Prison Rape Elimination Act Intake Training Form; Receiving & Orientation (R&O) Schedule; R&O Checklist; R&O Education Packet; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.33(a)(e): Policy 202.050 directs that within 24 hours of arrival at any facility, facility staff must give all individuals the Sexual Abuse Prevention and Intervention Guide and verbal notification regarding sexual abuse/harassment, which includes 1) policy 202.057; 2) prevention/intervention; 3) self-protection; 4) notification of the prohibition of sexual abuse/harassment, how to identify and report sexual abuse/</p>

harassment, and information on what defines a false accusation and the penalties for making a false accusation. The auditor observed the PREA posters in English and Spanish in the intake area. This information was provided to the individuals upon their arrival. Interviews with the intake officer and medical staff confirmed that incoming new arrivals are generally processed within a few hours but always within 24. Individuals transferred to MCF-RC for disciplinary segregation receive the pamphlet and zero-tolerance awareness notification upon arrival at the segregation unit. The facility indicated that the individuals had not been receiving the required PREA information during the intake process for the full audit period. Since this problem was identified by the AWO/PCM, the facility has since conducted an internal audit review of all the individuals received in the past year and provided them with this information. Since the procedure has been reimplemented, individuals have been provided the PREA intake education information consistently based on file reviews conducted by the auditor. The facility also put a directive in place, effective January 19, 2023, that all R&O programs have been restored since COVID-19 and the information has been given to all intake offenders since the onsite audit date. The directive also addresses any future unforeseen events and a plan to ensure that IPs receive the intake package and a video is readily available. The Auditor reviewed (62) intake training acknowledgments and verified that the facility retroactively provided this information to the IPs or that IPs received since the onsite audit received the intake training required.

115.33(b)(c): Policy 202.050 that facility staff must provide orientation through such examples as formal classes, videos, PowerPoint presentations, and distribution of written materials, including the Offender Handbook. The orientation materials contain information on facility familiarization, rules, regulations, procedures, and available programs. Within seven days of arrival at any facility, facility staff must give all individuals formal agency education regarding sexual abuse/harassment and the PREA. Corrective Action Plan (CAP): In the 12-month reporting timeframe requested, the facilities Receiving and Orientation program (R&O) was not being run due to COVID-19 protocol and staffing shortages. COVID-19 regulations and protocols have lessened and the facilities staffing numbers have increased to allow for the R&O program to start up again. As of January 19th, 2023, the R&O program has been re-established and individuals have been given the proper educational materials to meet the PREA Standard.

115.33(d): Policy 202.050 further directs that staff assist individuals in understanding orientation and PREA materials. This includes translations or alternative formats for individuals identified at intake or during orientation whose primary language is not English and who have sight, hearing, or literacy barriers. Policy 203.250 explains step-by-step modifications for assisting individuals with disabilities, including auxiliary aids and services, sign language protocols, and assistance from State Services for the Blind. The auditor confirmed the processes for individuals to receive assistance during the interview with the facility ADA Coordinator. The facility identified a list of individuals who spoke languages other than English, and the auditor interviewed three. One LEP IP required the use of an interpreter. This individual thoroughly understood the zero-tolerance policy and the comprehensive education provided

	<p>during orientation. He also stated he was provided this information in Spanish and with an interpreter during intake. Interviews with the intake officer and medical staff confirmed that the pamphlet is available in English, Spanish, Hmong, and Chinese-Mandarin and that there is staff who speak Spanish, but an interpreter through the Language Line will be used to interpret for LEP individuals when needed. The agency publishes the PREA hotline poster, Zero-Tolerance poster, and PREA brochure in Hmong, Spanish, and English; the auditor observed these posters on bulletin boards and walls of housing units and in common areas throughout the facility. The AWO/PCM stated that the written material is also available in braille if needed, but no individuals have needed braille within the audit period.</p> <p>115.33(f): The auditor reviewed the Adult Facilities Offender Handbook, which contains pertinent information regarding the individual's rights to be free from sexual abuse and how and to whom to make a report. During the site visit, the auditor observed posters in all housing units and other common areas. Individuals mentioned the abundance of PREA posters in the facility during the interviews. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, handbooks, or other written formats.</p> <p>Based on analysis and evaluation of the evidence listed, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed by Auditor: Policy 107.005; Special Investigation Training Certificate; Employee Training Record; Information Obtained from Interviews.</p> <p>115.34(a)(b)(c): Policy 107.005 requires that OSI Investigators with specialized training in sexual abuse investigations in confinement settings must conduct sexual assault investigations. All sexual abuse allegations are reported initially to the facility's assigned OSI Investigator. If the case is sexual harassment, the OSI Investigator will provide direction to a facility investigator with specialized training in conducting sexual harassment investigations. The Policy also requires that the trained OSI Investigator complete sexual abuse allegations. The facility provided training certificates for 6 (1-OSI/5-Facility) assigned Investigators, indicating completion the PRC 115.34 Specialized Training: Investigations, in addition to the required general PREA training. The Auditor reviewed (6) investigation certificates and found that the facility investigators are properly trained. The auditor reviewed the curriculum for the training and found that the Investigations training met all criteria required in provision (b). The auditor interviewed the OSI Investigators and found them to be very knowledgeable of the topics required in the standard.</p> <p>Based on the review and evaluation of the stated evidence, the facility and agency</p>

	have demonstrated compliance with all provisions of this standard.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 202.057; Policy 500.030; Specialized Training for Behavioral Health and Health Services; Medical and MH Employee Training Forms/ Records; Centurion Training PREA Overview; Information Obtained During Interviews.</p> <p>115.35(a)(c): Policy 500.030 requires that nursing staff, and full and part-time medical and mental health practitioners in health services, receive specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and harassment, and how and to whom to report allegations or suspicions of sexual abuse and harassment. A review of the Centurion specialized training curricula <i>PREA Overview</i> includes expectations for both medical and mental health staff. The Auditor reviewed (14) files and verified that all 14 had certificates for <i>Specialized PREA Training for Healthcare Providers</i>.</p> <p>115.35(b): Policy 202.057 requires transport of the alleged victim to the health care facility as soon as possible via state car or ambulance (as appropriate). The alleged victim undergoes a sexual assault forensic examination at a designated emergency room. The facility does not conduct SANE exams; therefore, this provision is not applicable.</p> <p>115.35(d): Medical and mental health practitioners must receive the same basic PREA training as all employees, as discussed in the auditor's narrative in 115.31; contracted providers comply with the requirements of 115.32. The training curriculum for medical and mental health staff includes basic training and specialized topics for this class of employees.</p> <p>After analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.040; Policy 202.057; Policy 203.010; Policy 500.050; Completed Risk Screening Tools; Completed 30-day Review Examples; COMS</p>

Screening Screenshot Examples; Observations During Facility Tour; Information Obtained During Interviews.

Evidence Reviewed for CAP: Completed Risk Screening Tools; Completed 30-day Review Examples; COMS Screening Screenshot Examples; Information Obtained During Interviews.

115.41(a)(b): Policy 202.057 requires for all new commitments, release violator, department transfer, jail delegation, or non-department admission, a qualified staff person completes a PREA Intake Screening Tool in COMS, screens the incarcerated individual's available file information, and interviews the offender to assess their potential vulnerability to sexual abuse and tendencies to engage in sexually aggressive behavior. Policy 202.040 requires that a nurse practitioner, registered nurse, licensed practical nurse, or other health screening staff must complete a sexual assault risk assessment screening within 24 hours of the offender's arrival at the facility. Health services conduct the initial risk screening on all individuals during intake. Based on interviews with the HSA, nursing staff, and security staff who work the unit, these risk screenings generally no later than 24 hours. The facility indicates during the prior 12 months, 770 (100%) of new arrivals received an initial PREA risk screening within 24 hours of arrival. The Auditor reviewed (49) risk screenings and determined that screenings are conducted according to policy and standard.

115.41(c)(d)(e): The auditor's review of the PREA Risk Assessment tool found it to be objective and consistent with best practices observed within other correctional systems. Each of the first nine considerations delineated in provision (d) is included in the risk screening form. MCF-RC does not detain individuals solely for civil immigration purposes; therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of previous institutional violence or sexual abuse to assess an individual's risk of being sexually abusive. Assessments are evaluated through direct conversation with the individual and a review of the individual's prior criminal history and institutional record.

115.41(f)(g): Policy 202.057 requires that, within 30 days, the individual's caseworker must review additional information received. If relevant information is received, the incarcerated individual must be reassessed. Policy 203.010 states that within 30 days of admission, the 30-day PREA screening follow-up must be completed, even if additional information has not been received. An affirmative answer by the individual to any of the questions on the instrument will trigger a follow-up. Case Managers conduct a follow-up within 30 days from the initial and once yearly at the annual review time. Certain answers may trigger additional referrals to OSI, Behavioral Health, or the AWO. The Auditor reviewed (45) case files and determined that screenings are conducted within 30 days; however, the documentation did not support timely reassessments when warranted due to an incident of sexual abuse, or receipt of additional information that bears on the individual's risk of sexual victimization or abusiveness. As a result, the facility entered a 180-day CAP period to remedy this deficiency.

