

# PREA Facility Audit Report: Final

**Name of Facility:** Minnesota Correctional Facility Lino Lakes

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 08/05/2022

**Date Final Report Submitted:** 03/06/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sharon Ray Shaver	<b>Date of Signature:</b> 03/06/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Shaver, Sharon
<b>Email:</b>	sharonrshaver@gmail.com
<b>Start Date of On-Site Audit:</b>	06/22/2022
<b>End Date of On-Site Audit:</b>	06/25/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Minnesota Correctional Facility Lino Lakes
<b>Facility physical address:</b>	7525 4th Avenue, Lino Lakes, Minnesota - 55014
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Mary McComb
<b>Email Address:</b>	mary.mccomb@state.mn.us
<b>Telephone Number:</b>	651-717-6125

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Shannon Reimann
<b>Email Address:</b>	shannon
<b>Telephone Number:</b>	651-717-6101

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Mary McComb
<b>Email Address:</b>	mary.mccomb@state.mn.gov
<b>Telephone Number:</b>	
<b>Name:</b>	Jessica Johnson
<b>Email Address:</b>	jessica.m.johnson@state.mn.us
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Messeret Daba
<b>Email Address:</b>	messeret.daba@state.mn.us
<b>Telephone Number:</b>	6517176583

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1136
<b>Current population of facility:</b>	875
<b>Average daily population for the past 12 months:</b>	931
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	16-82
<b>Facility security levels/inmate custody levels:</b>	Level 2 Minimum, Level 3 Medium
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	450
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	150
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	93

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Minnesota Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of MN
<b>Physical Address:</b>	OSI PREA, 7525 Fourth Avenue , Lino Lakes, Minnesota - 55014
<b>Mailing Address:</b>	
<b>Telephone number:</b>	6513617200

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Paul Schnell
<b>Email Address:</b>	Paul.Schnell@state.mn.us
<b>Telephone Number:</b>	651-361-7226

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Diana Magaard	<b>Email Address:</b>	diana.magaard@state.mn.us

## 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:

9

- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.18 - Upgrades to facilities and technologies
- 115.31 - Employee training
- 115.41 - Screening for risk of victimization and abusiveness
- 115.51 - Inmate reporting
- 115.53 - Inmate access to outside confidential support services
- 115.65 - Coordinated response
- 115.73 - Reporting to inmates
- 115.81 - Medical and mental health screenings; history of sexual abuse

### Number of standards met:

32

### Number of standards not met:

4

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

agency investigations

- 115.86 - Sexual abuse incident reviews
- 115.87 - Data collection

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-22
2. End date of the onsite portion of the audit:	2022-06-25

### 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:	Just Detention International

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1350
15. Average daily population for the past 12 months:	931
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input 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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	884
<b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>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:</b>	51
<b>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:</b>	290
<b>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:</b>	8
<b>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:</b>	38
<b>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:</b>	7

<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>6</p>
<p><b>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:</b></p>	<p>36</p>
<p><b>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:</b></p>	<p>50</p>
<p><b>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:</b></p>	<p>4</p>
<p><b>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):</b></p>	<p>The facility operates the only youthful offender program in the MN DOC. The adult population age range is 68% are between 26-45; 10% are over age 56; 7% are between 18-25. The population is 63% white/27% black/8% American Indian or Alaskan Native/ 2% Asian or Pacific Islander. Almost 200 incarcerated individuals participate in the Sex Offender Program.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>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:</b></p>	<p>450</p>

<p><b>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:</b></p>	<p>93</p>
<p><b>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:</b></p>	<p>150</p>
<p><b>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:</b></p>	<p>Due to COVID-19 protocols, volunteer and contractor admittance was limited. The facility hired 89 new staff during the prior 12 months and had a turnover of 76 employees. Medical services are provided by Centurian.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>19</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>

<p><b>If "Other," describe:</b></p>	<p>The Auditor interviewed two incarcerated individuals who mailed a letter prior to the audit and one who requested through an officer during the site visit.</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></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. The auditor interviewed all individuals under 18.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>The auditor's interviews with incarcerated individuals were based on guidance from the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guide for Inmates. All interviews were conducted privately to ensure the individuals felt comfortable expressing concerns without prison staff being present. Interviews were conducted on all days of the site visit. The auditor met no barriers to completing interviews or ensuring representation of the population.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>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><b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	<p>3</p>
<p><b>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:</b></p>	<p>4</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>1</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>The facility is not equipped to house individuals who are blind. Interviews with the PCM and healthcare staff confirmed the facility does not house individuals with severe visual disabilities.</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>8</p>

<b>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:</b>	11
<b>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:</b>	7
<b>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:</b>	1

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The auditor’s interviews with incarcerated individuals were based on guidance from the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guide for Inmates. All interviews were conducted privately to ensure the individuals felt comfortable expressing concerns without prison staff being present. Interviews were conducted on all days of the site visit. The auditor was provided a housing roster and several lists that identified individuals for the targeted categories. Individuals were selected by the auditor from each targeted list using a combination of random number selection and housing assignments. The auditor interviewed 23 targeted individuals using a total of 41 targeted surveys. All 23 were asked questions from the Random Inmate Survey. Of the 23 individuals interviewed, 17 qualified for more than multiple targeted surveys. The auditor also oversampled the transgender population due to the number of individuals at the facility who identified and requests received for interviews. All individuals selected were willing to participate in the interviews and were forthcoming with information. The auditor experienced no barriers to completing interviews or to ensuring representation of the targeted population.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>23</p>
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<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>35</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<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

	<input type="checkbox"/> Intake staff  <input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	In addition to the other specialized roles, the auditor interviewed the Mailroom Supervisor, Recreation Supervisor, and Chaplain to obtain essential information for the audit.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

<p><b>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).</b></p>	<p>MCF-Lino Lakes is a Level 3, Medium Custody/ Level 2, Minimum Custody facility. The total facility capacity is 1264 medium security and 88 minimum security. There are 53 Single-Bunk Cells, 635 Double-Bunk Cells, and 5 Triple-Bunk Cells. Segregation-42 beds. Housing stratification includes: TRIAD Chemical Dependency-240 beds; TRIAD Chemical Dependency Aftercare-32 beds; Co-Occurring Disorder Treatment Program-60 beds; Sex Offender Treatment Program-270 beds; Youthful Offender Program-20 beds; Prison Fellowship Academy-168 beds; Minimum Security-88 beds; Wheelchair Accessible-21 cells; Strobe Light Equipped-26 cells. Total staff budgeted for is 478 (264 Security/214 Support). The facility sits on a 157 acre site with 55 acres within the security fence line.</p> <p>The auditor tested the telephone system by placing a call to the hotline from one of the housing units and received a response from the agency's PREA Coordinator within two hours of placing the call.</p>
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**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.

<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

All requests for documentation were responded to promptly and comprehensively. Additional correspondence occurred between the auditor and the PREA Coordinator, up to the onsite portion of the audit and then after until the issuance of the final report. Interviews with the PREA Coordinator and the Agency Head confirmed no consent decrees or oversight exists. The auditor reviewed relevant documents provided by the facility and on the agency website, in addition to the Pre-Audit Questionnaire (PAQ) and supporting documents. 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 will be referenced in the narrative sections under each individual standard discussion. Throughout the audit, an extensive document review was conducted. 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
- 106.210 Providing Access to and Protecting Government Data
- 107.005 Office of Special Investigations
- 107.007 Criminal Investigations
- 202.040 Offender Intake Screening and Processing
- 202.045 Management of Transgender/ Gender Non-Conforming/Intersex Offenders/Residents
- 202.050 Resident Orientation
- 202.051 Offender Handbook Policy
- 202.055 RW Red Wing Operating Guideline
- 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response
- 203.010 Case Management Process
- 203.015 Offender/Resident Risk Assessments
- 203.115 Consular Notification and International Prisoner Transfer
- 203.250 Modifications for Offenders/ Residents with Disabilities
- 204.020 Youthful Offender in Adult Facilities
- 300.040 Volunteer Services Program
- 300.045 Contractor Relationship to Department
- 300.300 Incident Reports
- 301.035 Evidence Management
- 301.055 Security Rounds

- 301.085 RW Red Wing Operating Guideline Administrative Hold
- 301.055 Security Rounds
- 301.147 Security Video Recording Systems/Photographic Images
- 302.020 Mail
- 303.100 Grievance Procedure
- 500.030 Orientation Training for Health Services Staff
- 500.050 Health Screenings and Full Health Appraisals
- 500.100 Offender Co-Payment for Health Services
- 500.302 Mental Health Continuity of Care
- 500.303 Mental Health Assessment
- Minnesota Department of Corrections - Agency Organizational Charts
- Confinement Contracts
- Offender Discipline Rules
- MN Lino Lakes Youthful Offender Program Unit Rules & Orientation
- MN DOC Adult Facilities Offender Handbook

# **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
<b>Inmate-on-inmate sexual abuse</b>	12	4	12	4
<b>Staff-on-inmate sexual abuse</b>	1	1	1	1
<b>Total</b>	8	5	8	5

**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
<b>Inmate-on-inmate sexual harassment</b>	8	0	8	0
<b>Staff-on-inmate sexual harassment</b>	13	0	13	0
<b>Total</b>	21	0	21	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
<b>Inmate-on-inmate sexual abuse</b>	2	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0	0
<b>Total</b>	3	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	2	1	5	2
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0
<b>Total</b>	3	1	5	2

## 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	4	4
<b>Staff-on-inmate sexual harassment</b>	0	9	3	1
<b>Total</b>	0	9	7	5

# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	8
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<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)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	7
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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

<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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

<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	12
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

## Inmate-on-inmate sexual harassment investigation files

<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	6
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<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 inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>6</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<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>

<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>
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## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<p><b>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.</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p>
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### Non-certified Support Staff

<p><b>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.</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p>
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## AUDITING ARRANGEMENTS AND COMPENSATION

<p><b>121. Who paid you to conduct this audit?</b></p>	<p> <input type="radio"/> The audited facility or its parent agency  <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)  <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)  <input type="radio"/> Other         </p>
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**Identify the name of the third-party auditing entity**

Correctional Management & Communications Group, LLC

## **Standards**

### **Auditor Overall Determination Definitions**

- 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**

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.

