

PREA Facility Audit Report: Final

Name of Facility: Minnesota Correctional Facility Moose Lake

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/18/2024

Date Final Report Submitted: 11/15/2024

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"/>
Auditor Full Name as Signed: Sharon R. Shaver	Date of Signature: 11/15/2024

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	03/25/2024
End Date of On-Site Audit:	03/29/2024

FACILITY INFORMATION	
Facility name:	Minnesota Correctional Facility Moose Lake
Facility physical address:	1000 Lakeshore Drive, Moose Lake, Minnesota - 55767
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director

Name:	Kristin Rish
Email Address:	kristin.rish@state.mn.us
Telephone Number:	218-485-5020

Facility PREA Compliance Manager

Name:	Brian Collins
Email Address:	brian.collins@state.mn.us
Telephone Number:	218-485-5019
Name:	Chantel Wolak
Email Address:	chantel.wolak@state.mn.us
Telephone Number:	218-485-5076
Name:	Derek Gunderson
Email Address:	derek.gunderson@state.mn.us
Telephone Number:	218-485-5000

Facility Health Service Administrator On-site

Name:	James Olson
Email Address:	james.m.olson@sate.mn.us
Telephone Number:	218-485-5055

Facility Characteristics

Designed facility capacity:	1057
Current population of facility:	1043
Average daily population for the past 12 months:	1035
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-81
Facility security levels/inmate custody levels:	3
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	373
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	36
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	60

AGENCY INFORMATION

Name of agency:	Minnesota Department of Corrections
Governing authority or parent agency (if	State of MN

applicable):	
Physical Address:	1450 Energy Park Drive, Suite 200, Saint Paul, Minnesota - 55108
Mailing Address:	
Telephone number:	6123283582

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

Agency-Wide PREA Coordinator Information			
Name:		Email Address:	

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
6	<ul style="list-style-type: none"> • 115.13 - Supervision and monitoring • 115.15 - Limits to cross-gender viewing and searches • 115.18 - Upgrades to facilities and technologies • 115.21 - Evidence protocol and

	<p>forensic medical examinations</p> <ul style="list-style-type: none"> • 115.32 - Volunteer and contractor training • 115.53 - Inmate access to outside confidential support services
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-25
2. End date of the onsite portion of the audit:	2024-03-29

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:	Family Pathways; Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1057
15. Average daily population for the past 12 months:	1050
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1056
19. 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:	36
20. 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:	112
21. 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:	1
22. 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:	2
23. 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:	23
24. 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:	33

25. 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:	3
26. 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:	3
27. 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:	6
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. 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):	The agency does not have a system that automatically tracks these targeted categories. Numbers were pulled from various resources including conversations with specialized staff, medical records, and screening documents.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	372
31. 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:	60

32. 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:	53
33. 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:	The list of volunteers provided is larger than 60, but there are only 60 active volunteers based on interview with the volunteer coordinator. .
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input checked="" type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
If "Other," describe:	Some interviewees were selected based on their job assignment or programming at the facility.

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<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, and work/program assignment to ensure a balanced representation from each living units. The youngest and oldest individual was selected as random interviewees as well.</p>
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

38. 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):

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. The interviews were conducted in the visitation area of the facility. All interviews were conducted in private to ensure the individuals felt comfortable expressing any concerns without prison staff being present. Interviews began on day two and were held over the course of the week. The official assigned population was 1056 on the first day. The overall minimum number of individual interviews required for this population size is 40 with at least 20 random. Random individuals were selected by the auditor from each of the housing units listed on the housing roster, taking into consideration factors such as length of incarceration, race, and work assignments, using a combination of random number selection and housing assignments. The auditor also interviewed 1 inmate who corresponded by mail prior to the audit. There were 2 additional individuals who corresponded but after the auditor spoke with the Agency's PREA Coordinator, it was determined that their complaints had been properly addressed, or that they were related to issues outside of the auditor's scope of the audit. Also, 1 individual requested an interview with the auditor during the site inspection and the auditor interviewed in the random category. The auditor interviewed 40 individuals (20-random/20-specialized) using the designated random audit questionnaire. One individual selected refused the interview. The 40 individuals interviewed were willing to participate in the interviews and were forthcoming with information. Every individual was aware of the PREA, the agency's and facility's zero-tolerance policy, and how to make a report of sexual abuse and sexual harassment. Overall, individuals expressed that they felt safe at MCF-Moose Lake and felt comfortable with their housing assignment. No safety concerns were

	expressed to the auditor by any individual, and they all conveyed the message that the facility culture is one of zero-tolerance for any type of sexual activity. Individuals conveyed that staff are responsive and knew that the AWO and the PCM-A/Lieutenant are the designated staff who could be contacted if they had any problems related to PREA, although they understand they may report to anyone. The auditor experienced no barriers to completing interviews or to ensuring representation of the current population.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
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".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
41. 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:	4