	<p><u>Corrective Action Taken:</u> The facility provided, and the auditor reviewed (7) risk assessments for OSI follow-up, confirming that risk screenings are now conducted after incidents of sexual abuse, or receipt of additional information that bears on the individual's risk of sexual victimization or abusiveness.</p> <p>115.41(h): Interviews with staff and incarcerated individuals confirmed that individuals are not disciplined for refusing to answer or for not disclosing complete information.</p> <p>115.41(i): Policy 202.057 requires confidentiality and professionalism from staff at all times. Sharing of sensitive information is limited to those staff who must know in accordance with policy, state statute, professional licensure, and ethical standards. The policy further requires that staff must, to the extent possible, limit the release of information. Information collected during the risk screening is entered directly into the database, and access to this information is restricted to those persons who need to know. This was further confirmed through interviews with the HSA, Psychology Director, AWO/PCM, and the PREA Coordinator.</p> <p>After analysis and evaluation of the stated evidence the facility and agency have demonstrated compliance with all provisions.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.040; Policy 202.045; Policy 202.057; Policy 202.105; Example Screening Memo; Data Privacy Monitoring Notice; Screening Follow-Up Matrix; Examples of Placement Correspondence; Gender Identity Committee Notes; Intake Sgt/OIC Post Orders; Intake Officer Post Officers; Annual PREA Screening Examples; Information Obtained from Interviews; Observations During Site Visit.</p> <p>Evidence Reviewed for CAP: Updated Post Orders for Intake Staff; Housing Stratification Plan; Preferred Room Application Procedure; Interviews.</p> <p>115.42(a)(b): Policy 202.057 directs that the information gleaned from the intake screening is to be used to make housing, bed, program, and work assignment decisions to keep separate those offenders who are prone to sexual victimization from those who are prone to sexual aggression. The result of this screening is disseminated to staff necessary to inform treatment plans and in making security and management decisions regarding the individual. The AWO/PCM, Caseworkers, Medical and Mental Health staff, and Unit Supervisors explained that during intake interviews and assessments, they consider a resident's potential risk factors including past criminal history, gender, height, weight, age, history of victimization, medical/mental health needs and history and any other issues that may increase the chances of being a victim or abuser. Those risk factors are weighted in conjunction with housing,</p>

education, programming, and mental and medical health needs to determine the best placement. This information is entered into the COMS database. Based on the information entered, the system will trigger additional follow-up from the Lieutenant, Behavioral Health staff, Special Investigator or AWO. Case Management is responsible for a 30-day follow-up review and an annual review. Based on information received, the facility may refer cases to the facility Incompatibility Committee or Victim Advocacy in accordance with Policy 202.040 Offender Intake Screening and Processing. Interviews confirmed that there is open communication among the security and case management staff, who regularly talk to discuss current issues going on in their respective areas of supervision. Any safety concerns for an individual would be addressed during these routine meetings, and decisions would be made to keep the individual safe when making bed assignments. Job assignments are assigned by individuals bidding on postings and seniority unless there are special needs or concerns regarding the individual. The Auditor reviewed (3) single-cell occupancy assignment reviews and determined that sexual victimization and aggressiveness is a consideration. The auditor reviewed the Screening Tool Follow-Up Matrix and found that it adequately addresses placement of vulnerable IPs during the screening process at intake; however, alone it does not provide an on-going mechanism to monitor individuals at high risk on an ongoing basis as other housing changes are made as new cell assignments/reassignments are made. Rush City's housing plan for general population is two individuals to a room. Policy 202.105 states that multiple occupancy or dormitory cell/room assignments require individuals be assigned to a cell/room based on available information such as IP-reported incompatibility concerns; input from mental health and health services staff; observations of intake staff; prior adjustment at DOC facilities; and adjustment at sending facility. Safety considerations during cell assignments must extend beyond the "single-cell" application process. The facility has no formal tracking mechanism to identify those individuals who are identified as prone to risk of sexual victimization and those who are prone to being sexual aggressors on an on-going bases to ensure that double cell booking is accomplished safely. As a result, the facility entered an 180-day CAP period to resolve this deficiency.

Corrective Action Taken: The facility provided updated post orders which included a procedure for high risk individuals. The update post orders state "During the Intake if staff observes an IP that may show signs of potentially being at high risk for victimization, and or high risk of being abusive, they must contact the Watch Commander/Count Sgt./Living Unit staff to determine the appropriate living assignment within the facility. An Incident report must also be written." The post order references Policy 202.040 Offender Intake Screening and Processing for determining housing and bed assignments. Additionally, the facility implemented a formal Housing Stratification Plan and Preferred Room Application process to enhance the facility's ability to better manage placement of individuals based on risk. The facility provided (7) recent individual screening examples showing how the information from the screenings impacts housing, bed and work decisions.

115.42(c)(g): Policy 202.045 prohibits the placement of lesbian, gay, bisexual, transgender, gender non-conforming, or intersex individuals in dedicated facilities,

	<p>units, or wings solely based on such identification or status. The facility staff determine the preliminary placement of an individual who is transgender, gender diverse, intersex, or nonbinary upon intake screening in accordance with DOC Policy 202.040, "Intake Screening and Processing," until the agency gender identity committee makes a placement recommendation and the deputy commissioner of the facility safety and security division determines placement. 202.045 also states that when an incarcerated person identifies through intake, kite, or other communication as transgender, gender diverse, intersex, or nonbinary, facility mental health staff must complete a gender identity psychological screening, including the person's wellbeing, expressed needs with respect to their own safety, and their preference for their placement at a particular facility, or other concerns they may have related to their care and confinement. MCF-RC has no dedicated units or wings solely for individuals identified as LGBTI. The auditor reviewed the housing locations for the individuals identified as LGBTI and found no discernable housing pattern. An interview with the PREA Coordinator confirmed that the agency has no dedicated wings solely for LGBTI individuals and that they are placed throughout the state. She stated that she periodically monitors this data and has not observed any particular trends.</p> <p>115.42(d)(e): Policy 202.045 directs that placement and programming assignments for each incarcerated person who is transgender, gender diverse, intersex, or nonbinary must be reassessed at least twice each year by the agency gender identity committee, with recommendations sent to the deputy commissioner of the facility safety and security division or designee, to review programming needs and any threats to safety experienced by the incarcerated individual. Case notes reviewed and interviews with Case Management and residents supported that the individual's own view of his or her safety is given serious consideration for placement decisions.</p> <p>115.42(f): Policy 202.045 states that incarcerated people who are transgender, gender diverse, intersex, or nonbinary may request a single-cell assignment. The facility gender identity committee must review such requests and grant a single-cell assignment where necessary and appropriate to address a significant vulnerability or risk of physical or sexual harm to the person. The facility gender identity committee may also assign the individual to housing with other individuals of their gender identity if available. Policy 202.045 also states that incarcerated people who are transgender, gender diverse, intersex, or nonbinary must be given the opportunity to shower separately in a manner so as to prevent viewing by other incarcerated people, unless the facility gender identity committee has articulable safety or security concerns. Interviews with case managers, security supervisors, security line staff, and the AWO/PCM confirmed that transgender individuals could shower separately from others upon request. Interviews with incarcerated individuals also confirmed that they are permitted to shower separately if requested.</p> <p>After analysis and evaluation of the stated evidence the agency and facility have demonstrated compliance with this standard.</p>
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115.43	Protective Custody
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Policy 301.085; Observations During Site Visit; Administrative Segregation Review Form; Information Obtained from Interviews.</p> <p>115.43(a)(b)(c)(d)(e): Policy 202.057 directs that individuals at high risk for sexual victimization must not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no other means of separation from likely abusers. If this assessment cannot be made immediately, the facility may hold the individual in involuntary segregated housing for less than 24 hours while completing the assessment. Policy 301.085 directs administrative segregation procedures and directs the Warden and other facility administrators must regularly review offenders on administrative segregation status with the goal of transitioning them back to less restrictive housing as soon as it is safe to do so. Individuals must remain in administrative segregation for no longer than necessary to address the reasons for the placement. An initial review must occur within 24 hours of placement, and reviews must be conducted every seven days for the first 60 days of placement and every 30 days thereafter. Individuals on administrative segregation status have telephone and visiting privileges and access to educational programming, canteen, library services, religious programming, recreating, case management services, hair care, laundry, medical care, behavioral health care, and legal materials. Individuals must be released from administrative segregation status when the reasons for the placement no longer exist and a plan has been implemented to transition the individual to the general population. The auditor confirmed these procedures during interviews with security supervisors and officers who work in the segregation/restrictive housing unit. The AWO/PCM and Warden advised during their interviews that there were no individuals held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment; additionally, there were no individuals assigned to involuntary segregated housing for longer than 30 days while waiting for alternative placement. Individuals may be separated by housing units and separate wings within the unit.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with this standard.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Policy 203.115; Policy 302.020; Policy 300.300; Policy 103.410. Offender Handbook; Incident Reports/Case Files; DOC Sexual Abuse</p>

Helpline Poster; Sexual Abuse Prevention and Intervention Handbook; Zero Tolerance Poster; PREA Brochure; Staff Training Modules; Outside Victim Advocate Services Poster; Minnesota Office of the Ombuds for Corrections (OBFC) flyer; MN DOC Special Mail List; Information Obtained from Interviews; Observations During Site Visit.

115.51(a): DOC offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously. Options include calling the Rape, Abuse, and Incest National Network (RAINN); reporting to any staff, volunteer, contractor, or medical or mental health staff; submitting a grievance or sick call slip; reporting to the PREA Coordinator or PCM; telling a third-party to report at 651-603-6798; using the DOC public website, or contacting the Ombuds' Office. Incarcerated individuals are also informed that they may make a report on behalf of someone else. The auditor confirmed during interviews with the incarcerated individuals that they were aware of the multiple methods by which a report of sexual abuse or sexual harassment could be made and understood clearly that the facility has zero tolerance for any sexual activity, abuse, harassment, or retaliation. Most incarcerated individuals interviewed stated that they would feel comfortable reporting sexual abuse directly to a staff member. A systems test was conducted from a randomly selected telephone on one of the housing units, and calls were successfully placed to Victim Services, RAINN, and the DOC Hotline.