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057, Minnesota Department of Corrections (MN DOC) Organizational Chart; OSI Organizational Chart; Facility Organizational Structure 04/2022; Review of Agency's Website; PREA Coordinator Position Job Description; Personal Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed: Observations of Workflow and Documentation Received During CAP Period; Information Obtained from Interviews.</p> <p>115.11(a): The agency has written Policy 202.057 that mandates zero-tolerance toward sexual abuse and harassment to promote a safe and humane environment, free from sexual violence and misconduct for offenders. 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 offender by an offender, contractor, volunteer, staff, or visitor within the MN DOC. This policy applies to prisons, county jails, detentions, lockups, and residential placement facilities within 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.</p> <p>115.11(b): The PREA Coordinator was promoted to the permanent position of State Program Administrator Manager Senior, with a working title of Program Manager/ PREA, on December 15, 2021. Previously she held this position in an acting capacity since 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. The PREA Coordinator's job description comprehensively outlines the incumbent's duties, responsibilities, and authority. Based on the auditor's interview with the PREA Coordinator, she dedicates her full-time efforts toward developing, implementing, and overseeing the agency's efforts to comply with the standards in all of its 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 standards compliance, she is still unable to provide sufficient oversight to all 11 facility PCMs, 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 at four facilities in 2021. As part of her responsibilities as PREA Coordinator, she oversees Field Services PREA and manages PREA-related contracts not previously assigned to this position for which she has requested a PCM for Community Services since 2021, but one has not been assigned. The agency has seen an increase in PREA cases from 2017 to 2022 of</p>

2286%; 2020-2022 saw a 817% increase; and there was a 102% increase in cases from 2021 to 2022. She has requested additional personnel be designated to this unit to assist with these duties and feels it is necessary for the program's effectiveness. As of this report the PREA Coordinator has received no additional support staff and continues to fall short in having sufficient time to manage all of her responsibilities. The auditor concurs 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 support staff.

115.11(c): Each of the 11 facilities of the MN DOC has a designated PREA Compliance Manager (PCM). The PCM coordinates compliance at the facility level, with oversight and guidance from the agency's PREA Coordinator. The PCM designee for MCF-LL is the Associate Warden of Operations (AWO). When interviewed, the AWO stated that she does not feel she has enough time to manage all of the PREA related responsibilities. She further stated that based on the revision to PREA documentation expectations, her duties will need to be reassigned to additional staff. She said that she does have sufficient time to ensure that the policy is followed and that the facility is being proactive in preventing and responding to PREA related incidents. The MCF-LL Organizational Structure Chart indicates, and interviews confirmed that the facility's PCM reports to the Warden. The AWO/PCM explained that to coordinate the facility's efforts to comply with the PREA standards, the facility has systems in place to monitor training compliance, camera/technology review, and staffing. She further explained that it is rare that she identifies a compliance issue to be addressed but if she does, she reaches out to the responsible person, ensures they understand the task, and develops a plan so this it doesn't happen again. Any facility modification recommendations are added to the facility's project list and prioritized with other facility needs. Based on the interviews with the AWO/PCM and PREA Coordinator, the delay in implementation of CAP during the corrective action period, and the continued delay in entering timely sexual abuse and harassment incidents/investigations into the agency's PREA database, the auditor concurs that the MCF-LL PCM does not invest sufficient time into coordinating the efforts of PREA Compliance.

Based on the auditor's review of the evidence and implementation of the corrective action plan, the agency and facility have not demonstrated compliance with all provisions of this standard.

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Contracts for Confinement; Information Obtained from Interviews; PREA Audit Final Reports; Website Search.</p> <p>115.12(a)(b): MN DOC contracts with six counties at 12 county jails for the confinement of inmates. 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 &amp; Subsidies/Inspection Enforcement Unit. They 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 analysis and evaluation of the stated evidence, the agency has demonstrated compliance with all provisions of this standard.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 103.006; Staffing Recommendations; Security Staffing Analysis 2015; Captain's Reports; Five Year Camera Plan; 04-08-22 Camera Projects; Security Staffing Analysis Report; Five-Year Camera Plan FY18-FY23; List of Camera Projects; MCF-LL Staffing Plan; Facility Activity Schedule Report; Daily Shift Reports; Post Orders; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During CAP Period: Lino Lakes FY2022 Staffing Plan; Staffing Rosters; Staffing Plan Review Memorandum; Information Obtained from 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 on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against abuse. The current staffing plan is predicated on 1136, the average daily population for the prior 12 months. The average daily population since the last PREA Audit is 931. Based on an interview with the AWO/PCM the most recent security staffing analysis was conducted in 2015 and provided a copy for the Auditor's review. AT the time of the site visit, the facility did not appear to have a current written staffing plan that includes all staff, and that takes into consideration all elements listed in this provision. As a result, the facility</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 deviations from the scheduled shift rosters are managed by the use of voluntary and mandated overtime to cover priority posts. Certain posts are pre-approved to be closed that are not detrimental to maintaining safety and security; when these posts are closed, they are documented in the facility Captain's daily report. The auditor reviewed Captain's Reports where post closures were documented and justified. The most common reasons in the past 12 months for closing a post have been staff out on leave and coverage for hospital posts.</p> <p>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 offenders 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 offender population. The AWO/PCM stated the facility regularly conducts camera and technology monitoring assessments of capabilities and recommendations. This group also meets, as necessary, to review and address staffing and security issues as they develop and/or are identified. On a monthly basis, the Administrative team reviews the facility's Human Resource Activity Report to conduct a systematic and objective review of the security staffing levels,</p>

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; 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. Monitoring the facility's staffing is a priority activity of the facility's Administrative team. These practices were confirmed during interviews with the Warden, AWO/PCM, and HRM. The facility's five-year camera plan is reviewed quarterly and maintained by the facility Camera Committee. This committee assesses the progress of additional technological needs of the facility. The facility provided a staffing plan review memo, dated 05/20/2022 that addressed the review of the staffing plan. In addition to the plan review, the facility provided documentation 03/15/2022 staffing analysis review; and an FY2022 staffing budget report.

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 facility. The Unannounced Rounds Log for intermediate-level and administrative level rounds was reviewed during the site visit at various posts throughout the facility. Thirty samples were provided for the auditor's review. Staff indicated their awareness during interviews that they are prohibited by policy from alerting other staff of the conduct of these unannounced rounds. Staff interviews also confirmed that supervisors make rounds throughout the facility on every shift. The auditor found documentation of irregular rounds by intermediate and upper-level staff in these areas in all areas. Interviews confirmed that intermediate and upper-level staff have a regular presence around the facility in all of the housing units and other areas where incarcerated individuals have access.

Corrective Action Taken: The facility provided a staffing plan with a corresponding explanation of staffing review practices, dated 05/20/22. The staffing plan provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The plan also takes into consideration: generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies or internal or external oversight bodies; all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisory staff; the institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

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

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy #402.020; Notice of Temporary Housing Assignments; Segregation Living Unit Log; Memorandum Regarding YO's in Segregation; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During CAP Period: Post Orders; Memorandum from AWO/PCM; Camera Screenshots of West Unit; Information Obtained from Interviews.</p> <p>115.14(a)(b)(c): Policy #402.020 establishes that youthful offenders must not be placed in a housing unit in which the youthful offenders have sight, sound, or physical contact with any adult offenders through the use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, facilities must maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff supervision when youthful offenders and adult offenders may have sight, sound, or physical contact. These staff must be specifically trained to work with youthful offenders/juveniles. Facilities must avoid placing youthful offenders in isolation to ensure that sight, sound, and physical separation are maintained. Except in exigent circumstances, facilities must not deny youthful offenders daily exercise and education services to ensure that sight, sound, and physical separation are maintained. Youthful offenders must also have access to other programs and work opportunities to the extent possible.</p> <p>MCF-LL is the designated facility to house youthful offenders. The designated housing unit for these youth is West C Housing Unit. Under normal circumstances, the facility houses these youth separately from the adult population and maintains sight and sound separation. When youths are outside their assigned housing unit, they are directly escorted by staff. Additionally, youths are provided daily exercise and education and access to all other facility services. During the site visit, there were three youths present, and the auditor interviewed all three. Additionally, the auditor interviewed officers, supervisors, food service, medical/behavioral health, education/programming, and counseling staff, confirming that the sight and sound separation is maintained as required. However, the facility advised the auditor that the youths were placed in segregation twice (34 days total) during the audit period to accommodate COVID-19 protocols. Based on interviews with the youths and facility staff during the site visit, the facility was unable to maintain sufficient separation of the youths from the adults during the temporary housing in segregation. While the COVID-19 Pandemic created circumstances that were exigent in nature, the facility still had an obligation to maintain sight and sound separation for the youth population from adults. As a result, the facility entered a 180-day Corrective Action Period (CAP) to develop procedures to ensure sight and sound separation is able to be maintained between youths and adult incarcerated individuals at all times.</p> <p><u>Corrective Action Taken:</u> The West Living Unit Post Orders were updated for all Watches (First/Second/Third) to include the general expectation and responsibility to</p>

maintain sight and sound separation between youthful offenders and adult offenders, provide direct staff supervision when youthful offenders and adult offenders may have sight, sound, or physical contact to include escorting youthful offenders into areas where there are adults and escorting adults into the youthful offenders living unit. A follow-up interview with the Lieutenant confirmed these changes were discussed during shift briefing on three consecutive shifts, and officers' signatures were obtained as evidence the area officers read and understood the changes. Additionally, the Auditor was provided random screenshots of the unit during meal delivery to confirm that adult food service workers are not entering the youths' dormitory to deliver food or retrieve trays. The auditor accepts this CAP as complete, and the facility is now compliant with all provisions of this standard.

Based on the review and analysis of the information provided during the audit and the CAP period, the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 &amp; Pat Search Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed During CAP Period: Genetec Work Order Request; Multiple Screenshots of Camera Views; 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 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 know that should a search of this nature be necessary, it must be documented in an incident report. Interviews with medical staff confirmed that the medical department conducted no cross-gender strip or cross-gender visual body cavity searches within the audit period. The facility indicated on the PAQ that there were three cross-gender strip or cross-gender visual body cavity searches of individuals in the last 12 months. These searches were conducted by female officers of transgender female incarcerated individuals approved for searches through the Transgender Committee. These searches are documented as opposite-gender searches; however, the auditor advised the facility staff to discontinue recording these searches as opposite-gender searches.</p> <p>115.15(b): MCF-LL is a designated male facility, and this standard is non-applicable.</p> <p>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 informed of this staff tone and its purpose during intake and in writing through the facility handbook. The facility has a doorbell installed at the entrance of every living unit, except the Segregation Unit. The Control Officer makes the opposite gender announcement over the intercom when a female staff enters the unit. The auditor observed the opposite-</p>

gender announcement being made using the doorbell and over the intercom throughout the site visit. Interviews with hearing-impaired individuals found that they are notified by pager when an opposite-gender staff enters their housing unit. During the facility tour, the auditor inspected the showers and toilet areas. All showers have individual occupancy and either a shower curtain or a door. Each cell is equipped with a toilet and sink. Common area restrooms have a door, and where multiple toilets exist, they are equipped with stalls.