42. 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:	2
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	3
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
45. 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:	3
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
48. 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:	2

<p>49. 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:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the relevant policies and interviews with staff and incarcerated individuals indicated that individuals are never placed in segregated housing due to the risk of sexual victimization. The auditor also interviewed medical and mental health staff and supervisory staff and the officer working segregation who further confirmed there have been no individuals placed in segregated housing due to being at risk of sexual victimization.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>As there were no individuals to interview in the targeted category for being placed in segregated housing/isolation for risk of sexual victimization/who allege to have suffered sexual abuse (2 required) and youthful offenders (3 required), the auditor oversampled in the targeted categories of cognitive disability, reported sexual abuse, and hearing/vision disability. The cognitive oversampling was also related to the facility having a mental health supportive living unit.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

51. Enter the total number of RANDOM STAFF who were interviewed:

14

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☐ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

53. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ No

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

The auditor met no barriers to completing the required interviews.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

41

56. Were you able to interview the Agency Head?

- ☒ Yes
- ☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Assistant Warden for Administration/ADA Coordinator; Advocate Services Coordinator; Education Director; Chaplain; Maintenance Director; Volunteer Coordinator; Administrative Support
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1

62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The site visit portion of the audit of Moose Lake Correctional Facility was conducted March 25-29, 2024. An in-briefing was conducted by the Warden and all key staff members were present for introductions and discussion of the itinerary for the week. General information was discussed about the facility, and plans for site inspection laid out. It was determined that we would concentrate on the site inspection, documentation review, and staff interviews on day one, then begin interviews with the incarcerated individuals on day two. The designed facility capacity is 1057 and the current population was 1056 on the first day of the audit. During the site visit, there were several new arrivals, and the auditor observed the intake process which is discussed more in 115.33. In addition, the auditor observed the risk screening process for these new intakes in the medical department, and this is discussed in 115.41. Immediately after the in-briefing, the site inspection began which covered all areas of the facility: Health Services, Dental Services, Living Units 52, 53 and 54, 52/53/54 courtyard, Central Dining, Multi-purpose area; Chaplain's Office/Religious Library, Dining Room and Food Preparation Area, Food Storage Areas, Library, Canteen/Store, Basement (all rooms including programming and work areas), Maintenance Shop, Warehouse Staff Office, Warehouse, Property Area, Education (Levels 1/2/3), Barbershop, Warehouse, Unit 4/Intake Area, Transportation Office, OSI Office, Discipline Office, Living Unit 4, Restrictive Housing Unit, Living Unit 8, Living Unit 10, Living Unit 1, Living Unit 3, Visitation Area/Search Room, Industries Building (work and classroom areas), Kitchen/Bakery/Dishroom. Audit notices were posted by the facility's AWO/PCM on February 9, 2024. Verification was provided through email correspondence, dated photographs, interviews, and personal observations during the facility tour. Notices were printed and posted in the entry building, intake, and throughout the facility in common areas and

housing units. These notices, posted in both English and Spanish, provided dates of the audit, the purpose of the audit, name of the auditor, accurate contact information for the auditor, and an explicit and factually accurate statement regarding the confidentiality of any communication and limitations to that confidentiality according to mandatory reporting laws, with the auditor and anyone who may respond to the notices. During the site visit, the auditor observed placements of these audit notices and found them to be posted throughout the facility in areas that are frequented by staff and incarcerated individuals. The auditor also confirmed during inmate and staff interviews that they were aware of the audit notices and their ability to correspond with the auditor. The auditor observed the agency's zero-tolerance and PREA informational posters on every living unit and in the common areas and work areas throughout the facility; a recommendation was made to include additional posters in staffing areas and in the holding cell for new intakes. The auditor observed cameras, both inside and outside of the buildings, and the use of security mirrors throughout the facility. MCF-ML camera system is comprised of 885 cameras: 322 Analog Cameras and 563 internet protocol (IP) Cameras. The cameras can store video for up to 21 days. The facility has a Security Systems Committee which meets monthly to review project updates, assess current issues and prioritize the needs of the facility related to the upkeep of our security systems. Cameras and monitoring technology is discussed in detail in standard 115.13. The toilets and showers on the living units were separated by barriers, doors, or half walls. The auditor received several complaints from incarcerated individuals about cameras being in the bathroom areas and about other incarcerated individuals being able to see over the stalls. The auditor reviewed all camera views in all bathroom and shower areas and noted that the facility had mitigated opposite gender viewing by