115.51(b): Individuals may report abuse or harassment to the Office of Ombudsman for Corrections (OBFC). OBFC is a neutral and independent investigator of complaints regarding state correctional agencies. The OBFC is a separate agency that acts independently from the Department of Corrections and reports directly to the Governor. Additionally, individuals can report to the National Sexual Assault Hotline, Available 24 hours at 1-800-656-4673 (RAINN); notices are posted in the living unit with the contact information for both of these external entities. The agency also provides Consular notification and International Prisoner Transfer information if a noncitizen is sentenced to MN DOC custody.

115.51(c): Policy 202.057 lists reporting methods, including anonymous and third-party reporting. Once notified, staff must immediately report all third-party reports in a confidential incident report to the watch commander, who must then inform OSI. OSI will determine whether and how an investigation will proceed. Random staff interviewed were knowledgeable about their responsibility to accept reports of sexual abuse and harassment if made verbally, in writing, anonymously, or by a third party. Staff was also aware of the multiple ways an individual may make a report, and this information is provided during preservice and in-service training. The policy also states that staff must report any communication, including rumors from staff or incarcerated individuals, that may indicate sexual abuse. The agency requires staff to accept reports verbally and in writing and complete an incident report promptly.

115.51(d): Policy 202.057 states that anyone, including staff, may contact the sexual abuse helpline by dialing 651-603-6798 and following the prompts. Policy 300.300 establishes that staff can utilize a "Confidential report" to report staff misconduct information; however, this method does not necessarily ensure privacy. The auditor's interview with the PREA Coordinator revealed that the agency has two options for

	<p>reporting. The internal method is a link on iShare, "Report Potential Employee Misconduct," to which all staff has access; the external method is a link on the agency's public website, "Submit a Complaint about an MN Correctional Facility," which is directed to the Office of the Ombudsman for Corrections. This office is a separate and independent agency and has the authority to take and investigate complaints from or about any MN DOC staff or facility. Staff revealed during interviews that they knew they could go outside their chain of command to report sexual abuse or sexual harassment of incarcerated individuals if they felt it was necessary.</p> <p>Based on analysis and evaluation of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, due to the multiple reporting methods made available to incarcerated individuals, staff, and other third parties, the agency and facility exceed the requirements.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 303.100; Information Obtained from Interviews.</p> <p>115.52: Policy 303.100 states that offenders may not file facility grievances about issues for which there is a separate review or appeal process identified as the "final decision," examples include allegations related to 202.057, Sexual Abuse/Harassment Prevention, Reporting, and Response. An interview with the AWO/PCM and PREA Coordinator confirmed that the agency has no separate administrative procedure to deal with sexual abuse grievances; therefore, the facility is exempt from this standard.</p> <p>Based on analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Forms 202-050A/202-050B; PREA Brochures/ Posters; Intake Training Signature Sheet; Offender Handbook; Sexual Abuse Prevention and Intervention Guide; Victim Advocate Services Information; Canvas Health MOU; Canvas Health Signed Contract; Tubman MOU; Rape, Abuse, & Incest National Network (RAINN); Information Obtained from Interviews; Observations During</p>

Site Visit.

115.53(a): Policy 202.057 requires that offenders be educated on obtaining counseling services and medical assistance if victimized. Sexual abuse advocacy or other professional services are available or made available to alleged victims of sexual abuse. The OSI Investigator must provide the alleged victim information about advocacy by utilizing the PREA victim advocacy video developed by the victim assistance program (VAP), which explains the role of the victim advocate. The OSI Investigator must contact the VAP director if the alleged victim expresses a desire for advocacy services; this request must be included in the contact. The AWO/PCM confirmed that the OSI Investigator who conducts the investigation would provide contact information for Canvas Health. Information regarding support services is located in the offender handbook and available on the PREA brochures. The agency's victim advocate can be reached at 651-361-7666 (free call) or by mail at Victim Services, 1450 Energy Park Drive, St. Paul, MN, 55108. Based on the auditor's interview with the agency's designated victim advocate, once she receives a referral for services or a request from an individual, she will make contact, usually within 24 hours, to assess the need. If available, she will connect the resident with outside community services; if these are not available for the area, she will provide the advocacy directly. Additionally, posted throughout the facility is the National Sexual Violence Resource Center; and the speed dial number *77 for the Rape, Abuse, and Incest National Network (RAINN), which is also an option for incarcerated individuals.

115.53(b): Based on the interview with the OSI Investigator, individuals are informed prior to giving them access to outside support services of the extent to which such communication will be monitored. The auditor observed notifications posted by the individual telephones advising that all calls may be monitored or recorded. The Victim Advocate Services poster advises individuals that MN DOC does not guarantee the confidentiality of communication to the outside party; any communication from the facility is subject to normal communication monitoring unless otherwise noted. The Data Privacy/Monitoring notice advises the resident that all communications (including mail, telephone, and person-to-person) are subject to monitoring. A telephone or video call may be scheduled through the caseworker or the agency's victim advocate; correspondence with the victim advocate is confidential to the extent of complying with the State's Mandatory Reporting Laws.

115.53(c): Based on an interview with the agency's victim services coordinator, the agency continues to expand its community partners and has entered into agreement with Canvas Health, Hope Coalition, and Family Pathways. These service providers are able to provide individuals with confidential emotional support services related to sexual abuse. The auditor reviewed the agreements which are all currently in force.

Based on analysis and evaluation of the evidence reviewed, the facility and agency have demonstrated compliance with this standard; additionally, the agency exceeds by having a dedicated agency victim advocacy group to ensure individual assistance is provided to incarcerated victims of sexual abuse.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Public Website Review; Minnesota Office of the Ombudsman for Corrections (OBFC) Information for DOC Inmates Flyer; OBFC Official Complaint Form; Hotline Poster; Zero Tolerance Poster; Sexual Abuse Prevention and Intervention Packet; Information Obtained from Interviews; Observations Made During Site Visit.</p> <p>115.54(a): The agency has established a method to receive third-party reports of sexual abuse and sexual harassment by providing a toll-free PREA Hotline at 1-651-603-6798, and callers may remain anonymous. This information is posted on the agency's public website. Posters containing this information are posted throughout the facility in areas where incarcerated individuals and visitors have access and are published in English, Hmong, Chinese-Mandarin, and Spanish. This number is also available for staff to privately report sexual abuse and is posted on staff bulletin boards. Interviews with incarcerated individuals confirmed they are aware they can have a family member or friend report sexual abuse, sexual harassment, or retaliation on their behalf through third-party reporting.</p> <p>The agency and facility have demonstrated compliance with this standard based on analysis and evaluation of the stated evidence.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Case Files; Confidential Incident Reports; Notification Correspondence Examples; PREA Incident Tracking Log; Minnesota Legislation Regarding Mandatory Reporting; Mental Health Informed Consent Form; Information Obtained from Interviews.</p> <p>115.61(a): Policy 202.057 establishes the requirement for all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, or staff neglect or violation of responsibilities contributing to an incident that occurred at a facility. The auditor's interviews with staff confirmed a clear knowledge of their duty to report such incidents immediately. Additionally, the facility indicated that (58) reports of sexual abuse or sexual harassment were reported, with (53) being administratively investigated and (5) referred for criminal investigations.</p> <p>115.61(b): Policy 202.057 directs staff to maintain confidentiality and display</p>

	<p>professional conduct at all times. The identity of an alleged victim of sexual abuse is private information. The sharing of sensitive information is limited to those staff who must know by policy, statute, professional licensure, and ethical standards. Staff must restrict the release of information to protect victims of sexual abuse. Staff interviews confirmed a thorough knowledge of confidentiality and that releasing this information outside of official need violates the employee standards of conduct and agency policy.</p> <p>115.61(c): Medical and mental health staff interviewed by the auditor confirmed that the mandatory reporting of incidents of sexual abuse and sexual harassment that occur during incarceration is a requirement and is not affected by any Federal, State, or local law to be withheld for confidentiality purposes. Medical and mental health staff are mandated reporters. During the interview process with individuals, medical and mental health staff inform all incarcerated individuals of the limitations of confidentiality before delivery of services. The facility provided the auditor with a copy of the Mental Health Informed Consent form for review.</p> <p>115.61(d): According to MN state statutes, staff in a licensed facility are legally required or mandated to report if there is reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency. There are no individuals under the age of 18 housed at MCF-RC. There were no incidents involving a vulnerable adult within the audit period; however, the OSI Investigator would notify local law enforcement or state policy, as required, should there be an incident of sexual abuse against a vulnerable adult reported.</p> <p>115.61(e): Interviews with staff confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, must be reported to the Watch Commander immediately, who will then report to the facility's designated investigators. Interviews with Watch Commanders and the OSI Investigator confirmed that these protocols are followed, further supported by documentation in Confidential Incident Reports and investigative case files reviewed by the auditor.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Memorandum from AWO - Agency Protection Duties; Information Obtained During Interviews; Observations During Site Visit.</p> <p>115.62(a): Policy 202.057 states that if the MN DOC learns that an individual is subject to a substantial risk of imminent sexual abuse, it must take immediate action to protect the individual. The auditor's interviews with Watch Commanders confirm</p>