During the site visit, the auditor observed camera views in several bathrooms where cross-gender viewing is possible. As a result, the auditor requested that the facility implement pixelation or black-out of the toilet/urinal area throughout the facility to mitigate the viewing capabilities, but this could not be accomplished before the interim report period. As a result, the facility entered a 180-CAP period to obscure cross-gender viewing of confined persons in a state of undress while viewing camera monitors through the electronic monitoring system.

115.15(e): Policy 301.010 directs that an unclothed body search must not be conducted to determine an offender's gender. Policy 202.045 establishes that health services staff may not search or physically examine any offender/resident to determine the offender's/resident's genital status. The facility reports that there have been no such searches conindividual'se last 12 months. This prohibition equally applies to transgendeindividual'sn-conforming, or intersex offenders/residents. If the individual's genital status needs to be known for treatment purposes or the individual's safety, it may be determined through conversations with the individual, 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. Interviews with security and non-security staff confirmed they are aware that these types of searches are prohibited and that none have occurred. Interviews with transgender individuals also confirmed they had experienced no searches of this nature.

115.15(f): Policy 301.010 requires that only properly trained staff may conduct searches, regardless of the type of search. The agency trains security staff in how to conduct opposite-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner 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. Conducting proper searches is covered in multiple lesson plans and is a part of officer training that occurs annually. All security staff is trained on searches during the academy. The auditor'sprovided a training curriculum and training logs and reported that 88% of the security staff had been trained this current year. The auditor's interview with the training coordinator indicated the remaining staff are scheduled and will complete the training within the year. 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 inmates 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 tofficer'sy, 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 reauthorized by the transgender auditor's after consultation with the facility warden and health services staff. This applies to both clothed pat and unclothed searches. The auditor's interviews with incarcerated individuals, including transgender individuals, determined that staff are respectful and professional in conducting searches of all individuals, and no opposite-gender searches were reported.

Corrective Action Taken (d): The facility provided the auditor with a copy of the work order to Genetec requesting to obscure camera views over areas where electronic surveillance monitoring allowed viewing of confined persons in a state of undress in the restroom areas. Throughout and by the end of the CAP period, the facility provided screenshots of all cameras that were found out of compliance during the site visit, indicating that they had been assessed for opposite-gender viewing ability and either adjusted the view or adequately obscured the area, preventing any opposite gender viewing of their breasts, buttocks or genitalia. This action was further confirmed during a follow-up interview with the SART Lieutenant, who was the point of contact for the project. Based on the evidence provided, the auditor accepts the CAP as completed, and no further action is required.

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

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 202.050, 202.051, 202.057; 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/or LEP Training (PREA Module 3); Information Obtained from Interviews; Observations During Site Visit.</p> <p>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.</p> <p>Policy 203.250 provides a process for individuals with known physical or mental disabilities to request a modification to allow them to participate in programs, services, and activities. This policy requires, at intake, medical staff to ask newly admitted individuals if they require 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 accommodations. Individuals may seek staff assistance in completing and submitting the form as necessary.</p> <p>Interviews with medical staff and 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</p>

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 resources that the department has available. Methods may include obtaining ASL services, reading the information to the individual, or providing it in larger print. Cognitive issues will be addressed one on one, as necessary, by the medical, mental health, or caseworker, as deemed appropriate. The facility houses a substantial number of individuals identified as having a cognitive disability and interviews with Behavioral Health staff confirmed that most of these individuals are participating in programming to address these needs. With the high emphasis on programming at the facility, staff are equipped to assist individuals with a variety of special needs. The agency has staff interpreters and also maintains multiple contracts for sign language interpreting services, both onsite face-to-face and video remote interpreting (VRI). The facility has a designated tablet that can be used for accessing VRI services. There are 26 cells equipped with strobe lighting for the hearing impaired to advise them of important information. Additionally, the facility provides vibrating pagers to deaf/hard-of-hearing individuals to relay important messages, including the opposite gender announcements. The MN DOC trains its employees on effective communications 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 handbook have also been translated to Braille and made available for Braille users. The auditor interviewed one individual with a visual impairment and one with a hearing impairment. Both individuals conveyed to the auditor they were able to communicate with the auditor without accommodations.

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 offenders/residents as needed 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 step-by-step instructions on how to access the Language Line for obtaining interpreter services if needed. The AWO/PCM confirmed that when staff uses the Language Line, it is documented in the individual's case notes in COMS. Interviews with staff confirmed they are aware of the Language Line service and how to access it if needed. The Offender Handbook is available in Spanish. The handbook contains information about the facility's PREA program. Additionally, the PREA posters are translated into Spanish, Hmong, and Chinese Mandarin and were observed throughout the facility during the auditor's tour.

According to the interview with the 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 that 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 communication with individuals who are LEP in providing access to all aspects of the agency's efforts to address sexual abuse and sexual harassment through Staff Training PREA Module 3. The facility identified a list of individuals who spoke languages other than English, and the auditor interviewed two individuals from the list. One refused the use of an interpreter, and the other was interviewed using the Language Line Service. These individuals were aware of the zero-tolerance policy and their right to be free from sexual abuse and sexual harassment, methods for making a report, and how to access services related to sexual abuse and stated they received the information at intake and during orientation in a language they understood. The "I Speak" poster (66 languages, including American Sign Language) was posted in the intake area and in medical for anyone with limited English proficiency to identify the language they are speaking for assistance. Interviews with LEP individuals confirmed that medical staff uses the interpreter services when needed and that the individuals are aware that they may request interpreter/translation services whenever they feel a need.

115.16(c): Policy 202.057 requires the use of qualified interpreters and forbids the use of offenders 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-LL has had no instances of an individual being used to interpret/translate for another individual within the past 12 months. Staff interviews confirmed that they are aware of the interpreting services available and that using an inmate 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 inmate interpreters, readers, or other types of assistance are provided by incarcerated individuals during an investigation of sexual abuse or harassment.

Based on 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 by 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.

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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. When a finalist's 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 the extensive procedures in 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 the HR Director confirmed that the facility follows policies 103.014 when hiring employees and 300.020 when hiring contractors; furthermore, any history of sexual misconduct would disqualify a candidate from being employed.</p> <p>115.17(c)(d): 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. Policy 300.045 states that the contractor must recertify annually, which includes a current criminal history check. The auditor conducted interviews with the local HR Director and an HR team from the MN DOC headquarters to gather the full scope of the</p>

extensive background review conducted on all new employee candidates and existing employees. Interviews confirmed that all vacant positions are posted either internally or externally. Once interviews are conducted and candidate selections are made, the background packet is completed by the candidate, 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, that 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 any disciplinary action taken at prior facilities. The local HR can also reach out directly to the prior facility to verify there is nothing current that has not been entered into the system. The facility reported there are 450 staff employed at the facility who may have contact with incarcerated individuals and 89 of them were hired in the past 12 months. There are 140 contracts in place for services with contractors with 150 individual contractors authorized to enter the facility. The facility indicated background checks were conducted on all of them prior to hiring. The auditor reviewed personnel records for 6 new hires, 14 existing employees, and 1 contractor and found each had a background check completed prior to hiring. Of these, 3 were promotions and a background check was conducted prior to promotion.

115.17(e): Policy 103.014 requires all current employees and contractors who may have contact with inmates to have a background investigation conducted at least every five years. Of the 20 employee records reviewed by the auditor, there were 9 who had been employed long enough to have a five-year background check, and these were found to have been completed as required. Central Office tracks background checks on employees using a Smart Sheet, and the agency has completed all five-year background checks that were due as of the date of the audit at MCF-LL. 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.

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 prior to hiring, during the promotional process, and at least every five years. The auditor's review of six employees hired within the past 12 months confirmed the signed questionnaire had been completed.

115.17(h): The HR Director advised the auditor that she provides responses to any requests for substantiated allegations on prior employees when requested by an institutional employer. This correspondence is also tracked in an HR database assist local HR with tracking these requests.

After review and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 301.147; DOC Camera Technical Standards and Priorities; Five-Year Camera Plan; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.18(a): The facility reports there has been no substantial expansion or modification to the existing facility since the last PREA audit, supported by the auditor’s review of the prior PREA Audit Final Report and interview with the Warden. An interview with the Commissioner confirmed that there had been no newly acquired facilities nor any substantial modifications to facilities; he further explained that the design and planning of construction projects must consider the ability to protect or potential to hinder the protection of incarcerated individuals.</p> <p>115.18(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. Facilities must create and maintain a five-year camera plan that details system design, operational goals, budget needs, and areas of concern. The camera plan must be updated annually and submitted to the deputy commissioner of facility services for approval at the beginning of each fiscal year. According to retention schedules, the camera plan must be retained at the facility and the DOC central office. As of the audit, the MCF-LL camera system is comprised of 711 cameras. The facility reports that there have been ongoing upgrades and additions to the camera system as needs are identified. The auditor reviewed a sample of minutes from the Security Camera Committee meeting which indicated a well-implemented system for assessing camera needs within the facility and documented requests and progress of upgrades and installations. The Five-Year camera plan is projected out through FY27.</p> <p>Based on review and evaluation of the stated evidence, the facility and agency have demonstrated compliance with this standard. Additionally, the facility exceeds based on their frequency of assessments of their video monitoring technology needs which is above and beyond the requirements of provision (b) of this standard.</p>

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="256 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1453 622">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 &amp; Logging Checklist Form; Security a Potential Crime Scene Checklist Form; Evidence Inventory Report; Resume for Internal MNDOC Victim Advocate; Alexandria House MOU; Alexandria House Signed Contract; Anoka County Sheriff's Office (SO) MOU; Information Obtained from Interviews; Observations During Site Visit.</p> <p data-bbox="256 663 1469 1196">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 Evidence Inventory Report.</p> <p data-bbox="256 1236 1477 1980">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/PCM, the facility had two allegations of sexual abuse that resulted in a forensic medical examination being necessary since the last audit, but not within the last 12 months. The victim in one case consented to the exam, while the individual in the second case refused. Since there were no incidents requiring an FME within the last 12 months, the facility provided this documentation for compliance review. Interviews with medical staff, OSI investigator, AWO/PCM, and PREA Coordinator confirm that any victim of sexual abuse will be offered access to an FME if the incident occurred within the time allowable for obtaining usable evidence. Victims of sexual abuse will receive services at the local ER, Regents Health in Lino Lakes. A telephone conversation with the hospital confirmed that SANE nurses are available and that a victim advocate will be provided from the community if requested.</p> <p data-bbox="256 2020 1374 2056">115.21(d)(e): The agency has secured MOUs with community organizations for</p>

advocacy response services. 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 for 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 an MN DOC facility. Alexandria House is the designated center that will provide services to incarcerated individuals at MCF-LL. An interview with the HSA confirmed that Regents Health is the local medical provider for individuals housed at MCF-LL, and a telephone interview with a representative from the organization further confirmed this. In addition, the agency provides qualified, internal advocates through the agency's Victim Services Unit when a community-based advocate is unavailable. The Victim Advocate Services information is posted on the bulletin boards of the housing units. It 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. She 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. An interview with the OSI Investigator confirmed that the victim is offered advocacy during the first interview, and advised they may request these services at any time during or after the exam or investigation.