properly placing black-out boxes or pixelation (as indicated by the specific equipment) over areas where an individual's genital areas would be viewed. There were no opposite gender viewing complaints received by the auditor. Shower areas are locked from 9:00 p.m.-to 5:30 a.m. each night. Opposite gender announcements were observed through using the agency-wide doorbell system each time the inspection group entered a living unit. The auditor randomly reviewed area logbooks and spoke with the officer(s) on duty throughout the site inspection, and observed documentation indicating supervisor rounds were being made regularly. The auditor informally spoke with many staff to inquire about their area during the site inspection. The buildings inspected were well-lit, clean, spacious, organized, and in good repair. The auditor spent time inside the facility during morning, daytime and evening hours to interview and observe staff and incarcerated individuals during all shifts and rotations. The auditor conducted a full review of documents and interviews over the five days while onsite and worked with the facility to ensure limited interruption to their operations. On the final day, the auditor conducted an out-briefing with the Warden AWO/PCM, and other key staff. The facility was not provided with the overall compliance findings during this meeting but was told that an analysis would be conducted of all the information collected to make a final determination; however, areas that were identified as non-compliant during the site visit were discussed to allow the facility time to begin working on a corrective action plan. The facility was advised that additional correspondence and documentation may be necessary for a comprehensive compliance review. The auditor found the agency and facility staff interviewed to be forthcoming with information and readily provided documents as requested. The auditor was allowed unfettered access to all areas of the facility. All staff and inmates willingly participated in

the interview process. The Warden and her team were accommodating and communicated directly to the auditor the importance these audits have on the overall operations of the facility positively. They were receptive to suggestions and recommendations for improvements at the facility. The auditor worked with the PREA Coordinator and APCM to obtain additional information needed to make compliance determinations for this facility during the initial interim period. The facility met or exceeded 28 standards and was found non-compliant with 11 standards. The auditor issued an Interim Report on May 18, 2024, and the corrective action period ended November 6, 2024, after the facility completed implementation of the corrective action plans developed between the facility, the PREA Coordinator, and the auditor. The standards found non-compliant during the interim phase of the audit were: 115.33 - Inmate education; 115.34 - Specialized training; 115.35 - Specialized training: Medical and mental health care; 115.41 - Screening for risk of victimization and abusiveness; 115.42 - Use of screening information; 115.65 - Coordinated response; 115.67 - Agency protection against retaliation; 115.71 - Criminal and administrative agency investigations; 115.73 - Reporting to inmates; 115.81 - Medical and mental health screenings; history of sexual abuse; 115.86 - Sexual abuse incident reviews. During the corrective action period, the auditor worked with the Agency's PREA Coordinator and PCM-A to develop a corrective action plan to correct the deficiencies. By the end of the corrective action period, the facility and agency demonstrated compliance with all provisions of all standards.

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.

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

☒ Yes

☐ No

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

102.050 PREA Data Collection, Review, and Distribution

103.006 Supervision and Monitoring

103.014 Background Checks for Applicants

	<p>and Current Employees</p> <p>103.0141 Employees Who Are the Subject of Criminal Investigation(s), Arrest(s), and/or Convictions(s)</p> <p>103.218 Discipline Sanctions for Staff</p> <p>103.220 Code of Conduct</p> <p>103.225 Fact-Finding Process and Discipline Administration</p> <p>103.410 In-Service Training</p> <p>103.420 Pre-Service Orientation Training</p> <p>106.210 Providing Access to and Protecting Government Data</p> <p>107.005 Office of Special Investigations</p> <p>107.007 Criminal Investigations</p> <p>202.040 Offender Intake Screening and Processing</p> <p>202.045 Management of Transgender/Gender Non-Conforming/Intersex Offenders/Residents</p> <p>202.050 Resident Orientation</p> <p>202.051 Offender Handbook Policy</p> <p>202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response</p> <p>203.010 Case Management Process</p> <p>203.015 Offender/Resident Risk Assessments</p> <p>203.115 Consular Notification and International Prisoner Transfer</p> <p>203.250 Modifications for Offenders/Residents with Disabilities</p> <p>204.020 Youthful Offender in Adult Facilities</p> <p>300.040 Volunteer Services Program</p> <p>300.045 Contractor Relationship to Department</p> <p>300.300 Incident Reports</p> <p>301.035 Evidence Management</p> <p>301.055 Security Rounds</p> <p>301.147 Security Video Recording Systems/ Photographic Images</p> <p>302.020 Mail</p> <p>303.100 Grievance Procedure</p> <p>500.030 Orientation Training for Health Services Staff</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	4	0	4	0
Total	7	0	7	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	14	0	14	0
Staff-on-inmate sexual harassment	14	0	14	0
Total	28	0	28	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	1
Staff-on-inmate sexual abuse	0	3	1	0
Total	0	3	3	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	9	1
Staff-on-inmate sexual harassment	0	14	1	0
Total	0	16	10	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	12
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	7
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