	<p>that they will take whatever action is required to ensure the safety of the individual and will consult with the AWO/PCM, Warden, and OSI Investigator for assistance with determining the next steps if necessary. An interview with the Agency Head and the Warden further confirms that any necessary action will be taken to ensure the safety of an individual once the facility/agency becomes aware. The AWO/PCM confirmed that in the prior 12 months, MCF-RC had no incarcerated individuals where the facility determined that an incarcerated individual was subject to a substantial risk of imminent sexual abuse. Additionally, the auditor's review of the investigative case files determined that immediate actions were taken to ensure the alleged victim's safety upon the facility staff becoming aware of the allegation.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057; Confidential Incident Reports; Email Correspondence with other Facilities and OSI; Information Obtained from Interviews.</p> <p>115.63(a)(b)(c): Policy 202.057 states that upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency, where the alleged abuse occurred. Presumptively, valid recipients are the facility head, the facility's PREA compliance manager, the agency's PREA coordinator, or the agency head's office. Such notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation, and must be documented. Additionally, the OSI investigator is to receive notification of the allegation. The facility reports four allegations were received in the prior 12 months that an incarcerated individual was abused while confined at another facility and provided the investigation case numbers to show that the allegations were investigated. The facility provided a memo that stated they did not keep copies of the notifications and they have changed their procedure to ensure documentation is maintained. Interview with the AWO/PCM and OSI Investigator, and Warden confirmed that the facility's response to allegations that are alleged to occur at another facility is to provide notification to the head of the facility immediately within 72 hours, document the notification that is sent, notify OSI, provide contact information, notify the Warden, and follow up with the incarcerated individual.</p> <p>115.63(d): The agency policy requires that allegations received from other facilities and agencies are investigated following the PREA standards. The facility reports in the prior 12 months, there were 2 allegations of sexual abuse alleged to have occurred at MCF-RC received from another facility. These allegations were promptly reviewed and</p>

	<p>found to have been previously reported and investigated.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; First Responder Checklist; Completed First Responder Checklist Example; Confidential Incident Reports; Case Files; Information Obtained from Interviews.</p> <p>115.64(a): Policy 202.057 identifies a step-by-step process for first responder protocols as 1) Separate the alleged perpetrator and victim so that neither one can hear or see the other. 2) Remain with the victim to provide safety and support and ensure that the victim does not wash, shower, change clothes, or otherwise compromise physical evidence on the individual's body before the examination. 3) Except for health services staff and the watch commander, the staff receiving the report must initiate the First Responder Sexual Abuse Response Checklist 4) Inform the watch commander/designee of the alleged sexual abuse. 5) Secure the crime scene and take photographs as needed. 6) Complete a confidential incident report. 7) Forward the First Responder Sexual Abuse Response Checklist and Confidential Incident Report to the Watch Commander. In the past 12 months, the facility reported (20) allegations that an individual was sexually abused. One allegation was reported in a period that allowed for the collection of obtainable evidence.</p> <p>115.64(b): Policy 202.057 requires that any staff who receives a report initiate the first responder protocol as described in section (a). Staff interviews confirmed they are well knowledgeable on the First Responder Duties. Of the allegations reported that an individual was sexually abused in the past 12 months, the facility reported (1) incident that was not reported to a security staff member. The allegation was reported to a facility Nurse during an intake interview and should have been counted as a report of prior sexual abuse, as the alleged date of abuse was more than a month from the report date and allegedly occurred at another facility. The allegation reported was outside of the first responder protocol time frame, but the allegation was reported for investigation.</p> <p>Based on analysis and evaluation of the evidence reviewed, the facility has demonstrated compliance with the provisions of this standard.</p>

115.65	Coordinated response
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 202.057; SART Member List; SART Guide; Form 202.057C Sexual Abuse Response Checklist; Form 202.057D Watch Commander Sexual Abuse Response Checklist; Facility Coordinated Response Plan; Form 202.057E Health Services Sexual Abuse Response Checklist; Sexual Abuse Response Team (SART) Response Checklists Examples; Confidential Incident Reports; Case Files; Information Obtained from Interviews.</p> <p>115.65(a): Policy 202.057 outlines the agency's expectations regarding a sexual abuse coordinated response plan which includes instructions on separating the alleged victim and abuser, protecting the crime scene for a collection of evidence, advising both the alleged victim and alleged aggressor not to take any actions that could destroy physical evidence. Form 202.057C Sexual Abuse Response Checklist is required to be completed by the first responder upon notification of a sexual abuse allegation; Form 202.057E Health Services Sexual Abuse Response Checklist is to be completed by medical upon notification of a sexual abuse allegation; Form 202.057D Watch Commander Sexual Abuse Response Checklist is required to be completed by the Watch Commander upon notification of a sexual abuse allegation. These forms guide SART members to ensure that their response to a sexual abuse allegation includes all required steps and is documented. In addition, the Sexual Abuse Response Team Guide (202.057G) is completed to track relevant information that will be used to ensure all steps have been taken and to aid the SART in conducting the incident review once the investigation is completed. The SART has prepared PREA Response Kits containing forms, evidence bags, Chux pads, and other items to respond to an incident of sexual assault. These bags are located in the Security Center for easy access. In addition to policy language and the sexual abuse response checklist, the PREA Coordinator developed a template for each facility to create their Coordinated Response Plan, which is signed by the facility's SART members, the Victim Services Advocate, and the PREA Coordinator. Interviews with SART members found they knew their duties and responsibilities. The facility provided a written Coordinated Response Plan, with a review date of February 2023.</p> <p>Based on review and analysis of stated evidence, the facility and agency have demonstrated compliance with all requirements of this standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: The Minnesota Association of Professional Employees (MAPE)

	<p>Labor Agreement; AFSCME Agreement; Commissioner's Plan; Middle Management Association (MMA) Agreement; Minnesota Nurses Association (MNA) Agreement; State Residential Schools Education Association (SRSEA) Agreement; Minnesota State Colleges and Universities Agreement; Minnesota Law Enforcement Association (MLEA) Agreement; Minnesota Government Engineer's Council (MGE) Agreement; Case Files; Information Obtained During Interviews.</p> <p>115.66(a): Based on interviews with the Agency Head, Warden, PREA Coordinator, and OSI Investigator, and a review of the labor agreements in place with the agency, the Appointing Authority may place an employee who is the subject of a disciplinary investigation on investigatory leave with pay provided a reasonable basis exists to warrant such leave. A review of the case files indicated there were no allegations against a staff member that warranted removal from contact with incarcerated individuals within the prior 12 months.</p> <p>Based on the review of the evidence, the agency and facility have demonstrated compliance with this standard.</p>
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115.67 Agency protection against retaliation	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Confidential Incident Reports; Case Files; Agency Protection Against Retaliation Form; List of SART Members; List of SART Retaliation Monitors; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP:</p> <p>115.67(a)(b)(c)(d)(e): Policy 202.057 requires that the SART leader/designee must follow up with staff/incarcerated individual reporters and witnesses at 30 days, 60 days, and 90 days from the date of the sexual abuse/harassment or sexual misconduct to ensure there is no retaliation as a result of the reporting. This contact may increase if needed. Anyone who cooperates with an investigation is protected from retaliation. If the allegation is unfounded, the obligation to follow up ends.</p> <p>According to agency policy, all retaliation follow-ups must be documented in the PREA Incident Management System (PREA IMS). The PREA Coordinator implemented the Agency Protection Against Retaliation form for facilities to use when monitoring retaliation. This form includes incident information and requires a review of the individual's conduct and treatment, possible retaliation from others, recent housing changes, program changes, negative performance reviews, or disciplinary actions. There is space for the monitor to record observations and actions taken during the monitoring period. Instructions require monitoring for up to 90 days or extended if deemed necessary. An interview with the AWO/PCM and SART lieutenant revealed that the system notifies the SART for retaliation monitoring after the incident is entered into the PCNS. Other methods to ensure individuals are protected and</p>

	<p>supported include bed or housing changes and mental health counseling; an Interview with the Warden confirms that retaliation against individuals or anyone who makes a report or participates in an investigation is prohibited and that the party would be disciplined or removed if found substantiated. Based on an interview with the AWO/PCM, incompatibility flags can be added into COMS to keep individuals separated when necessary. The facility has multiple living units, allowing individuals to be separated by housing units when needed. The auditor's interview with the Agency Head confirms that the agency takes retaliation seriously and that these allegations will be investigated and disciplined accordingly should they be substantiated. The facility provided 5 samples of retaliation monitoring (3 retaliation forms and 2 electronic examples) with the PAQ. The auditor requested additional samples from the list of allegations and it was determined that the monitoring has not been consistently conducted. Interviews with the AWO/PCM confirmed that he had become aware that the monitoring has not been consistently completed within the audit period, however, he has been implementing measures to correct the problem and to ensure retaliation monitoring is conducting as required. As a result, the facility entered a 180-day CAP period to remedy the deficiency. The AWO/PCM understands that monitoring begins once the allegation is reported and will continue as long as needed, but no less than 90 days or at the point the allegation is unfounded, or the resident is released from custody. The monitoring was described as a check-in to see if the individual has any problems and observation to see if there are changes in the individual. The check-in might also include talking to the individual's work or education supervisor and the officer assigned to the housing unit.</p> <p><u>Corrective Action Taken:</u> The facility reviewed (15) allegations reported since the site visit and (7) met the criteria for retaliation monitoring. The facility provided completed retaliation forms for all (7) required cases. The Auditor has determined that the facility has gained compliance by conducting retaliation monitoring for all required cases, as well as beginning the monitoring at the initial report of an allegation.</p> <p>Based on analysis and evaluation of the evidence the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Memo Regarding Protective Custody; Information Obtained from Interviews; Observations During Facility Tour.</p> <p>115.68(a): As noted in 115.43, the agency has written policy to govern the management of individuals placed in segregated housing, which complies with this standard's requirements. Should an involuntary assignment to segregated housing</p>