115.21(f): Sexual abuse allegations that involve criminal activity are referred to the Anoka County SO for investigation. The agency maintains an MOU with Anoka County SO to ensure an effective response to allegations of sexual abuse. This MOU became effective July 1, 2019, and expires on June 30, 2024. This 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 possesses sufficient credentials and training to serve in this capacity based on the resume reviewed by the auditor and subsequent interview.

Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with this standard.

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="256 188 986 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 558 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1474 542">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; MOU Anoka County Sheriff's Office; Observations During Site Visit; Information Obtained During Interviews.</p> <p data-bbox="256 577 1426 654">Evidence Reviewed During CAP: Updated PREA Incident Tracking Log; Confidential Incident Reports; Investigative Case Files; Information Obtained During Interviews.</p> <p data-bbox="256 689 1474 1818">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 incidents of 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. 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 <a href="https://policy.doc.mn.gov/DocPolicy/">https://policy.doc.mn.gov/DocPolicy/</a>. Based on the auditor's interview with the OSI investigator and review of case files, all criminal investigation referrals are documented. 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.</p> <p data-bbox="256 1854 1474 2056">During interviews with the AWO and the OSI Investigator, 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. MCF-LL reported on the PAQ that 16 allegations</p>

were received, and of those, 16 were investigated administratively and 5 criminally. The auditor reviewed 11 case files during the audit. After interviews with the PREA Coordinator, PCM, and Investigator and reviewing additional documentation onsite, the auditor found that allegations were received that were not documented as being referred for investigation and were not entered into the agency's allegations tracking system. As a result, the facility was found non-compliant with this standard and entered a 180-day CAP period. To become compliant, the facility must track all allegations received, refer each allegation for investigation, and enter them into the agency's designated database, according to agency policy. Additionally, once the tracking sheet is updated, the auditor will select another sampling of cases for review for compliance determination.

115.22(c): The MOU between MN DOC and Anoka County Sheriff's Office includes the responsibilities of both the agency and the investigating entity and the conduct of those investigations. 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 and confirmed that there were four allegations referred for criminal investigation during the audit period.

Corrective Action Taken: The facility updated its PREA Incident Tracking Log with all outstanding allegations that had been received during the audit period. Based on the updated information, the facility received 34 allegations of sexual abuse and sexual harassment within the audit period. Of these, four were investigated criminally, and all 34 were investigated administratively. Thirteen of these allegations were abuse, and 21 were harassment. A follow-up interview with the PREA Coordinator confirmed that the cases were entered into the agency's PREA tracking database. The tracking log was provided to the auditor via email, and the auditor selected 12 additional case files for review, which were provided by the facility. Based on a review of the documentation provided and follow-up interviews with facility staff and the PREA Coordinator, the Auditor accepts the CAP complete, and no further action is required.

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

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<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 FY20; MN DOC Training Plan; 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>Evidence Reviewed During CAP: Employee Training Records; Information Obtained from Interviews.</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. 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 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 115.31(a)(1-11). Random staff interviewed understood the agency's zero-tolerance policy and the aspects of the prevention, detection, and response plan and procedures, confirming that they received training. The agency has a comprehensive library of training modules which includes PREA delivered in multiple formats. The auditor reviewed a sampling of employee training records during the site visit and asked that these records be uploaded for further review during the Post-Audit period. Because these records were not available at the time the Interim Report was published, this standard was determined to be non-compliant. To become compliant, the facility was required to provide the requested training records for staff to the auditor for compliance review.</p> <p><u>Corrective Action Taken:</u> The Auditor review training records for 45 staff members and found that they had received initial PREA training; Refresher PREA Training; Transgender &amp; Searches; Sexual Harassment; Youthful Offender; PREA/ Professionalism; Sexual Abuse &amp; Sexual Assault. Based on the extensive training</p>

provided by the facility/agency, the Auditor determines that the facility exceeds the provisions of this standard.

115.31(b): The PREA training modules contain individual sections regarding the dynamics of both male and female incarcerated individuals, as well as 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.

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 Training Coordinator provided a list of all staff who completed the PREA refresher during the audit period, which included all staff except those who were on extended leave. The auditor reviewed a screenshot of 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.

Based on the review and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard. Additionally, based on the extensive training provided by the facility/agency, the Auditor determines that the facility exceeds the provisions (a) and (c) of this standard.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Policy 300.040; 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 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 provides 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 (10) 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 are required to read and sign an acknowledgment of their understanding of policy 202.067 and the training received. The facility reports 29 individuals approved for admittance to the facility who qualify as volunteers and contractors. Medical services are provided by Centurion healthcare, and 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 both the MN DOC PREA training and the Centurion PREA training annually. The auditor reviewed six contractor and one volunteer records confirming that they had 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. In addition, signed acknowledgment statements were present in the file.</p> <p>Based on analysis and evaluation of the evidence reviewed, the facility and agency have demonstrated compliance with this standard.</p>

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 &amp; Orientation (R&amp;O) Schedule; R&amp;O Checklist; R&amp;O Education Packet; Information Obtained from Interviews; Observations During Site Visit.</p> <p>Evidence Reviewed for CAP: Intake Rosters; Signed Acknowledgment Forms; Revised Post Order; Information Obtained During Interviews.</p> <p>115.33 (a): 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/harassment, and information on what defines a false accusation and the penalties for making a false accusation. The auditor observed new intakes being processed during which time the facility staff provided the brochure during intake, and the individuals signed a roster being advised of the zero-tolerance policy and receipt of the brochure. This information was provided to the individuals within two hours of their arrival. The auditor also observed the PREA posters in English and Spanish in the intake area. Interviews with the intake officer and medical staff confirmed that incoming new arrivals are generally processed within a few hours but always within 24 hours. Interviews with the intake officer confirmed that the only individuals who receive the zero-tolerance information upon arrival are the revoked individuals. Since it was determined individuals transferring from other facilities about PREA at MCF-LL during the intake processing, the facility was found non-compliant and entered a 180-day CAP period to correct the deficiency. To become compliant, the facility must develop a procedure to ensure all incoming individuals received notification of the zero-tolerance message and how to make a report during intake.</p> <p>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 must contain applicable 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. The facility reported that 704 individuals were admitted during the past 12 months and that they all received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents. An example of the R&amp;O Schedule was provided to show that the PREA video is shown to new arrivals. An interview with the AWO/PCM confirmed that the PREA education is delivered to new arrivals on week two</p>

of the R&O process. Interviews with the incarcerated individuals confirmed that they had seen the PREA video within the first couple of weeks of their arrival, as well as every time that they moved to a new facility. Each individual interviewed indicated they were aware of the PREA. The auditor reviewed files of 80 incarcerated individuals and found documented evidence that the inmates received the Offender Handbook, PREA brochure, and PREA training.

115.33(d): Policy 202.050 further directs that staff assist individuals as needed in understanding the orientation and PREA materials. This includes translations or alternative formats for individuals 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 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 AWO, who is the designated facility ADA Coordinator. The facility identified a list of individuals who spoke languages other than English, and the auditor interviewed (3) using the assistance of interpreters through the Language Line service by phone. One of the individuals did not seem to have a good understanding of the agency's PREA program and accessibility. The auditor requested that he be provided this information in a language of his understanding and with the use of an interpreter. The facility provided the auditor confirmation that this was completed prior to the last day of the onsite visit. Additionally, the (3) new arrivals observed being processed by the auditor during the site visit spoke English, but interviews with the intake officer and medical confirmed that the pamphlet is available in English, Spanish, Hmong, and Chinese-Mandarin and that there are staff available who speak Spanish; but if an individual cannot speak/understand English or Spanish, then they will be provided the information using an interpreter through the Language Line. 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 that there has not been an individual with a need for braille at the facility. Each living unit (including MSU and segregation) has TTY phones for deaf/HOH individuals.

115.33(e): Policy 202.060 directs that facilities must maintain written records of the individual's completion of orientation and PREA intake education signed by the individual in the electronic file. The auditor reviewed 80 records of individuals who had received PREA education at the facility, which included records of the individuals interviewed during the site visit. These records confirmed that the facility delivered PREA training to these individuals as required.

115.33(f): The auditor reviewed the 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 of the housing units and in 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.

Corrective Action Taken: Upon realizing that intake staff was not providing the zero-tolerance pamphlet to individuals transferring from other facilities, the issue was corrected on the spot through a directive to the intake supervisor. During the CAP period, the Intake Post Orders were updated to include providing the PREA information to all individuals, including those transferring from another facility. The facility provided signed acknowledgment statements for the next four new intakes who transferred from another facility to indicate the procedures are well implemented. This was further confirmed during a follow-up interview with the SART Lieutenant.