5

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The 12-month audit period was extended to compare the older investigations to the newer ones since there was a substantial staff turnover of investigators. The investigation review period was from December 13, 2022-March 5, 2024. The auditor had access to review cases that were outside the audit period that occurred during the post-audit period and during the corrective action period for additional compliance review. The numbers reflected in questions 92 -113 of the post-audit reporting form are inclusive of those allegations reported during the initial audit period; however, does not include any cases reviewed during the post audit period or corrective action period and may not reflect an exact agreement with the numbers discussed in the individual standards. During the site visit the auditor was provided a spreadsheet that included 30 cases to select from for review. The auditor selected 16 case files. Of the listed cases, several were deemed to not meet the definition of a PREA case, and one case was staff on staff harassment which does not constitute PREA. No cases were referred for criminal investigation so there were no criminal cases to review.</p>
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
<p>95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

Correctional Management & Communications Group, LLC

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 202.057; MNDOC Organizational Chart; OSI Organizational Chart; MCF-Moose Lake Organizational Chart; Information Obtained from Interviews; Personal Observations During On-site Visit.</p> <p>115.11(a): Policy 202.057 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 Minnesota Department of Corrections (MN DOC). This policy is applicable to prisons, county jails, detentions, lockups, and residential placement facilities within the purview of the MN DOC. Interviews with staff indicated they are aware of the zero-tolerance policy and the agency's approach to preventing, detecting, and responding to sexual abuse/harassment.</p> <p>115.11(b): This position is an upper-level position within the agency and is a direct</p>

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; Although the OSI organization chart shows her position within the OSI unit, the agency organizational chart does not reflect a PREA Coordinator position. The PREA Coordinator's job description comprehensively outlines the incumbent's duties, responsibilities, and authority. The PREA Unit received and filled three positions, a Management Analyst 3 and two Operational Analyst. Additionally, the agency approved 10 designated positions assigned at the facility level to assist the local PCMs with overseeing efforts locally. These employees are currently undergoing training for their new roles in the PREA Unit.

The interview with the PREA Coordinator confirmed that she has previously not had enough time to manage all of the agency's PREA-related responsibilities. However, during this audit cycle, she has hired additional staff and is in the process of realigning duties that will assist her in better managing the agency's PREA program statewide. She has indirect supervision for 12 facility PREA compliance managers throughout the agency. Interactions with the PCMs occur through dissemination of monthly information via email and she holds virtual monthly meetings with the facility PREA Compliance Managers (PCM) in an effort to streamline processes, educate specific standard implementation, assist with audits, offer support, and create consistency across the state. The PREA Coordinator will address any issues with PREA standard compliance by addressing the concern with the Executive Leadership and facility staff. Policy updates will be initiated when needed. Based on this interview, it is clear that she is in the process of transitioning from being the only Headquarters PREA employee to now having additional staff to assist with PREA oversight on a statewide level. With the additional staff, the PREA Coordinator will have assistance with providing training, database entry, and case management. Interview with the agency head determined that the PREA Coordinator is granted the necessary authority to coordinate the agency's efforts fully and has direct access to him as needed.

115.11(c): MN DOC policy directs that the Assistant Warden of Operations (AWO) is the designated PCM to oversee the facility's PREA compliance efforts. Each of the 11 facilities of the Minnesota Department of Corrections has a designated PCM, with the Red Wing adult facility and Red Wing Juvenile facility sharing. The PCM coordinates PREA compliance efforts at the facility level, with oversight and guidance from the agency's PREA Coordinator. The PCM designee for the facility is Brian Collins/ Associate Warden of Operations (AWO), who was new in his position, and the newly assigned designated PREA assistant is Lieutenant Gunderson who will assist with daily operations and administrative investigations. The facility's PCM reports to Warden Kristin Rish, based on a review of the facility's Organizational Chart. Interviews with the PCM and PCM-A confirmed they have enough time to manage all of the facility's