	<p>become necessary, the Administrative Segregation Order and 24-Hour Review form would be utilized to assess the individual's status within 24 hours, and suitable alternative housing would be identified immediately but within no more than 30 days. The AWO/PCM confirmed that MCF-RC had zero alleged sexual abuse victims placed in segregated housing for protection. Interviews with Watch Commanders, security supervisors, and officers who work in the segregation unit confirmed that segregated housing is not used for housing alleged victims of sexual abuse.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Does Not Meet Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed by Auditor: Policy 103.225; Policy 107.005; Policy 107.007; Policy 202.057; MOU Chisago County; PREA Incident Tracking Log; Investigator Training Records; Prosecution Declination Forms; Information Obtained from Interviews.</p> <p>115.71(a)(c): Policy 107.007 governs agency investigations, and policy 301.035 governs evidence management. Policy 202.057 states that the agency investigates all matters of sexual abuse and harassment, including third-party and anonymous reports, vigorously through OSI, the facility discipline unit, facility supervisory staff, and outside law enforcement, as directed by the incident. Policy 107.005 directs OSI to conduct criminal investigations involving incarcerated individuals, including violations of the PREA. This policy also states that OSI must investigate allegations of employee, volunteer, and contractor misconduct that may involve criminal behavior or have significant security concerns. Policy 107.007 requires that investigators gather and preserve evidence, including any available physical and DNA evidence. An interview with the Investigators confirmed that an investigator will respond to the scene immediately or as dictated by the incident, detain witnesses, and secure known suspect(s). Notifications will be made to the deputy director or their designee. The investigator secures and processes the scene for evidence or advises other trained staff in the process. A case number is secured from the case management system (ACISS) as soon as possible. All documentation is electronically recorded and uploaded to the system. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigations conducted by the OSI Investigator reviewed by the auditor were found to be contain documentation of collection and retention of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; documentation that alleged victims, suspected perpetrators, and witnesses were</p>

interviewed; and evidence that prior complaints and reports of sexual abuse involving the suspected perpetrator were reviewed and considered, where available. However, investigations conducted at the facility level were found to lack the required elements of a thorough and objective investigation. As a result, the facility entered a 180-day CAP period to resolve these deficiencies.

Corrective Action Taken/Non-Compliant: On October 23, 2023, the facility provided 15 investigative files for allegations reported between February 10, 2023, and May 25, 2023. A review of these files indicated improvement in the investigative process. The auditor requested a list of allegations reported for the remainder of the CAP period (May 26 - October 22) to select more recent samples but the facility was unable to provide a current list (see 115.11). An interview with the PREA Coordinator confirmed that cases had not been entered into the agency's database as required and the facility was not tracking the allegations according to established protocols. As a result, the auditor has determined that the facility remains non-compliant with provisions (a)(c).

115.71(b): Policy 107.005 states that OSI Investigators with specialized training in sexual abuse investigations in confinement settings must conduct sexual assault investigations. The auditor's review of 14 cases found that some of the facility assigned cases were conducted by staff who were not specially trained to conduct these investigations. This deficiency was identified by the AWO/PCM during the pre-audit review and a Corrective Action Plan was immediately implemented. The AWO/PCM identified (5) facility staff to conduct facility assigned investigations and a training certificate was provided for all (5). All OSI Investigators are specially trained. These certificates confirmed the completion of the NIC PREA: Investigating Sexual Abuse in a Confinement Setting training for the four facility investigators. Additionally, follow-up interviews with the PREA Coordinator and AWO/PCM confirmed that the facility would ensure that trained investigators would complete any future investigations.

115.71(d): Based on the interview with the investigators, they consult with and work closely with prosecutors before conducting compelled interviews. Investigators are trained in Garrity but will consult with prosecuting agencies when and if a case supports criminal prosecution.

115.71(e): The OSI Investigator confirmed during an interview that the credibility of an alleged victim, suspect, or witness is based individually and not determined by the person's status. An individual who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. The case files reviewed indicated no truth-telling device was used during any investigation, and this was further confirmed through interviews with the OSI Investigator. The OSI Investigator further confirmed during his interview that credibility assessments are based on facts which was clearly outlined in the investigative summaries of the cases files reviewed. Facility Investigators confirmed during their interviews that they make credibility assessments based on facts and not based on whether the individual is a staff or incarcerated, although this was not documented in their summaries.

115.71(f)(g): Policy 202.057 establishes the requirement for investigations to be documented in written reports, including a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations that result in a substantiated case of sexual abuse include an effort to determine whether staff actions or failures to act contributed to the abuse. Interview with the OSI Investigator confirmed that the investigation written reports consist of, when applicable, documentation of DNA evidence, anything of evidentiary value from the crime scene or personal property, photographs of injuries, crime scene photographs, video recordings, interview recordings, telephonic recordings, financial statements, mail, or electronic mail, written statements from victims, witnesses, or perpetrators, staff documentation or incident reports, prior incident documentation, medical records, SANE exam or forensic evidence. All evidence is secured, including chain-of-custody documentation, in the evidence repository. The auditor's review of the investigative case files found the administrative investigations conducted by the OSI Investigator were thoroughly documented as required by provisions (f) and (g) and contained documented evidence that was obtainable. However, the sexual harassment cases investigated administratively at the facility level lacked the appropriate documentation in written reports to indicate all elements required for a thorough and objective investigation were covered. As a result, the facility entered a 180-day CAP period to resolve these deficiencies.

Corrective Action Taken/Non-Compliant: The facility's CAP included retraining facility investigators on elements of a proper investigation, a review of existing investigations reviewed while onsite, and monitoring by the auditor of the any new allegations occurring for 60 days following the site visit. On October 23, 2023 the facility provided 15 investigative files for allegations reported between February 10, 2023 and May 25, 2023. A review of these files indicated improvement in the investigative process. The auditor requested a list of allegations reported for the remainder of the CAP period (May 26 - October 22) to select more recent samples but the facility was unable to provide a current list (see 115.11). Additionally, no records were provided to the auditor to indicate that the facility's administrative investigators had received additional training. An interview with the PREA Coordinator confirmed that cases had not been entered into the agency's database as required and the facility was not tracking the allegations according to established protocols. As a result, the auditor has determined that the facility remains non-compliant with provisions (f)(g).

115.71(h)(l): Policy 107.007 directs criminal investigations, and substantiated sexual abuse allegations will be presented to the appropriate county attorney's office for criminal prosecution. The facility indicated no substantiated, sexual abuse allegations were referred for criminal prosecution. However, (1) unsubstantiated and (1) on-going case was referred to Chisago County Sheriff's Office for review. The OSI Investigator assigned to MCF-RC is the point of contact who will work with the external law enforcement entity, Chisago County Sheriff's Office.

115.71(i): Policy 202.057 requires that all documentation related to sexual abuse/harassment is retained in the alleged victim's and the alleged aggressor's confidential file. If the aggressor/alleged perpetrator is a staff member, documentation must be

	<p>retained as directed by human resources and OSI. Policy 107.007 requires the agency to retain all written reports of investigation of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Additionally, MCF-RC is required to enter sexual abuse allegations in their PREA Incidents Management System, which has an indefinite retention schedule.</p> <p>115.71(j): Policy 103.225 states that resignations submitted by employees under active investigation must not be accepted without review by the agency human resource manager and the appropriate deputy/assistant commissioners. Interviews also confirmed that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews with the OSI Investigator, AWO/PCM, Warden, and PREA Coordinator confirmed that an investigation would continue even if the employee is terminated, or the individual is released or transferred.</p> <p>Based on analysis and evaluation of the stated evidence, and corrective action documentation, the facility remains non-compliant with standard 115.71.</p>
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115.72 Evidentiary standard for administrative investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 103.225; Information Obtained from Interviews; Case Files.</p> <p>Evidence Reviewed for CAP: Case Files; Interviews.</p> <p>115.72(a): Policy 103.225 states that for violations of PREA Policy 202.057, no standard higher than the preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the OSI Investigator and the PREA Coordinator, along with a review of (17) administrative investigations completed by the OSI Investigator, confirm that the agency uses no standard higher than the preponderance of the evidence in substantiating a case of sexual abuse or sexual harassment. The review of cases investigated by facility level investigators lacked substantial investigative summaries which should include documented evidence demonstrating the standard used in determining whether allegations of sexual harassment are substantiated. As a result, the facility was found non-compliant with this standard and entered a 180-day corrective action period to remedy the deficiency.</p> <p><u>Corrective Action Taken:</u> The facility provided (15) investigation cases requested by the auditor which were conducted since the site visit. The auditor's review found documented interviews with alleged victims, perpetrators, and witnesses; reviewed video documentation; statement of compelled interviews; review of physical evidence, if applicable; outcome notifications; retaliation monitoring and incident-based rescreening forms. The investigations also demonstrated that no standard</p>