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

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 will complete sexual abuse allegations. The facility provided a training certificate for the facility's assigned OSI Investigator, indicating he has completed the PRC 115.34 Specialized Training: Investigations, in addition to the required general PREA training. 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 Investigator and found him to be very knowledgeable. He confirmed that he receives the notification of all sexual abuse and harassment allegations and that he will take the lead if it involves staff or an abuse allegation. During their interviews, the Warden and AWO/PCM stated that all allegations of sexual abuse would be reported to the OSI investigator and PREA Coordinator. The six sexual abuse cases reviewed by the auditor were investigated by the OSI Investigator who is specially trained.</p> <p>After a review and analysis of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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. The facility provided training records for all healthcare workers indicating they have completed the specialized training and that the annual general PREA training has been completed as well. Interviews with the Psychology Director and Health Services Administrator (HSA) confirmed that they and all medical and mental health had received the specialized training, including the Centurion providers.</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. The alleged victim will a sexual assault forensic examination at a designated emergency room, after consent. The facility does not conduct SANE exams; therefore, this provision is not applicable.</p> <p>115.35(d): Medical and mental health practitioners are required to receive the same basic PREA training as all employees as discussed in the auditor’s narrative in 115.31; contracted providers comply with requirements of 115.32. Training curriculum for medical and mental health staff includes the basic training topics as well as specialized for this class of employees. The The auditor reviewed training records for eight healthcare staff, including four contract providers, confirming both specialized and basic PREA training was completed by all staff.</p> <p>After analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 202.040; Policy 202.057; Policy 203.010; Policy 500.050; Completed Risk Screenings; Completed 30-day Review Examples; COMS Screening Screenshot Examples; Observations During Facility Tour; Information Obtained During Interviews.</p> <p>Evidence Reviewed During CAP Period: Completed Risk Screenings.</p> <p>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 offender'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 complete a sexual assault risk assessment screening within 24 hours of the offender's arrival at the facility. Health services staff 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 occur within the first two hours of the individual's arrival but no later than 24 hours. These new arrivals are scheduled and do not occur after regular business hours. The facility indicates during the prior 12 months, 988 (100%) of new arrivals received an initial PREA risk screening within 24 hours of arrival. The auditor observed documented risk screenings during the site visit and requested this information be uploaded for further review during the Post-Audit Period. The data was not provided before the Interim Report was published; therefore, this standard was found non-compliant until all documentation could be reviewed and verified. To become compliant, the facility was required to provide screening documentation for the 37 individuals interviewed by the auditor.</p> <p>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. The risk screening form includes each of the first nine considerations delineated in provision (d). MCF-LL 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, convictions for violent offenses, and 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.</p> <p>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 offender 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</p>

information has not been received. During the site visit, the auditor reviewed incarcerated individuals' files and found that the 30-day follow-ups were being conducted as required. Additionally, an affirmative answer by the individual to any of the questions on the instrument will trigger a follow-up by either a Lieutenant or Behavioral Health. The auditor requested copies of the documentation reviewed on site, which was not provided by the time the Interim Report was published, which resulted in the facility entering a 180-day CAP period to provide the documents so they could be further reviewed for compliance.

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.

115.41(i): Policy 202.057 requires confidentiality and professionalism. Sharing sensitive information is limited to staff who must know per 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.

Corrective Action Taken: During the CAP period, the facility provided screening documentation for the 37 individuals interviewed during the site visit. A further review of this documentation confirmed that all individuals are screened at intake for risk, and this information is entered into COMS. An affirmative answer to prior victimization or abusiveness or if the individual scores to be at risk for abusiveness or victimization triggers a 72-hour follow-up by either the SART Lieutenant, OSI, Behavioral Health, or the AWO. Case Managers conduct a follow-up within 30 days from the initial and once yearly at the annual review time.

Based on review and analysis of the evidence, the facility and agency have exceeded the requirements of this standard by completing the initial risk assessment within 24 hours of the individual's arrival and for the 72 hours follow-up, including not only Behavioral Health but also a meeting with the AWO/PCM/OSI/SART LT, as needed.

<b>115.42</b>	<b>Use of screening information</b>
	<p data-bbox="256 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1465 539">Evidence Reviewed by Auditor: Policy 202.040; Policy 202.045; Policy 202.057; Example Screening Memo; Data Privacy Monitoring Notice; Screening Follow-Up Matrix; Examples of Placement Correspondence; Transgender Committee Notes; Post Orders; Memorandum of Instruction for Transgender Showers; Information Obtained from Interviews; Observations During Site Visit.</p> <p data-bbox="256 580 1453 692">Evidence Reviewed During the CAP Period: Directive for Transgender/Intersex Showering; Post Orders; File Documentation for Transgender Individuals; Information Obtained from Interviews.</p> <p data-bbox="256 732 1477 1644">115.42(a)(b): Policy 202.057 directs the information gleaned from the intake screening to be used to make housing, bed, program, and work assignment decisions with the goal of keeping 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 the facility uses information obtained in the risk screening for housing, bed, work, education, and program assignments with the goal of keeping separate individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. Interviews confirmed that there is open communication among the security and case management staff, who talks regularly to discuss current issues that attention going on in their respective areas of supervision. Any safety concerns for an individual are discussed during these routine meetings, and decisions are made in the interest of keeping the individual safe when making bed assignments. After a review of file documentation, including incarcerated individuals' interviews, it was determined that individuals are primarily housed according to their programming assignment. As a result, the facility was found non-compliant with this standard and went into a 180-day CAP period to correct this deficiency. To become compliant, the facility was required to develop and implement a procedure and practice of individualized decisions that demonstrate the individual's safety concerns have been addressed with housing placements.</p> <p data-bbox="256 1684 1477 2051">115.42(c)(d)(e): Policy 202.045 directs that placement and programming assignments for each transgender, gender non-conforming, or intersex incarcerated person must be reassessed at least twice each year to review any threats to safety experienced by the individual. These assessments will be conducted using the follow-up screening process in the facility's database. The PREA risk screening instrument includes a direct question regarding the individual's own perception of vulnerability, which extends to and includes transgender and intersex residents. Staff interviews confirmed that they have a clear understanding of the signs and behaviors of an individual who may be vulnerable, and any overt or covert expression of vulnerability</p>

is taken seriously. Necessary actions are taken to maintain safety for all individuals. An interview with the Statewide Medical Director confirmed that the Transgender Committee takes the transgender/intersex individual's own perception of vulnerability into serious consideration. The statewide Transgender Committee evaluates, on a case-by-case basis, whether placement in a male or female facility would ensure the individual's health and safety and whether placement would present management or security problems. The documentation provided to the auditor clearly documents the Transgender Committee's review of transgender individuals every six months. Interviews with transgender individuals suggested that their personal perception of safety needs was not taken into consideration for housing placements. As a result, the facility was found non-compliant with this standard and went into a 180-day CAP period to correct this deficiency. To become compliant, the facility was required to develop and implement a procedure and practice of individualized decisions that demonstrate the individual's safety concerns have been addressed with housing placements.

115.42(f): Policy 202.045 states that the Transgender Committee makes recommendations regarding facility placement and other matters that it deems necessary to maintain the offender's/resident's safety, such as single-cell/room or shower restrictions. Policy 202.045 also establishes that transgender, gender non-conforming, and intersex individuals must be allowed to shower separately from other individuals if deemed appropriate by the transgender committee. All showers at the facility are individual stalls and are equipped with doors. The auditor interviewed transgender individuals who all reported that the lower showers are able to be viewed from the top tier and, depending on their height, exposes their breast during showers.

115.42(g): Policy 202.045 prohibits the placement of lesbian, gay, bisexual, transgender, gender non-conforming, or intersex individuals in dedicated facilities, units, or wings solely on the basis of such identification or status. Additionally, this policy provides guidance and procedures for determining the placement of transgender, gender non-conforming, or intersex individuals upon intake screening. MCF-LL 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. The auditor interviewed LGBTI individuals housed in various units within the facility, and none indicated that they were housed based solely on their LGBTI status. 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.

Corrective Action Taken: The facility updated the Living Unit Post Orders to include instructions to ensure shower-along designations are observed. An interview with the SART Lieutenant confirmed that this directive and updated Post Order were reviewed for a full week's shift briefings and documented in the shift supervisor's log. Follow-up interviews explained, and documentation confirmed that while individuals are assigned to specific buildings based on their programming needs, their specific bed/room assignment is decided based on the results of the screening information,

the individual's history at the facility, and the individual's perception of their own safety needs. Additionally, documentation from the files of two transgender individuals interviewed by the auditor was provided, indicating regular meetings with the case manager, security supervisor, and mental health about their housing and programming placements. Evidence was provided indicating the Transgender Committee's review of transgender individuals every six months and their responses to the individuals addressing specific concerns brought to the attention of the Committee. The facility has demonstrated that individual housing decisions are made for every incarcerated individual, including the transgender population.

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

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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. The auditor's review of case files found that there were no individuals at risk of sexual victimization held in involuntary segregated housing in the past 12 months, although 4 were placed in segregation voluntarily after an alleged incident of sexual abuse. Two of these individuals were interviewed by the auditor confirming that they both requested protective custody and the facility provided the corresponding documentation for review.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with this standard.</p>

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<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 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.</p> <p>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 a zero-tolerance for any type of sexual activity abuse, harassment, or retaliation. Eleven of the individuals interviewed had reported sexual abuse or sexual harassment at this facility; reporting methods used included telling staff, calling the hotline, and writing a note to supervisory staff. Most of the individuals stated that they would feel comfortable reporting directly to a staff member. A systems test was conducted from a randomly selected telephone on one of the housing units to the PREA Hotline.</p> <p>115.51(b): Individuals may report abuse or harassment to the Office of Ombuds 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 in the event a non-citizen is sentenced to MN DOC custody.</p> <p>115.51(c): Policy 202.057 lists methods of reporting, which include 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 notify OSI. OSI will determine whether and how an investigation will proceed. The policy also states that staff must report any communication, including rumors from staff or offenders that may indicate sexual abuse. The agency requires staff to accept reports verbally and in writing and complete an incident report promptly. During staff interviews the auditor found all were knowledgeable about their responsibility to</p>

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 that they are responsible for documenting this in a written report as soon as practical and prior to the end of shift. They also explained that this information is provided during preservice and in-service training.

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 reporting. The internal method is a link on iShare "Report Potential Employee Misconduct," to which all staff have 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 Ombuds 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 were aware they could go outside of their chain of command to report sexual harassment or abuse of individuals if they felt it was necessary.

Based on analysis and evaluation of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard. Due to the multiple reporting methods made available to incarcerated individuals, staff, and other third parties, the agency and facility exceed the requirements.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 that is 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>

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<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; Sexual Violence Center MOU; Sexual Violence Center Signed Contract; Canvas Health MOU; Canvas Health Signed Contract; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.53(a): Policy 202.057 requires that offenders are educated on how to obtain counseling services and/or 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 or Sexual Violence Center, the advocacy organizations that provide services to incarcerated individuals at this facility. 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, and 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), is an option for individuals for advocacy.</p> <p>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. An interview with the</p>

Victim Services Director confirmed that two incarcerated individuals at MCF-LL are receiving services through the community service providers.

115.53(c): The agency has entered into an MOU with Canvas Health, a community service provider able to provide individuals with confidential emotional support services related to sexual abuse. The auditor reviewed the MOU, which became effective on January 1, 2022.