PREA-related responsibilities. The PCM coordinates the facility's efforts to comply with the PREA standards through policy, training, and written and verbal communication. The PCM advised that in the short time he had been in this role any issues with standards compliance have been addressed directly as they came to his attention. He stated he has authority to develop, implement, and oversee the facility's efforts to comply with the PREA. The MCF-ML Organizational Chart indicates, and interviews confirmed that the facility's AWO/PCM reports to the facility's Warden, with oversight and guidance provided by the agency's PREA Coordinator. The AWO/PCM explained that to coordinate the facility's efforts to comply with the PREA standards, he follows the established policies and cultivates the facility culture by reinforcing zero-tolerance and ensuring the sexual safety of all who live and work at the facility. He indicated that he delegates PREA duties to other staff and has recently filled the PCM-A position in order to ensure timelines and compliance is met, and to develop other people's knowledge and understanding of the complexity of PREA compliance. He attends the bi-monthly PREA Compliance Manager meetings led by the Agency PREA Coordinator to stay informed and share information with other PCMs. He conducts regular unannounced rounds at different times on all watches in all living, work and program areas to ensure the facility is diligent in the prevention, detection and appropriate responses to sexual abuse/sexual harassment cases and to promote a victim centered culture and zero tolerance. During these rounds, he looks for areas that may be blind spots where security mirrors or more technology would assist in the prevention and detection of sexual abuse. He ensures door window views are not obstructed in any manner and reviews areas to make sure information is available to incarcerated individuals and staff regarding PREA standards, PREA policies, how to report incidents and how to contact victim services through the helpline. He works with the PREA Coordinator and Training Director to make sure training expectations for staff align with the established standards. He reviews all PREA related confidential reports on a daily basis and works closely with the Warden, the facility Investigator, Human Resources supervisor, Mental Health Supervisor and Director of Clinic Operations (DCO) and PREA Coordinator (as needed) on reported cases to ensure that thorough reviews occur in a timely manner and that appropriate action is taken so that the safety and well-being of the victim and the perpetrator are addressed. Action includes appropriate living assignments, medical services, victim advocacy and mental health services. He participates in the monthly Project and Security Camera Committee meetings to help manage the security needs of the facility and enhance the ability to prevent and detect sexual abuse. This committee reviews items such as the need for new technology, camera/video upgrades or adjustments, and the need for physical changes to the facility. Committee members include representatives from Plant Operations, Security, Information Technology (IT), and the Warden.

Based on the review and evaluation of the stated evidence the facility and agency have met all requirements of this standard.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Contracts for Confinement; Information Obtained from Interviews; PREA Audit Final Reports.</p> <p>115.12(a)(b): Minnesota Department of Corrections (MN DOC) contracts with 12 facilities for the confinement of inmates. The auditor reviewed a sample of three 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. Each facility is required to provide a Final Report for an audit conducted by an independent PREA auditor every three years and in accordance with 115.401.</p> <p>An interview with the agency's contract administrator confirmed that all facilities contracted with are monitored for PREA compliance and are required to follow the standards as a condition of the contractual agreement. To determine if the contractor complies with required PREA practices. All contract facilities have or will complete and submit PREA compliance results within the contracting agency's three-year cycle. The private entities are further monitored for compliance by the Grants & Subsidies/ Inspection Enforcement Unit of the MN DOC.</p> <p>After analysis and evaluation of the stated evidence, the agency has demonstrated compliance with all provisions of this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 301.055; 303.100; 103.006 and 103.007; 2023 ML Staffing Plan; 2023 Staffing Analysis; Personal Observations During Site Visit; Security Daily Logs and Shift Rosters; Daily Security & Safety Logs; Facility Activity Schedule Report; New Annual Work Hours Report; Staff Coverage Plan Report; Interviews; Supplemental Documentation Reviews: List of Camera Layouts; Facility Movement Schedule; Weekly Schedule; List of Staff Camera Access;</p> <p>115.13(a): As directed by 103.006, the agency requires each facility it operates to develop, document, and make its best efforts to comply regularly with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against abuse. The staffing plan addresses each area required for</p>