	<p>higher than the preponderance of the evidence was used in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor has determined that the facility has gained compliance with this standard.</p> <p>After analysis and evaluation of the stated evidence the facility and agency have demonstrated full compliance with this standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Offender Notification and Investigation Form; Case Files; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: Case Files; Notifications to Inmates; Interviews.</p> <p>115.73(a-e): Policy 202.057 states that OSI or the AWO must notify the alleged victim of the outcome (once it has been determined) whether the allegations are substantiated, unsubstantiated, or unfounded. OSI provides the alleged victim with relevant information if another agency conducts the investigation. OSI also informs the alleged victim regarding actions taken as a result of an allegation against another incarcerated individual or staff when the staff/incarcerated individual is indicted on a related charge; If/when the staff/incarcerated individual is convicted on a related charge; If/when the offender has received disciplinary sanctions. The AWO must notify the alleged victim regarding actions taken as a result of an allegation against staff when the staff is no longer in the unit and staff is no longer employed at the facility. The agency's obligation to report to the incarcerated individual terminates if/when the allegation is unfounded, or the incarcerated individual is released from custody. The OSI Investigator also confirmed during the interview that if a case is criminal and an external entity is involved, he will continue communicating with the external entity and update the individual as they become available. The auditor reviewed (14) cases and found notifications in (4). An interview with the AWO/PCM explained that the facility was currently in the process of drafting notifications for the remaining (10) notifications. As a result, the facility was found non-compliant with this standard and entered a 180-day corrective action period to resolve this deficiency.</p> <p><u>Corrective Action Taken:</u> The auditor reviewed (15) investigations and each file had documentation that the alleged victim was notified of the disposition and any subsequent action taken in accordance with this standard.</p> <p>Based on analysis and evaluation of the stated evidence the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.76	Disciplinary sanctions for staff
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 103.218; Policy 103.220; Policy 103.225; Policy 202.057; Supervisory Conference Sample; Information Obtained from Interviews; Investigative Case Files.</p> <p>115.76(a)(b): Policy 202.057 states that staff, contractors, visitors, volunteers, or any other individuals who have business with the DOC are subject to disciplinary action and/or criminal sanctions, including dismissal or termination of contracted services, if determined to have engaged in sexual abuse or sexual harassment of an incarcerated individual. A violation of this policy may result in termination from the DOC. Additionally, Policy 103.225 states that any individual who violates agency policy, including Policy 202.057, may be subject to discipline up to and including discharge. The policy further states that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse for substantiated violations. Based on an interview with the HRM, and documented evidence there were no staff terminated, and one written reprimand for staff that violated sexual abuse or sexual harassment policies at MCF-RC.</p> <p>115.76(c): Policy 103.218 establishes that the office of professional accountability is responsible for investigating allegations of employee, volunteer, student worker, or contractor misconduct. These investigations are conducted in compliance with collective bargaining agreements, compensation plans, and policies, as well as any applicable state or federal law. Interviews with the HRM confirmed that once an investigation is completed, HR will gather information from the agency database on similar incidents, past disciplinary action against the employee, past performance reviews, and supervisor notes. A small committee will convene with the Appointing Authority to review the investigation results and the HR collection of data. The committee will make a recommendation, with the Appointing Authority having the final right of decision, for disciplinary action to be taken. This action is commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. MCF-RC reports (1) sexual harassment allegation against an employee within the audit period that resulted in a written reprimand. If the facility receives an allegation that has criminal components, the case will be referred to OSI or outside law enforcement, or both.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed by Auditor: Policy 300.040; Policy 300.045; Volunteer Suspension Guidelines; Information Obtained from Interviews.</p> <p>115.77(a)(b): Policy 300.040 states that, in compliance with the PREA standards, any volunteer who engages in sexual abuse must be prohibited from contact with incarcerated individuals. The individual must also be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. The DOC also considers incidents of sexual harassment in determining whether to enlist or terminate the services of a volunteer who may have contact with an incarcerated individual. Policy 300.045 establishes that any contractor, physical plant contractor, or design team consultant who engages in sexual abuse must be prohibited from contact with incarcerated individuals. The individual must also be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. Designated facility staff must also take appropriate remedial measures and consider whether to prohibit an individual from further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies. The facility reports that no contractors or volunteers have been reported for sexual abuse or sexual harassment incidents; therefore, no reports have been made to law enforcement or licensing agencies. The Warden can remove a contractor or volunteer from contact with incarcerated individuals during the investigation. Interviews with the Warden, AWO/PCM, and OSI Investigator confirmed that no volunteer or contractor has engaged in or otherwise violated the facility's sexual abuse/harassment policies. An interview with the medical contract manager confirmed that a contract employee would be immediately removed from contact with incarcerated individuals until the conclusion of the investigation.</p> <p>After analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed by Auditor: Policy 202.057; Policy 303.010; Policy 301.085; Offender Discipline Rules; Disciplinary Actions for Sexual Behavior; PREA Brochure; Information Obtained from Interviews; Case Files.</p> <p>115.78(a)(b)(g): The Offender Discipline Rules document states that no offender shall make repeated or unwelcome sexual advances; requests for sexual favors; or verbal comments, gestures, or actions of a derogatory or offensive nature to another incarcerated individual, no incarcerated individual shall request, solicit, or engage in consensual sexual behavior or contact, or be in a situation that gives evidence of such action with another incarcerated individual, no incarcerated individual shall have</p>

non-consensual sexual contact with another incarcerated individual. This rule prohibits sexual contact if the victim does not consent, is coerced into such act by overt or implied threatening behavior or is unable to consent or refuse; no incarcerated individual shall make sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive nature to staff. According to the Offender Discipline Rules, all sexual behavior by incarcerated individuals is prohibited. It was further confirmed during interviews that consensual sexual contact is prohibited. The AWO/PCM confirmed during interviews that sanctions would be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories. There were no substantiated sexual abuse or sexual harassment allegations during the audit period, therefore, no incarcerated individual was disciplined. Documentation was provided as evidence that incarcerated are disciplined for sexual violations, however, these were all not related to PREA incidents.

115.78(c): Policy 303.010 establishes that if discipline staff question whether the incarcerated individual's misconduct was affected by mental illness, they must request an assessment by mental health staff, which will be documented on the Mental Health Discipline Assessment form. The auditor's interview with mental health staff informed that the disciplinary process considers whether an individual's mental disabilities or mental illness contributed to their behavior when determining the sanctions. The agency requires the facility to consider whether the incarcerated individual's mental disabilities or mental illness contributed to his behavior when determining what level of sanction if any, will be imposed when pending disciplinary sanctions for sexual abuse charges. Interviews with the disciplinary hearing officer and mental health provider confirm this consideration is weighed when sanctions are determined. Interviews with behavioral health staff confirmed that they are consulted in cases where the perpetrator is receiving services to determine if their mental illness could have contributed to the incident.

115.78(d): Policy 202.057 states that behavioral health staff conducts a sexual abuse risk assessment of a known incarcerated individual perpetrator once identified and the allegation has been substantiated. As deemed appropriate, this assessment includes psychological testing, scoring of actuarial tools, and information regarding possible interventions, including the appropriateness of sex abuse-specific mental health treatment, as available at that facility. The risk assessment report is provided to the AWO and Psychological Services Director at the facility housing the alleged perpetrator within 60 days of the initial report.

115.78(e): An interview with the Warden confirmed that incarcerated individuals are not to be disciplined for contact with staff, volunteers, or contractors unless the investigation reveals that the staff, volunteer, or contractor did not consent to the contact. Slide 56 of the PREA training, online module 2 states, "where an offender is found to have engaged in sexual contact with a staff member, the incarcerated individual may be disciplined only when the staff member did not consent." Code 490 of the Offender Discipline Handbook is Sexual Abuse/Contact of Staff, a prohibited Level 5 Violation. Individuals are only charged if the investigation concludes that the

	<p>employee did not consent, as explained during the interview with the AWO/PCM.</p> <p>115.78(f): Policy 202.057 establishes if the investigation reveals that an offender has made a false accusation that the incarcerated individual, in good faith, could not have believed to be true, the facility may take disciplinary action against the incarcerated individual through all means available. Based on a review of the Offender Discipline Rules 303.010, if an incarcerated individual makes a complaint in good faith about staff protected under state or federal law, the facility must possess evidence corroborating the staff member's report to charge the individual for the 'Lying and Misrepresentation'. This procedure was confirmed during an interview with the AWO/PCM. There were no disciplinary reports issued for false allegations.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed by Auditor: Policy 202.040; Policy 202.057; Policy 500.302; Policy 500.303; Admission Mental Health Screening; Completed PREA Risk Screening Instruments; Documentation of Services; Mental Health Informed Consent; Memo re: Medical/MH Services for Prior Perpetrators; Information Obtained from Interviews.</p> <p>115.81(a)(b)(c): Policy 500.302 requires, within 24 hours of admission, a corrections officer and a qualified health services staff person to interview individuals to determine urgent mental health needs and existing mental health treatment. The qualified health services staff person completes the sexual violence prevention (PREA) checklist and notifies the mental health staff of existing treatment and any urgent mental health concerns and must offer a referral for mental health services for an incarcerated individual with a potential sexual violence vulnerability or an affirmative response to any checklist question. Staff must forward a referral to mental health services if the incarcerated individual accepts the offer. The sexual violence prevention checklist is maintained in the correctional offender management system (COMS). Additionally, Policy 202.057 states if staff learns information that indicates that an incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, staff must ensure that the incarcerated individual is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Policy 202.057 also requires that behavioral health staff conduct a sexual abuse risk assessment of a known incarcerated individual perpetrator. As deemed appropriate, this assessment includes psychological testing, scoring of actuarial tools, and information regarding possible interventions, including the appropriateness of sex abuse-specific mental health treatment, as available at that facility. The PREA Risk Screening is performed by</p>