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.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Public Website Review; Minnesota Office of the Ombuds 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 both 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 make a report of sexual abuse, sexual harassment, or retaliation on their behalf through third-party reporting.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with this standard.</p>

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 immediately report such incidents. Additionally, a review of a sample of case files confirmed that once a staff member becomes aware of an allegation, they report immediately according to the established protocols.</p> <p>115.61(b): Policy 202.057 directs staff to maintain confidentiality and professionalism 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 in accordance with policy, statute, professional licensure, and ethical standards. Staff must limit the release of information in an effort to protect victims of sexual abuse. Staff interviews confirmed a thorough knowledge of confidentiality and that release of this information outside of official need is a violation of 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 prior to 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. MCF-LL is the designated facility to house Youthful Offenders who are sentenced as adults. There were no incidents involving a vulnerable adult within the audit period; however, the OSI Investigator would notify the designated social services agency and the local law enforcement or state police, as required, should there be an incident of sexual abuse against a vulnerable adult reported or juvenile.</p> <p>115.61(e): Interviews with staff confirmed that all allegations of sexual abuse and</p>

sexual harassment, including third-party and anonymous reports, are required to 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, which was further supported by documentation in Confidential Incident Reports and investigative case files. Based on a review of the PREA Incident Tracking Log and a review of a sample of the investigative case files, allegations were promptly referred for investigation.

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

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 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-LL has not determined that an individual was subject to a substantial risk of imminent sexual abuse. The auditor's review of investigative case files determined that immediate actions were taken to ensure the safety of the alleged victim 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>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 office of the agency head. 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 there were three allegations received in the prior 12 months that an inmate was abused while confined at another facility. The documentation provided by the facility for these three allegations indicates that the facility promptly notified the head of the other facility and OSI within the required timeframe. 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 in accordance with the PREA standards. The facility reports in the prior 12 months, there were no allegations of sexual abuse alleged to have occurred at MCF-LL received from another facility.</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>

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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. Based on the PREA Incident Tracking Log, six sexual abuse allegations were reported to a security staff member. None were in a time period that allowed for the collection of obtainable evidence, or the incident was of a nature that an FME was not warranted. None of the incidents were of a nature that physical evidence would be collected. Interviews with security staff confirmed their knowledge of the training they have received regarding their responsibilities as a first responder.</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 allegation that an individual was sexually abused in the past 12 months, there were six incidents reported that a non-security staff member was the first responder. None were of a nature that physical evidence could be collected. Interviews with non-security staff confirmed knowledge of the training they have received regarding their responsibilities as a first responder.</p> <p>Based on analysis and evaluation of the evidence reviewed, the facility has demonstrated compliance with provisions of this standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<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; Form 202.057E Health Services Sexual Abuse Response Checklist; Sexual Abuse Response Team (SART) Response Checklists Examples; Confidential Incident Reports; Case Files; Coordinated Response Plan, 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 provide guidance for SART members to ensure that all steps of the response to a sexual abuse allegation are completed and documented. 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. In addition to policy language and the sexual abuse response checklist, the facility has a separate Coordinated Response Plan signed by the SART members, the Victim Services Advocate, and the PREA Coordinator. Interviews with SART members found they were very knowledgeable of their duties and responsibilities as a member of this team. The SART has prepared premade PREA Response Kits containing forms, evidence bags, chux pads, and other items that would be used in responding to an incident of sexual assault. These bags are located in the Security Center for easy access. The written Coordinated Response Plan, combined with the various checklists utilized with an incident of sexual abuse, provides a very comprehensive and well-designed response plan.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility exceed the provisions of this standard.</p>

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

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 During the CAP Period: Protection Against Retaliation Forms; Information Obtained from Interviews.</p> <p>115.67(a)(b)(c)(d)(e): Policy 202.057 requires that the SART leader/designee must follow up with staff/offender 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 determined to be unfounded, the obligation to follow up ends. All retaliation follow-ups must be documented in the PREA Incident Management System according to agency policy. 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, any recent housing changes, program changes, negative performance reviews, or disciplinary actions. There is space for the monitor to record observations and any actions taken during the monitoring period. Instructions require monitoring for up to 90 days or extended if deemed necessary. The Warden confirmed during her interview that each case is considered independently for an appropriate response. Victims and perpetrators are, at a minimum, separated during the investigation period. Cases involving incarcerated individuals are addressed by a multi-disciplinary team to ensure the victim's safety and well-being. Cases involving staff add consultation with the Human Resources Director and OPR. Victims receive ongoing medical and behavioral health services and retaliation monitoring, and any allegations of retaliation are quickly investigated and addressed. If retaliation is suspected, it is investigated by a facility supervisor or OSI. If substantiated, the perpetrator is subject to discipline.</p> <p>During the site visit, the auditor determined the agency has a policy for monitoring retaliation that is compliant with this standard; however, the facility provided insufficient information to document and demonstrate that monitoring has occurred consistently. As a result, the facility was placed in a 180-day corrective action plan to address the deficiency. To become compliant, the facility was required to provide documented retaliation monitoring to the auditor for compliance review.</p> <p><u>Corrective Action Taken:</u> During the CAP period, the facility was able to provide documentation where retaliation monitoring was completed. This information was not previously documented on the established Agency Protection Against Retaliation form. An interview with the SART Lieutenant confirmed that retaliation monitoring is conducted for individuals who report sexual abuse or sexual harassment and others</p>

who participate in an investigation. Twelve random records were requested by the auditor and provided by the facility confirming that retaliation monitoring was conducted appropriately and that periodic checks are made during the 90-day monitoring period.

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

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Memo from AWO/PCM; Information Obtained from Interviews; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.68(a): As noted in 115.43, the agency has a written policy to govern the management of individuals placed in segregated housing compliant with the requirements of this standard. Should an involuntary assignment to segregated housing 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-LL has had four instances of segregated housing being used to protect an incarcerated individual who is alleged to have suffered sexual abuse, but only at the request of the alleged victim (voluntary). The auditor interviewed two individuals who were placed in protective custody pending investigation of an alleged sexual abuse incident and both stated they had requested to be segregated from general population. Interviews with Watch Commanders and security supervisors and officers who work at 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>

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 103.225; Policy 107.005; Policy 107.007; Policy 202.057; MOU with Anoka County SO; PREA Incident Tracking Log; Investigator Training Records; Case Files; Prosecution Declination Forms; Information Obtained from Interviews.</p> <p>Evidence Reviewed During CAP Period: PREA Incident Tracking Log; Case Files, 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 requires OSI to investigate serious 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. The facility provided the PREA Incident Tracking Log for the auditor's review. However, the information on the spreadsheet did not reconcile with the information observed during the onsite visit and information obtained from interviews. After interviews with the PREA Coordinator, PCM, and Investigator and reviewing additional documentation onsite, the auditor found that allegations were received that were not documented as being referred for investigation and were not entered into the agency's allegations tracking system. As a result, the facility was found non-compliant with this standard and entered a 180-day CAP period. To become compliant, the facility must track all allegations received, refer each allegation for investigation, and enter them into the agency's designated database, according to agency policy. Additionally, once the tracking sheet is updated, the auditor will select another sampling of cases for review for compliance determination.</p> <p>115.71(b): Policy 107.005 establishes that OSI Investigators with specialized training in sexual abuse investigations in confinement settings must conduct sexual assault investigations. The auditor reviewed training records for the OSI Investigator assigned to MCF-LL and found that he had received this training. No other facility staff was specially trained to conduct investigations at the facility. During the CAP period, the SART Lieutenant also attended the specialized investigations training, and a certificate of training was provided for the auditor's review.</p> <p>115.71(d): Based on the interview with the OSI Investigator, he consults with and works closely with prosecutors before conducting compelled interviews. He is trained in Garrity but will consult with prosecuting agencies when and if a case supports criminal prosecution. A review of one case file involving staff confirmed the</p>

investigator used proper protocols for administering Garrity.

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 the investigation, and this was further confirmed through interviews with the OSI Investigator.

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 determining whether staff actions or failures to act contributed to the abuse. Interview with the OSI Investigator confirmed that the investigation written reports would 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 would be secured, including chain-of-custody documentation, in the evidence repository. The auditor's review of the investigative case files completed by the OSI Investigator found the administrative investigation to be thoroughly documented as required by provisions (f) and (g) and contained documented evidence that was obtainable. Interviews with the Warden, ASW/PCM, OSI Investigator, facility Investigator, and PREA Coordinator confirmed that cases are reviewed to identify if any staff actions or inactions contributed to abuse findings.

However, administrative investigations completed by facility staff of sexual harassment allegations were managed by incident reports, which contained no investigative summary of the required elements of a thorough investigation. Therefore, the facility must develop a CAP to ensure administrative investigations invoice all the aspects of a thorough investigation as outlined in 115.71.

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 12 cases had been referred for criminal prosecution since the last audit, which was confirmed during an interview with the OSI Investigator. The OSI Investigator assigned to MCF-LL is the point of contact who works collaboratively with the external law enforcement entity, Anoka County SO, on criminal cases.

115.71(i): Policy 202.057 requires that all documentation related to sexual abuse/harassment is retained in the individual's confidential file and the aggressor/alleged perpetrator's confidential file. If the aggressor/alleged perpetrator is a staff member, documentation must be 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-LL is required to enter sexual abuse and harassment allegations in their PREA Incidents Management System, which has an indefinite retention schedule; however, the facility had not entered all allegations into the system as required by agency policy. As a result, the facility was found non-compliant with this standard and entered a 180-day CAP period. To become compliant, the facility must track all allegations received, refer each allegation for investigation, and enter them into the agency's designated database, according to agency policy.

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 a departure of the alleged abuser or victim from the employment or control of the facility or agency should 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.

During interviews with the AWO and the OSI Investigator, the auditor discovered that allegations are reported directly to the facility Warden, OSI, and 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. MCF-LL reported on the PAQ that 16 allegations were received; of those, 16 were investigated administratively and 5 criminally. The auditor reviewed 11 case files during the audit. After interviews with the PREA Coordinator, PCM, and Investigator and reviewing additional documentation onsite, the auditor found that allegations were received that were not documented as being referred for investigation and were not entered into the agency's PREA database. As a result, the facility was found non-compliant with this standard and entered a 180-day CAP period. To become compliant, the facility must track all allegations received, refer each allegation for investigation, and enter them into the agency's designated database, according to agency policy. Additionally, once the tracking sheet is updated, the auditor will select another sampling of cases for review for compliance determination.

Corrective Action Taken: The facility updated its PREA Incident Tracking Log with all outstanding allegations received during the audit period. Based on the updated information, the facility received 34 allegations of sexual abuse and sexual harassment within the audit period. Four were investigated criminally, and all 34 were investigated administratively. Thirteen of these allegations were abuse, and 21 were harassment. A follow-up interview with the PREA Coordinator confirmed that the cases were entered into the agency's PREA tracking database. The tracking log was provided to the auditor via email, and the auditor selected 12 additional case files for review, which the facility provided. The auditor's review of the 12 case files found that investigations conducted by the OSI Investigator were investigated thoroughly, timely, and objectively. Facility managed cases appear to still be managed through Confidential Reports (email) and these investigations do not properly document all

the elements required for a thorough and objective administrative investigation. Additionally, no new cases were listed on the PREA Incident Tracking log to indicate any allegations were made during the CAP period. If there were cases during the CAP period, a sample could have been reviewed to see if thorough and objective administrative investigation procedures had been fully implemented. A follow-up interview with the PREA Coordinator found that at least four allegations were received during the CAP period but they were not entered into the agency's database until four to six months after the allegation was reported, nor was the PREA Coordinator notified of the incident timely. It is undetermined at this point if the OSI Investigator was notified of these allegations. Based on the information collected during the CAP period, the facility still has not demonstrated full compliance with this standard.