this provision to be considered during development. The current staffing plan is predicated on 1034; the average daily population is 1034. The facility has 353 full-time staff including shared services staff. This includes: 3 Captains, 3 Administrative staff, 2 Program Directors, 1 Health Services Administrator, 1 Health Services Supervisor, 1 Psych Services Director, 1 Education Director, 1 Physical Plant Director. The facility has funding for 212 security positions, which includes Correctional Officers I, II, and III along with 2 Canine Officers. The facility has 14 Lieutenants. MCF-ML camera system is comprised of 885 cameras: 322 Analog Cameras and 563 IP Cameras. The cameras can store video for up to 21 days. The facility has a Security Systems Committee which meets monthly to review project updates, assess current issues and prioritize the needs of the facility related to the upkeep of our security systems. The Warden, both Associate Wardens, the Captains, the Physical Plant Director and representatives from MNIT make up this committee. The Agency PREA Coordinator is also invited to attend these meetings. A recommendation for the purchase of additional cameras has been added to the meeting minutes to modernize old ones as well as to address blind spots and improve the officers' ability to monitor more areas such as the main yard, elevators, industry building, and multiple units. During the Facility Security and Technology Meetings cameras for sexual abuse violations are reviewed. The following have been updates. MCF-Moose Lake is currently seeking funding to upgrade the camera system and replace outdated equipment and cameras. In June 2023, a camera audit was conducted for Unit 52 bathrooms/showers which included adding privacy blocks at the toilet and shower areas. In July 2023 new cameras were installed in units 53 and 54 which were reviewed. In November 2023, cameras with privacy blocks were reviewed and positioning of PREA privacy masking was found to be appropriate. Unit 4 added a camera to another holding cell and a privacy block was installed. All programs take place in areas that are adequately supervised and monitored by security, programming staff and video surveillance. These programs take place in many areas of the facility including Chapel, Education, Behavioral Health, Visiting, and Multi-Purpose rooms located in the main hall. Unit 8 houses IPs that are part of our chemical dependency program as well as IPs as well as both SUD and SOS programming. All Programming areas are staffed and have been operating as normal despite the staffing levels, post-COVID. There were no allegations of sexual abuse reported during the audit period in these areas.

During the site review the auditor compared the written staffing plan against the following observations to determine whether the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, whether the facility is staffed according to the plan, as it is written, to later determine whether deviations from the plan have been documented: The auditor observed the number of staff, contractors, and volunteers and staffing patterns during every shift, including in the housing units in isolated areas like administrative/disciplinary segregation and protective custody in the programming, work, education, other areas in areas where sexual abuse is known to be more likely to occur according to the staffing plan. The auditor observed the line-of-sight ability of staff and assessed whether there are blind spots. The auditor observed areas where incarcerated individuals are not allowed entry to determine whether movement in and out of that

space is monitored to ensure that IPs never enter those areas. The auditor observed the level of supervision and frequency of cell checks in housing areas where IPs are double-celled, in dormitories, or in holding pens with more than one person. The auditor observed indirect supervision practices, including camera placement. In addition to observation of camera placement, the auditor inquired about and observed the monitoring room. Interviews with the Warden and PCM verified that the facility does have a documented staffing plan and that adequate staffing levels to protect inmates against sexual abuse are considered in this plan. When assessing adequate staffing levels and the need for video monitoring, the facility staffing plan considers: generally accepted detention and correctional practices; any judicial findings of inadequacy; a findings of inadequacy from federal investigative agencies; any findings of inadequacy from 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; 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. The staffing plan is reviewed, at a minimum, annually and when there are significant changes to any of the practices listed in this standard. The auditor's review of the staffing plan, shift rosters, logbooks, post orders, and interviews with (20) random staff and (39) incarcerated individuals confirmed that staff maintain high visibility and sufficient supervision is provided to staffing during all shifts.

115.13(b): The facility reports that there are never occasions where the staffing plan is not complied with. The facility manages staff shortages through the mandatory and voluntary use of overtime; therefore, this provision is not applicable. A review of shift rosters indicates that mandatory posts are covered, and adequate staff supervision is provided.

115.13(c): The staffing plan includes information regarding the facility's camera systems. MCF-ML camera system is comprised of 885 cameras: 322 analog cameras and 563 internet protocol cameras. The cameras can store video for up to 21 days. The facility has a Security Systems Committee which meets monthly to review project updates, assess current issues and prioritize the needs of the facility related to the upkeep of our security systems. The last staffing plan review was conducted on November 30, 2023, and approved by the PREA Coordinator on the same date. Monthly activities of the Security Systems Committee and the weekly staffing reviews conducted exceed the requirements of this standard. The interview with the PREA Coordinator confirmed she is consulted with regarding any assessments of, or adjustments to, the staffing plan for this facility. The interview verified the staffing plans are updated and approved, annually. The last staffing plan was updated and approved on November 30, 2023.