	<p>medical staff during intake and interviews with the HSA, and medical staff confirmed that any individual who discloses prior sexual victimization is offered a follow-up meeting with a mental health practitioner. The Psychology Director confirmed that individuals are seen within 14 days upon a referral. The facility provided evidence that incarcerated individuals who reported prior sexual abuse during the risk screening process are referred for a follow-up with mental health. Additionally, interviews with incarcerated individuals who reported prior victimization confirmed during their interviews that they were offered these services. The facility provided a list of (357) IPs who reported prior sexual abuse during the risk screening. The Auditor reviewed behavior health referrals for (13) IPs that reported prior sexual abuse and verified that referrals are made accordingly.</p> <p>115.81(d): Policy 202.057 requires the dissemination of information related to and resulting from the assessment to be controlled and limited to staff necessary to inform treatment plans and to make security and management decisions regarding housing, beds, work, education, and program assignments. Interviews with the AWO/PCM, HSA, and Psychological Services Director confirmed that the information collected related to sexual victimization or abusiveness that occurred in an institutional setting is used only to inform treatment plans and security management decisions. SART members are provided access to this information, as needed, to inform treatment plans, housing, bed, work, education, and program assignments.</p> <p>115.81(e): Interviews with the HSA and Psychological Services Director confirmed that upon arrival as a new admission to the MN DOC, all individuals are informed of the limitations of confidentiality of information obtained while they are incarcerated. Prior to providing services, individuals are informed that their mental health must be released where required by laws, rules, or regulations. Information disclosed about prior sexual victimization that did not occur in an institutional setting cannot be reported without the individual's informed consent.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 202.057; Policy 500.100; Health Services Sexual Abuse Response Checklist; Information Obtained from Interviews.</p> <p>115.82(a): Policy 202.057 states that an incarcerated individual who alleges sexual abuse is offered access to psychological services, medical services, and a sexual abuse advocate. If health services staff are on duty, they must be immediately notified. If health services are not on duty, the on-call provider must be informed; if necessary, the designated health care facility or local ER will be notified of the need</p>

	<p>for a sexual assault forensic exam; the facility will transport the incarcerated individual to a health care facility. If behavioral health staff are present, they must be notified. After hours, staff must inform the on-call behavioral health staff under 500.303. MCF-RC reported (2) incidents in which they had to provide emergency medical or mental health services to a victim of sexual abuse within the prior 12 months. During interviews with the HSA and Psychological Services Director, they both explained the procedures to respond to a victim of sexual abuse, which was consistent with the requirements of the policy and this standard. Additionally, the Health Services Sexual Abuse Response Checklist is completed to record and track the specific steps taken to ensure unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>115.82(b): Policy 202.057 states that in the event of a sexual abuse incident, alleged victims are separated from the alleged perpetrator and all individuals involved in the incident will be kept under constant observation, and a psychological referral will be submitted to the mental health provider by the shift supervisor with details of the incident. Interviews with random staff and first responders indicate full knowledge of the requirement to separate the victim and perpetrator and to ensure that the appropriate medical and mental health practitioners are notified immediately of a sexual abuse incident. In addition, interviews with medical and mental health confirmed that they are notified immediately of sexual abuse incidents.</p> <p>115.82(c): Policy 202.057 states that staff must offer the alleged victim support and explain the options related to the SANE exam. The incarcerated individual must be examined for injuries and sexually transmitted infections (STI), and biological specimens are collected. The incarcerated individual must be provided with education on the risk of STIs and the availability of STI testing. The Health Services Sexual Abuse Response Checklist confirms that (with consent) the victim undergoes a sexual assault forensic exam, including checks for injuries, STIs, and biological specimen collection. An interview with the HSA confirmed that victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis following professionally accepted standards of care where medically appropriate.</p> <p>115.82(d): Policy 500.100 states that co-payments are not assessed for initial testing, treatment, and follow-up for reportable communicable diseases, for emergencies, or any report of an alleged sexual assault, abuse, or harassment. Based on interviews with medical staff individuals receive these services at no cost, whether or not they cooperate with the investigation.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed by Auditor: Policy 202.040; 202.051; Policy 202.057; Mental Health Evaluation Examples; Memo Regarding Ongoing Medical and Mental Health Care; Information Obtained from Interviews.

115.83(a)(b)(c): MCF-RC offers medical and mental health evaluation and, as appropriate, treatment to all individuals who have been victimized by sexual abuse, regardless of where the abuse occurred. Policy 202.057 requires the evaluation and treatment of a victim of sexual abuse/harassment and includes appropriate follow-up services, a treatment plan, and referral for continued care following transfer to/ placement in another facility. Additionally, Policy 202.040 requires behavioral health staff to conduct an admission mental health screening within 14 calendar days of admission for all individuals. Referrals may also be provided when the incarcerated individual is released from custody. Based on interviews with medical and mental health staff, interviews with incarcerated individuals, and a review of protocols, case files, and referral records, services provided to individuals at MCF-RC are consistent with the community level of care. The auditor reviewed evaluations conducted with prior victims which indicated follow-up and treatment services were provided.

115.83(d)(e): MCF-RC houses only male individuals; therefore, these provisions are not applicable.

115.83(f): Policy 202.057 states that tests for sexually transmitted infections (STIs) will be conducted in the emergency room at the time of the forensic examination (FME). In cases where the lapse of time does not permit evidence collection or when the victim refuses the FME, the STI tests will be conducted by the medical provider, as indicated by the MCF-RC medical department. This procedure was confirmed during an interview with the HSA.

115.83(g): Policy 500.100 establishes that individuals are not charged a co-pay for initial testing, treatment, and follow-up for reportable infectious diseases, nor for services provided after a report of an alleged sexual assault, abuse, or harassment. Based on interviews with medical staff, individuals receive these services at no cost, whether or not they cooperate with the investigation.

115.83(h): Policy 202.057 requires that a sexual abuse risk assessment be conducted upon being informed that an incarcerated individual perpetrator has been identified and the allegation has been substantiated. As deemed appropriate, this assessment includes psychological testing, scoring of actuarial tools, and information regarding possible interventions, including the appropriateness of sex abuse-specific mental health treatment, as available at the facility. The risk assessment report is provided to the AWO and Psychology Director at the facility housing the alleged perpetrator within 60 days of the initial report. The auditor's interviews with the Psychology Director and the AWO/PCM confirmed these procedures are in place.

After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 202.057; Investigative Case File; Memorandum on Incident Reviews; Sexual Abuse Incident Review (SAIR) Report; Information Obtained from Interviews.</p> <p>115.86(a)(b)(c)(d): Policy 202.057 requires an incident review to be conducted after sexual abuse investigation within 30 days of the conclusion of an investigation unless the incident is deemed unfounded. Policy 202.057 further requires the team to consider during this review any needed policy changes; motives which may include such examples as race, ethnicity, gender identity, LGBTI, gang affiliation, or whether the incident was motivated or otherwise caused by group dynamics; assess the physical area where the abuse occurred; assess staffing levels; assess needs for monitoring technology; document information in the PREA Incident Management System under Incident Panel. Policy 202.057 requires the review team must prepare a report of its findings and any recommendations for improvement and submit the report to the Warden and PCM, and for the facility to implement the recommendations from the review or document the reason(s) for not making the recommended changes. The agency has created a form for the review team to complete when conducting a review. This form is comprehensive and covers every element required to be considered in provision (c), which prompts the team to cover all areas. The completed form is distributed to the Warden, PCM, and PREA Coordinator. During an interview with the AWO/PCM the auditor found that incident reviews had not been conducted/documented on closed investigations as required. This was identified by the AWO/PCM as a non-compliant issue during the pre-audit review. He further stated that the facility has implemented processes to align with this requirement. When a review occurs, it will include input from those involved, take into account possible policy changes, consider the motives that may have motivated the abuse, assess the physical area where it occurred, staffing levels, the need for additional monitoring technology, and the review will be documented. As a result of this non-compliance, the facility entered a 180-day CAP period to remedy this deficiency.</p> <p><u>Corrective Action Taken/Non-Compliant:</u> The facility developed a corrective action plan that included a review of abuse cases in accordance with agency policies and this standard. On October 23, 2023, the facility provided 15 investigative files for allegations reported between February 10, 2023 and May 25, 2023. A review of these files indicated only one case was subject to the incident review. An incident review was completed according to the requirements of this standard; however, the case closed in May 2023, but the review was conducted in October 2023. The auditor requested a list of allegations reported for the remainder of the CAP period (May 26 - October 22) to select more recent samples but the facility was unable to provide a current list (see 115.11 and 115.71) prior to the corrective action period ending. An interview with the PREA Coordinator confirmed that cases had not been entered into the agency's database as required and the facility was not tracking the allegations</p>