Based on a review and analysis of the evidence, the agency and facility have failed to meet the requirements of all provisions within this standard.

115.72	Evidentiary standard for administrative investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 103.225; Information Obtained from Interviews; Case Files.</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 a sample of administrative investigations, confirm that the agency uses no standard higher than the preponderance of the evidence in substantiating a case of sexual abuse or sexual harassment.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet the provisions of this standard.</p>

<b>115.73</b>	<p data-bbox="240 91 1503 1762"><b>Reporting to inmates</b></p> <p data-bbox="240 174 1503 241"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="240 248 1503 315"><b>Auditor Discussion</b></p> <p data-bbox="240 322 1503 421">Evidence Reviewed: Policy 202.057; PREA Allegation Tracking Log; Offender Notification and Investigation Form; Case Files; Information Obtained from Interviews.</p> <p data-bbox="240 427 1503 526">Evidence Reviewed During CAP Period: Updated PREA Allegation Tracking Log; Case Files; Offender Notifications; Information Obtained from Interviews.</p> <p data-bbox="240 533 1503 1144">115.73(a)(b)(c)(d)(e): Policy 202.057 establishes OSI or the AWO must notify the alleged victim of the outcome of the investigation, once it has been determined, whether the allegations are substantiated, unsubstantiated, or unfounded. OSI provides the notification if another agency conducts the investigation. OSI also informs the alleged victim regarding actions taken as a result of an allegation against another offender or staff when the staff/offender is indicted on a related charge; If/when the staff/offender is convicted on a related charge; If/when the offender has received disciplinary sanctions. The AWO notifies the alleged victim regarding actions taken against staff when the staff is no longer in the unit and is no longer employed at the facility. The agency’s obligation to report to the offender terminates if/when the allegation is unfounded or the offender is released from custody. The information provided by the facility during the site visit was insufficient to make a compliance determination. Evidence of notification was not produced for all closed investigations. As a result, the facility entered a 180-day CAP period to remedy this deficiency.</p> <p data-bbox="240 1151 1503 1592"><u>Corrective Action Taken:</u> Based on a review of the updated PREA Allegation Tracking log and interview with the SART Lieutenant, written notification was provided to the victim in 8 of the 13 sexual abuse cases investigated, 1 was provided verbally and documented, and the remaining 4 had already been released upon completion of the investigation. The auditor selected 12 case files from the updated PREA Allegation Tracking log, which were provided by the facility. Upon review, the auditor found evidence of the required notifications. Additionally, of the 21 harassment cases investigated, notification was made to the victim in 18 cases, and the remaining 3 had already been released. Therefore, providing notification to the victim after investigating sexual harassment cases exceeds the requirement of this standard.</p> <p data-bbox="240 1599 1503 1762">Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard. The facility exceeds for providing victim notification for sexual harassment investigations.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 103.218; Policy 103.220; Policy 103.225; Policy 202.057; Termination Letters; Disciplinary Letter; Notification to Licensing Board; Information Obtained from Interviews; Investigative Case Files.</p> <p>115.76(a)(b): Policies 202.057 and 103.225 establish 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 offender. A violation of this policy may result in termination from the DOC. The policies 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 HR Director, there were two staff terminations, and one staff disciplined for violating agency policies within the audit period at MCF-LL. One of the staff terminations was a staff harassment case.</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 HR Director confirmed that once an investigation is completed, HR will gather information from the agency database on similar incidents, information on any 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 makes recommendations for disciplinary action to be taken, with the Appointing Authority having the final right of decision. The HR Director explained that research conducted with similar cases ensures that the action recommended 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.</p> <p>115.76(d): 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, are reported to law enforcement agencies unless the activity was not criminal and to any relevant licensing bodies. The auditor's interview with the Warden, OSI Investigator, and PREA Coordinator confirms that criminal acts are reported to the appropriate outside agency as warranted. The facility provided a letter where the Minnesota Board of Behavioral Health and Therapy was notified of the termination resulting from a sexual abuse incident.</p> <p>Based on review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 300.040; Policy 300.045; Volunteer Suspension Guidelines; Memorandum from AWO; Information Obtained from Interviews.</p> <p>115.77(a)(b): Policy 300.040 establishes that any volunteer who engages in sexual abuse must be prohibited from contact with offenders. 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 offenders. 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 contractor or volunteers have been reported for sexual abuse or sexual harassment incidents; therefore, no reports have been made to law enforcement or licensing agencies. Based on an interview with the Warden, she has the authority to remove a contractor or volunteer from contact with incarcerated individuals during an investigation. Interviews with the Warden, AWO/PCM, and OSI Investigator confirmed there were no volunteers or contractors terminated or disciplined for violating the facility's sexual abuse/harassment policies within the audit period. 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 auditor finds the agency and facility meet all provisions of this standard.</p>

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 202.057; Policy 303.010; Policy 301.085; Offender Discipline Rules; Offender Handbook; Disciplinary Actions for Sexual Behavior; PREA Brochure; Memorandum from AWO; 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 offender, no offender shall request, solicit, or engage in consensual sexual behavior or contact, or be in a situation that gives evidence of such action with another offender, no offender shall have non-consensual sexual contact with another offender. 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 offender 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. The AWO/PCM and SART Lieutenant 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. MCF-LL reports two allegations were substantiated against an incarcerated individual during the audit period and both received disciplinary sanctions for their behavior, as verified through the auditor's review of the case file an disciplinary record. Consensual sexual contact between incarcerated individuals is prohibited. The Offender Discipline Handbook identifies 'Sexual Abuse of Offender' as a Level 5 Violation.</p> <p>115.78(c): Policy 303.010 establishes that if discipline staff question whether the offender'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 his/her behavior when determining the sanctions. The agency requires the facility to consider whether the offender'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. During an interview with the disciplinary hearing officer the auditor confirmed that behavioral health staff are consulted with if a mental health disability or mental illness may have contributed to the sexual behavior.</p> <p>115.78(d): Policy 202.057 states that behavioral health staff conducts a sexual abuse</p>

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 Psychology Director at the facility housing the alleged perpetrator within 60 days of the initial report. The two perpetrators identified in the substantiated cases were referred to behavioral health for evaluation and offer of treatment.

115.78(e): An interview with the Warden confirmed that residents 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. The online PREA refresher training explains that where an offender is found to have engaged in sexual contact with a staff member, the offender 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; however, individuals are only charged if it is found during the investigation that the employee did not consent. This was confirmed during an interview with the disciplinary hearing officer, AWO, and Warden.

115.78(f): Policy 202.057 establishes if the investigation reveals that an offender has made a false accusation that the offender, in good faith, could not have believed to be true, the facility may take disciplinary action against the offender 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 that is protected under state or federal law, the facility must possess evidence corroborating the staff member's report in order to charge the individual for the lying or misrepresentation. This procedure was confirmed during an interview with the disciplinary hearing officer and AWO/PCM; no individual has been disciplined for making a false accusation within the audit period.

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

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 202.040; Policy 202.057; Policy 500.302; Policy 500.303; Admission Mental Health Screening; Sexual Abuse History; Completed PREA Risk Screening Instruments; Screening Tool Follow-Up Matrix; Mental Health Informed Consent; Information Obtained from Interviews.</p> <p>115.81(a)(b): Policy 500.302 requires within 24 hours of admission, a corrections officer and a qualified health services staff person 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 offender 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 offender 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 offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the offender 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 administered during intake for every new arrival and if an individual discloses prior sexual victimization the individual is offered a follow-up meeting with a mental health practitioner. Interviews with medical and mental health staff confirmed that if an offender discloses prior victimization during screening, they are provided information about a referral and explained how they can request any services they would like to obtain. If the screening nurse finds it appropriate, they will complete a referral for mental health follow-up. These interviews also confirmed that once a referral is received the individual will be seen within 14 days. The Psychology Director confirmed in her interview that upon a referral, individuals are seen within 14 days, but usually sooner. The auditor reviewed the risk screening for 4 individuals who were referred for behavioral health during the risk screening at intake and were seen by a clinician within 24 hours which exceeds the requirement of this standard. Mental health staff documents compliance with these services in the individuals' files under case notes. The Screening Tool Follow-Up Matrix guides staff who are conducting the screening to make the necessary referral based on affirmative answers provided by the individual during the risk screening.</p> <p>115.81(c): This provision is not applicable as MCF-LL is a prison, not a jail.</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 Psychology

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.

115.81(e): Interviews with the HSA and Psychology Director confirmed that upon arrival as a new admission to the MN DOC at St. Cloud, during intake as a release violator, and at the time they are seen after an allegations of a sexual abuse incident all individuals are informed of the limitations of confidentiality of information. Prior to providing services, individuals are informed that their mental health must be released where required by laws, rules, or regulations. Two circumstances specifically listed are reported misconduct by health care staff and previously unreported sexual victimization in a correctional or other institutional setting. Information disclosed about prior sexual victimization that did not occur in an institutional setting cannot be reported without the individual's informed consent.

After a review and analysis of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard and exceeded provision (b).

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 offender 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 notified; if necessary, the designated health care facility or local ER will be notified of the need for a sexual assault forensic exam; and the facility will transport the offender to a health care facility. If behavioral health staff are present, they must be notified. After hours, staff must notify the on-call behavioral health staff, pursuant to 500.303. MCF-LL had one incident in which they had to provide emergency medical or mental health services to a victim of sexual abuse since the last audit, but not within the prior 12 months, and provided the auditor with the documentation to review. During interviews with the HSA and Psychology Director, they both explained the procedures that would be followed in responding 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. The auditor's review of the documented checklist for this incident confirmed that that the victim received 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 the appropriate medical and mental health practitioners are notified immediately in the event of a sexual abuse incident. Interviews with medical and mental health staff and the auditor's review of the related case file confirmed that they are notified immediately of sexual abuse incidents. 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 offender must be examined for injuries, sexually transmitted infections (STI), and biological specimens are collected. The offender 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, in accordance with</p>

professionally accepted standards of care, where medically appropriate. This was further confirmed by the auditor's review of the documented checklist for the incident reviewed.

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 for any report of an alleged sexual assault, abuse, or harassment. Based on interviews with medical staff and individuals who have received healthcare services after a report of sexual abuse, individuals receive these services at no cost, whether or not they cooperate with the investigation.