115.13(d): Policy 301.055 requires supervisors to conduct and document unannounced rounds on all shifts to identify and deter staff sexual offenses and that staff shall not alert other staff if a supervisory round occurs unless such announcement is related to the legitimate operational functions of the institution. Post Logs indicate frequent, irregular rounds by upper-level staff in various areas.

	<p>Interviews with higher-level staff confirmed that unannounced rounds are conducted and documented in each unit's admin rounds book and unit logs. Staff are advised through policy and training that alerting other staff, while conducting unannounced rounds is prohibited. Informal conversations with staff and incarcerated persons, regarding supervision practices were conducted and found that staff presence is sufficient, both routine and unannounced rounds are made on a regular basis, and that all levels of staff conduct rounds and have a presence in the facility in all areas during business hours, all shifts, and during holidays and weekends.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard. Based on the weekly staffing reviews and monthly electronic equipment monitoring the facility exceeds the requirements of provision (c).</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Information Obtained from Interviews; Offender Population Roster; Observations During Site Visit.</p> <p>115.14(a-c): The facility does not house individuals under the age of 18. The agency houses incarcerated juveniles at designated juvenile facilities only. The auditor's review of the offender population roster on the first day of the audit and interviews with the management staff and PREA Coordinator confirmed that no youthful individuals were housed at the facility during the audit period.</p> <p>This facility meets all provisions of this standard through non-applicability.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 301.010 Searches; 301.055 Security Rounds; 202.045 Management of Transgender/Gender Non-Conforming/Intersex Offenders/Residents; Curricula for Pat Searches: Inclusive of Transgender/Non-Conforming/Intersex Offenders/Residents; Transgender Policy and Pat Search Training Roster; Observations During Site-Visit; Interviews</p> <p>115.15(a)(c): Policy 301.010 defines the terminology used in the policy related to searches and requires that except in exigent circumstances, a strip search shall be</p>

conducted by a staff member of the same gender as the inmate. The facility reported in the PAQ there have been no cross-gender strip or cross-gender visual body cavity searches of residents conducted in the last 12 months. The policy indicates 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. The agency policy prohibits cross-gender searches, and the facility reported there were none within the audit period. Interviews with (12) random security staff were conducted regarding circumstances that would require cross-gender strip searches and visual body cavity searches; each explaining exigent circumstances only, documentation, and confirmed none had been performed. Additionally, interviews with (3) watch commanders confirmed that opposite-gender strip or visual body cavity searches have not occurred within the audit period. During the site review, the auditor observed areas used to conduct unclothed searches and determined that no opposite-gender staff can watch the conduct of a strip search or visual body cavity search (absent exigent circumstances). There were no incidents where an opposite-gender supervisor was required to supervise or observe a strip search during the audit period. If an opposite-gender supervisor is ever in the vicinity of the strip search area, a privacy screen or other similar device is used to obstruct cross-gender viewing. Informal conversations with staff and IPs regarding search procedures (e.g., limits to cross-gender viewing, supervision of searches) were conducted, confirmed that cross-gender searches are not conducted at this facility. There were no incidents involving cross-gender searches, therefore completed logs of cross-gender strip searches and cross-gender visual body cavity searches did not exist for the auditor's review. Interviews with female supervision staff confirmed that there are always enough male staff available to conduct searches and supervisory observation of searches (when needed); therefore, none had conducted or observed an unclothed search within the audit period. The auditor reviewed (2) randomly selected incident report that involved unclothed body searches and found that all who were present during the search were of the same gender.

115.15(b): This provision specifically addresses female offenders. MCF-Moose Lake does not house female offenders. This standard is non-applicable for this facility.

115.15(d): Policy 103.007 states that direct contact staff must not be assigned in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents. Policy 301.055 defines "Opposite gender staff tone" as a tone signifying an individual of the opposite gender is entering a living unit. This system 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. Incarcerated individuals are notified of this process at intake and through the facility handbook. Policy further states that staff/non-staff of the opposite gender must announce their presence when entering an offender/resident housing unit by using the opposite gender staff tone. Interviews with (40) incarcerated persons confirmed that female staff announce their presence when entering the housing areas through use of the tone-system; additionally, they explained that female staff do not generally go into the restroom areas and when they do they knock and announce prior to entry. Staff