	<p>according to established protocols. As a result, the auditor has determined that the facility remains non-compliant.</p> <p>Based on analysis and evaluation of the stated evidence, the facility has not demonstrated compliance with the requirements of this standard.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 102.050; 2020 Survey of Sexual Violence (SSV); Survey of Sexual Victimization IA (SSV-IA); MN DOC Assessment Addressing Sexual Abuse Report; Agency Website Review; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: 2021 Annual Report; Agency Website Review; Information Obtained from Interviews.</p> <p>115.87(a)(b)(d)(e): Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The DOC also collects data provided by contracted community partners. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored in the DOC central office communications unit. The DOC aggregates incident-based sexual abuse data annually. Incident-based data collected includes the data necessary to answer all of the questions from the DOJ SSV. The agency's PREA Compliance Coordinator aggregates incident-based sexual abuse data annually. Each facility maintains local records of their individual and aggregated data; additionally, each facility's PCM is responsible for entering all incident data into the PREA database, which the PREA Coordinator maintains. Information entered into this system allows the PREA Coordinator to abstract data used to prepare the agency's annual report. As of publication of the interim report, an annual report was not available for 2021 or 2022, which means data for the years 2020 and 2021 have not been published. As a result, the agency entered a 180-day CAP period to remedy this deficiency.</p> <p><u>Corrective Action:</u> The PREA Coordinator prepared and published on the agency's public website the MN DOC PREA 2021 Annual Report which contained data review and corrective actions for each facility, as well as the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. The 2022 annual report is in progress which will contain 2021 data.</p> <p>115.87(c)(f): Policy 102.050 establishes the DOC aggregates incident-based sexual abuse data annually. Incident-based data collected includes the data necessary to answer all questions from the DOJ SSV. The most recent SSV requested by the DOJ</p>

	<p>was in 2020. The auditor reviewed the completed SSV and SSV-IA; both were submitted as required and by the deadline.</p> <p>Based on analysis and evaluation of the stated evidence the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 102.050; MN DOC Assessment Addressing Sexual Abuse; Review of Public Website; 2021 Annual Report; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: MN DOC PREA 2021 Annual Report; Review of Public Website; Information Obtained from Interviews.</p> <p>115.88(a)(b)(c)(d): Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The agency also collects data provided by contracted community partners. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored in the agency's central office communications unit. The agency aggregates incident-based sexual abuse data annually. Incident-based data collected includes the data necessary to answer all of the questions from the DOJ SSV. The policy further requires that the local SART at each facility review data and aggregate it to assess and improve the effectiveness of sexual abuse prevention, detection, and response in policies, practices, and training throughout the department. The SART review includes identifying problem areas, detailing corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. Interviews with the AWO/PCM and the PREA Coordinator confirmed that the SART at MCF-RC meets monthly to review their PREA protocols and practices and any data collected for the month. Information from this meeting is also presented for review, if relevant, to the Security and Camera Committee for consideration. A spreadsheet is maintained by the AWO/PCM for all PREA allegations reported to the facility, and the auditor was provided a copy of the detailed report. Furthermore, the facility enters each allegation into the agency's PREA database, where the PREA Coordinator can extract data to produce the information used in developing the agency's annual report. The annual report includes a comparison of the current year's data and corrective actions reported by the SART with those from prior years and provides an assessment of the DOC's progress in addressing sexual abuse. The auditor reviewed the MN DOC Assessment Addressing Sexual Abuse reports published on its public website and found the most recent document published with 2019 data. The PREA Coordinator explained during her interview that she has developed the 2021 report and submitted it for approval</p>

	<p>but has not received authorization to publish yet. The Agency Head confirmed during his interview that he reviews the annual report developed by the PREA Coordinator and approves it for publication. Once approved, the annual report is electronically stored in the agency's central office communications unit and made available to the public through the agency's public website. The agency may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Additionally, the agency provides on its public website instructions for "Requesting Government Data" at the link https://mn.gov/doc/data-publications/data-practices/. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy. As of publication of this report, an annual report is not available for 2021 or 2022, which means data for 2020 and 2021 have not been published. As a result, the agency will enter a 180-day CAP period to remedy this deficiency.</p> <p><u>Corrective Action Taken:</u> The PREA Coordinator prepared and published to the agency's public website the MND OC PREA 2021 Annual Report which contained data review and corrective actions for each facility, as well as the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. The 2022 annual report is in progress which will contain 2021 data.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility has demonstrated compliance with all provisions of this standard.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 102.050; Policy 107.007; Policy 301.035; Minnesota Records Retention Schedule; Information Obtained from Interviews; Agency's Website Search; Minnesota Records Retention Schedules 015-014; 016-131. Agency Wide PREA Records Retention Schedule; MN DOC 2021 Annual Report; Agency's Website; Email Correspondence; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: Evidence Reviewed: Agency Wide PREA Records Retention Schedule; MN DOC 2021 Annual Report; Agency's Website; Email Correspondence; Information Obtained from Interviews.</p> <p>115.89(a): Policy 102.050 requires that the MN DOC retains sexual abuse data in the MN DOC central office communications unit as established in the OSI-PREA retention schedule. The auditor's interview with the PREA Coordinator confirms that this data is collected electronically in the PREA database managed by her office and is securely retained.</p>

115.89(b)(c): Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The DOC also collects data provided by contracted community partners. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored in the DOC central office communications unit. The DOC aggregates the incident-based sexual abuse data annually and publishes in its annual report. Aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts is made readily available to the public annually through its public website according to policy, however, the information currently published does not include data from contracted facilities. The agency must include this data in its annual report and publish this report on its public website. The agency's PREA Compliance Coordinator compiles this annual report, which is reviewed and approved by the agency's commissioner. Once the commissioner approves, the yearly report is electronically stored in the DOC central office communications unit and made available to the public through the agency's website. The DOC may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Additionally, the agency provides on its public website instructions for "Requesting Government Data" at the link <https://mn.gov/doc/data-publications/datapractices/>. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.

115.89(d): Minnesota Records Retention Schedules were provided for the auditor's review. Schedule 016-131 confirmed that Case Reports from Criminal Investigations and Administrative Investigations conducted by the Office of Special Investigations are retained permanently. Schedule 015-014 states summary data gathered and submitted to the Bureau of Justice Statistics on incidents of reported sexual violence in the State-run adult and juvenile prisons will be retained in the department's central office communications unit in a secure cabinet for ten years. Additionally, Investigative Reports involving allegations of sexual assault and harassment are retained in electronic format for as long as the alleged abuser is incarcerated or employed, plus five years. At the conclusion of the post-audit period, the auditor and PREA Coordinator determined that the agency's policies had conflicting information regarding retention schedules of PREA data collected. As a result, the facility entered a 180-day corrective action period to remedy this deficiency.

Corrective Action Taken: The agency has revised its PREA records schedule to align with the requirements of the PREA standards and to eliminate any inconsistencies between other existing retention schedules. These records encompass the DOJ SSV; OSI Investigative Files; OSI Evidence Management; OSI PREA Standard Violations (E-files); Human Resources Reports and Documents 1/2/3.

Based on a review and analysis of the evidence, the agency and facility have demonstrated compliance with all provisions of this standard.

115.401	Frequency and scope of audits
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1390 421">Evidence Reviewed: Observations During Site Visit; Information Obtained from Interviews; Agency’s Projected PREA Audit Schedule.</p> <p data-bbox="279 454 1453 611">115.401(a): The MN DOC ensures that each facility operated by the agency or a private organization was audited on behalf of the agency at least once in the prior three-year audit period. The agency operates 12 facilities (1 juvenile/11 adult) and contracts with four counties for the confinement of residents/individuals).</p> <p data-bbox="279 656 1465 936">115.401(b): During an interview with the agency’s PREA Coordinator, the auditor confirmed that audits are scheduled following the requirements of §115.401, to include those entities under contract with the agency. The projected audit schedule provided to the auditor indicates consistent scheduling of having at least one-third of facilities audited each year. A review of the agency’s website and prior PREA audit reports found the agency consistent and systematic in ensuring audits are completed and posted to their public website promptly.</p> <p data-bbox="279 981 1474 1261">115.401(h)(i): The auditor was allowed access to all areas of the facility and had the ability to observe all processes. There were no limitations beyond restrictions implemented for COVID-19 safety protocols, and none of these protocols inhibited the auditor’s ability to conduct a thorough and comprehensive audit of the MCF-RC. The facility provided all documentation and information requested to the auditor in either paper or electronic format. The auditor received full cooperation from the agency and facility during the pre-audit, onsite, and post-audit phases.</p> <p data-bbox="279 1305 1347 1373">115.401(m): The auditor was allowed unimpeded access to all incarcerated individuals and to conduct private interviews.</p> <p data-bbox="279 1417 1465 1955">115.401(n): During the site visit, the auditor observed the Notice of Audit posted in all housing units and other facility common areas. These notices, posted in both English and Spanish, provided scheduled dates of the audit, the purpose of the audit, the name of the auditor, accurate contact information for the auditor, and an explicit and factually accurate statement regarding the confidentiality of any communication and limitations to that confidentiality under mandatory reporting laws, with the auditor and anyone who may respond to the notices. During interviews, individuals stated they were aware of the audit, and most said they had seen the audit notices posted. The auditor received (5) letters from incarcerated individuals. The auditor interviewed these individuals and passed on relevant information to the facility for follow-up. An interview with mailroom staff confirmed that incarcerated individuals could send mail to the PREA auditor according to the same rules applied to special correspondence.</p> <p data-bbox="279 2000 1461 2067">Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.403(f): The auditor's review of the agency's public website found Final Audit Reports for all facilities posted with links to view the reports. Prior reports from previous cycles are also posted and available to view, which exceeds the requirement of this standard.

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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
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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.)	no
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 agencies or other entities for the confinement of inmates.)	yes
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	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 inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, 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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates 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
115.18 (b)	Upgrades to facilities and technologies	

	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 inmates 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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	no
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	no
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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 victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate'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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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.)	na
	Does the agency always refrain from requiring an inmate 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.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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	na

	this standard.)	
	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.)	na
115.52 (d)	Exhaustion of administrative remedies	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate 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.).	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.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain 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
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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 inmate disciplinary reports?	yes
	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 inmate housing changes?	yes
	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 inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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 115.21(a).)	
	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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, 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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate 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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	no
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>