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

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 202.040; 202.051; Policy 202.057; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.83(a)(b)(c): MCF-LL 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 offender is released from custody. The facility has onsite medical care between the hours of 0600-2330 and between 2230-0600 there is an on-call medical professional available through the Centurion contract for after-hour emergencies. 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-LL are consistent with the community level of care. The auditor reviewed case files for incidents reported within the past 12 months and found documentation that the victim received appropriate evaluations, treatment, and follow up care, as indicated by medical and mental health practitioners.</p> <p>115.83(d)(e): MCF-LL houses only male individuals; therefore, these provisions are not applicable.</p> <p>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 MCF-LL medical department, as indicated by the medical provider. This procedure was confirmed during an interview with the HSA and review of the case files where required.</p> <p>115.83(g): Policy 500.100 establishes that individuals are not charged a co-pay for initial testing, treatment, and follow-up for reportable communicable 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. Interviews with 11 individuals who had reported a sexual abuse/harassment allegation confirmed they were not charged for services related to their allegation.</p> <p>115.83(h): Policy 202.057 requires that a sexual abuse risk assessment will be conducted upon being informed that an incarcerated individual perpetrator has been identified and the allegation has been substantiated. As deemed appropriate, this</p>

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. The facility has a Sex Offender Program and is staffed with qualified practitioners to offer and provide these services. There were two substantiated cases involving an incarcerated perpetrator and both were referred for an evaluation and offered services.

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

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Investigative Case File; Memorandum on Incident Reviews; Sexual Abuse Incident Review (SAIR) Report; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the CAP Period: Updated PREA Allegation Tracking Log; Case Files; Sexual Abuse Incident Review Reports; Information Obtained from Interviews.</p> <p>115.86(a)(b): Policy 202.057 requires an incident review to be conducted within 30 days of the conclusion of sexual abuse investigations unless the incident is deemed unfounded. The AWO/PCM provided the auditor with a list of review team members and confirmed during her interview that the review team conducts an incident review on all incidents substantiated or unsubstantiated within 30 days after the conclusion of an investigation. However, the facility could not provide sufficient information to demonstrate that incident reviews are conducted for every closed case within 30 days. The agency has procedures outlined in the policy, and a template has been provided by the PREA Coordinator, which complies with this standard; however, the facility is not using the prescribed form to capture the required elements listed in provision (c) of this standard. As a result, the facility was found non-compliant with and entered a 180-day CAP period to remedy the deficiency.</p> <p>115.86(c): Based on an interview with the Warden, the review team consists of the AWO, Captain, OSI Investigator, HSA, Behavioral Health Therapist, and a Case Manager, providing a multi-disciplinary review. Policy 202.057 establishes that the team will 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. The auditor interviewed the incident review team members and found them knowledgeable of their responsibilities during the review process, which indicated reviews were being conducted.</p> <p>115.86(d): Policy 202.057 requires the review team to 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. During the Warden's interview, she explained that any concerns and needed improvements are assigned to a facility manager to address and track completion. If a review reveals a missed step in the response process, the appropriate supervisor is asked to follow up with the staff who made the mistake and report the result. Refresher training may also be assigned. Furthermore, any policy change recommendations would be forwarded directly to the PREA Coordinator to address. The agency has created a</p>

form for the review team to complete when conducting a review. This comprehensive form covers every element required to be considered in provision (c), which prompts the team to cover all areas. However, the facility is not using the prescribed form to document incident reviews. As a result, the facility was found non-compliant with and entered a 180-day CAP period to remedy the deficiency.

Corrective Action Taken: The facility provided an incident review report for the five substantiated/unsubstantiated closed cases of sexual abuse. However, there were no cases presented for the auditor's review that were reported during the CAP period for compliance review to determine if the standard's requirements have been fully implemented. An interview with the PREA Coordinator confirmed that there were cases entered into the agency's database recently that occurred four to six months prior and the accompanying information, and the required incident reviews were not included.

Based on a review and analysis of the evidence, the facility has failed to demonstrate full compliance with all provisions of this standard.

<b>115.87</b>	<b>Data collection</b>
	<p data-bbox="256 188 1107 221"><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <hr/> <p data-bbox="256 264 558 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1465 456"><u>Evidence Reviewed:</u> 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 data-bbox="256 499 1390 568"><u>Evidence Reviewed During the CAP Period:</u> Updated PREA Incident Tracking Log; Information Obtained from Interviews.</p> <p data-bbox="256 611 1481 1731">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 the incident-based sexual abuse data annually. The incident-based data collected includes the data necessary to answer all of the questions from the DOJ SSV. The agency's PREA Coordinator aggregates the incident-based sexual abuse data annually. Each local 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. The Auditor reviewed the MN DOC Assessment Addressing Sexual Abuse Report published on its public website and found the most recent document, dated January 24, 2020. The 2021 report is still in review and pending Agency Head approval and publication. The PREA Coordinator shared the information from the draft report and found it to meet the agency policy requirements and this standard. During his interview, the Agency Head confirmed that he reviews the annual report developed by the PREA Coordinator and approves it for publication. After interviews with the PREA Coordinator, PCM, and Investigator and reviewing additional documentation onsite, the auditor found allegations were received that were not documented as being referred for investigation and were not entered into the agency's allegations tracking system. As a result, the facility was found non-compliant with this standard and entered a 180-day CAP period. To become compliant, the facility must track all allegations received, and enter them into the agency's designated database, according to agency policy.</p> <p data-bbox="256 1774 1453 1973">115.87(c)(f): Policy 102.050 establishes the DOC aggregates the incident-based sexual abuse data annually. The incident-based data collected includes the data necessary to answer all the questions from the Department of Justice (DOJ) SSV. The most recent SSV requested by the DOJ was in 2020. The auditor reviewed the completed SSV and SSV-IA; both were submitted as required and by the deadline.</p> <p data-bbox="256 2013 1461 2083"><u>Corrective Action Taken:</u> The facility provided an updated PREA Incident Tracking log containing the 34 allegations reported within the audit period. Additionally, the PREA</p>

Coordinator confirmed that these incidents were entered into the agency's computer-based tracking system as required. However, the PREA Incident Tracking Log did not include any new allegations reported within the CAP period. To find the facility fully compliant, the auditor must assess the facility's practice of tracking PREA incidents timely and entering them into the agency's database. An interview with the PREA Coordinator determined that the facility still lags with entering timely data into the system. Four incidents were entered into the database recently that occurred between 4-6 months ago. Additionally, the information entered is incomplete.

Based on analysis and evaluation of the stated evidence, the facility has failed to demonstrate full compliance with all provisions of this standard.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed by Auditor: Policy 102.050; MN DOC Assessment Addressing Sexual Abuse; PREA Incident Tracking Log; 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 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. The 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 Sexual Abuse Response Team (SART) at each facility review data and aggregate it in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response in policies, practices, and training throughout the department. The SART review is to include 1) identifying problem areas, 2) detailing corrective action on an ongoing basis, and 3) preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. monthly to review heir PREA protocols and practices and any data collected for the month. The AWO/PCM explained during her interview that the facility investigates all incidents, consults with the PREA Coordinator, and enters cases into the centralized database for reporting and analysis. The PREA Coordinator is able to extract data to produce the information used in the development of the agency's annual report. The annual report is to include a comparison of the current year's data and corrective actions that were 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 on January 24, 2020. The 2021 report is still in review and pending Agency Head approval and publication. The PREA Coordinator shared the information from the draft report, and it was found to meet the requirements of both the agency policy and this standard. 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 by the commissioner, the annual report is electronically stored in the DOC central office communications unit and is made available to the public through the agency's public 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 <a href="https://mn.gov/doc/data-publications/data-practices/">https://mn.gov/doc/data-publications/data-practices/</a>. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility have</p>

	demonstrated compliance with the provisions of this standard.
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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.</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> <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. 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. The PREA Coordinator compiles this annual report, which is reviewed and approved by the agency's commissioner. Once approved by the commissioner, the annual report is electronically stored in the DOC central office communications unit and is made available to the public through the agency's public 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 <a href="https://mn.gov/doc/data-publications/data-practices/">https://mn.gov/doc/data-publications/data-practices/</a>. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.</p> <p>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.</p> <p>Based on review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1390 416">Evidence Reviewed: Observations During Site Visit; Information Obtained from Interviews; Agency’s Projected PREA Audit Schedule.</p> <p data-bbox="280 456 1453 613">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="280 654 1473 976">115.401(b): MN DOC is in the third year of the current audit cycle. 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="280 1016 1473 1464">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-LL. One of the housing units was under quarantine during the site visit, which consisted of 26 incarcerated individuals. The auditor was offered access to the unit, but declined due to the ability to get adequate observation of the unit's design from another unit within the building. The facility provided all documentation and information requested to the auditor in either paper or electronic format. The auditor received cooperation from the agency and facility during the pre-audit, onsite, post-audit, and CAP period phases.</p> <p data-bbox="280 1505 1465 1706">115.401(m): The auditor was allowed unimpeded access to all incarcerated individuals and allowed to conduct private interviews. One of the housing units was under quarantine during the site visit, which consisted of 26 incarcerated individuals. The auditor was offered access to the unit, but declined due to the ability to get adequate sample of interviews from the remaining population.</p> <p data-bbox="280 1747 1461 2069">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 were posted on June 12, 2022. Because the notices were not posted timely, the auditor requested that they remain posted for the duration of the Post-audit period to allow correspondence. 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</p>

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 three letters before the site visit, and none was received during the Post-audit phase. 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.

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

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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?	no
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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

<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

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 consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	na
	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 facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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

<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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 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
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.21 (b) Evidence protocol and forensic medical examinations</b>		
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.21 (c) Evidence protocol and forensic medical examinations</b>		
	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
<b>115.21 (d) Evidence protocol and forensic medical examinations</b>		
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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?	no
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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

<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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

<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a) Inmate education</b>		
	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
<b>115.33 (b) Inmate education</b>		
	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?	yes
	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?	yes
	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?	yes
<b>115.33 (c) Inmate education</b>		
	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
<b>115.33 (d) Inmate education</b>		
	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

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	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 Garrity warnings? (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 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

<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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 suspicions 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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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) Whether the inmate is detained solely for civil immigration purposes?	yes

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	no
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

<b>115.42 (a) Use of screening information</b>		
	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
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	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 present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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

<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	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 anonymous upon request?	yes
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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 this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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, 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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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

<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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 abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	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

<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	no
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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?	no
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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.)	na

<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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 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?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	no

<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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?	no
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	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?	no
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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 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?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	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.)	na
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	<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>	yes