interviews further verified that female staff use the tone-system or verbally announces their presence when entering a housing unit that houses residents of the opposite gender or an area where an incarcerated person may be expected to be unclothed. These interviews collectively confirmed that inmates are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. During the site review, the auditor observed all areas where confined persons may be in a state of undress (showers, toilet areas, cells/rooms) inside housing units and outside of the housing units (medical and intake). The auditor verified that any nonmedical staff of the opposite gender were unable to view confined persons in a state of undress, including from different angles and via mirror placement. Security staff remain near during a medical examination; however, staff use portable screens when an incarcerated needs to remove clothing for privacy. The auditor reviewed the June 2023 camera audit conducted for Unit 52 bathrooms/showers and learned privacy pixelation was completed for all cameras placed in the bathrooms/shower areas and new camera installations in units 53 and 54 ensuring privacy pixelation where necessary. The November 2023 report reflected a review of all cameras with privacy blocks for positioning and compliance. Informal conversations with staff regarding cross-gender viewing, including staff responsible for monitoring camera feed/electronic monitoring and informal conversations learned that no opposite gender viewing can occur while viewing cameras. There are (4) cells designated in Unit 4 to be used as observation cells for medical and mental health needs. The cameras in these cells are full view for the safety of the incarcerated purpose and to allow constant and direct viewing. These camera views are observed from a separate view station by only same-gender staff when an incarcerated person is assigned to the cell for observation. The captain provided the auditor with a complete review of all camera views in the facility, explaining that every sub-control room has access to view only their respective and designated areas such as Unit 4, Dormitories, Industries. Particular attention was given to each housing unit's showering and toileting area as the auditor had received complaints from incarcerated individuals about the cameras via mail and during interviews. However, the auditor found no cameras that did not provide an adequate blocking of an individual's genital area while using the toilet or taking a shower. The cameras were installed in these areas for safety reasons because they were deemed to be a vulnerable area for sexual assault.

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

	<p>random staff confirmed that they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the purpose of determining that inmate's genital status. Interviews with (2) transgender/intersex incarcerated individuals denied any reason to believe that strip-searches were conducted for the sole purpose of determining genital status. One of the transgender individuals requested searches be conducted by female officers which was approved; the other stated no preference and has not made a request for search modification.</p> <p>115.15(f): Policy 301.010 requires that only properly trained staff may conduct searches, regardless of the search type. The agency trains security staff in how to conduct opposite-gender pat-down searches and searches of transgender and intersex incarcerated individuals professionally and respectfully, and in the least intrusive manner possible, consistent with security needs. Policy 103.410 and Policy 103.420 outline the course curriculum for staff, both preservice and in-service. Conducting proper searches is covered in multiple lesson plans and is part of annual officer training. The facility provided training curriculum and training rosters with a total of (481) staff. Of these, (205) completed the training prior to 2023; (182) completed the training in 2023 and there are currently (94) enrolled to take the class in 2024. The facility indicated a 100% completion rate by security staff because all security staff is trained in searches during the academy. The auditor reviewed the FTO curricula for "Pat Searches: Inclusive of Transgender/Non-Conforming/Intersex Offenders/Residents" and found the material to be consistent with training requirements. Interviews with (12) random staff confirmed receipt of training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.</p> <p>Based on analysis and evaluation of the stated evidence, the facility has demonstrated compliance with all provisions of this standard. It exceeds based on the multiple curricula available to train staff on proper search procedures and annual training requirements.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.050; Policy 202.051; Policy 202.057; Language Line Services Contract; Language Line Instructions; Language Line Sample Correspondence; Language Line Incident Report; List of Pending Vendors; Orientation Handbook; Federal iSpeak posters; Orientation Video: PREA: What You Need to Know; Curricula for PREA Module 3 Staff Training re: Inmates with Disabilities or LEP; Zero-Tolerance Posters/Brochures/Hotline information in English, Spanish, Chinese, Hmong; Information Obtained from Staff and Incarcerated Individuals Interviews; Observations During Site Visit.</p>

115.16(a): Policy 202.050 requires all incoming offenders to be interviewed and assessed for disabilities and to provide orientation materials for all offenders/residents, including translations or alternative formats for offenders/residents identified at intake or during orientation who have sight and hearing barriers, or who have literacy barriers. Policy 203.250 requires the facility to provide a process for offenders and residents with known physical or mental disabilities to request a modification to allow them to participate in programs, services, and activities. The policy further establishes that the DOC provides appropriate auxiliary aids and services, including American Sign Language (ASL) interpreters, when necessary to ensure that individuals with speech, hearing, or vision disabilities are able to 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 there is a need. 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 MDOC programs, services, and activities by completion of the "Request for Modification Form. The form is submitted to the Americans with Disabilities (ADA) Coordinator, who will work with the individual to provide reasonable accommodation. The auditor interviewed the local ADA Coordinator who confirmed that he is contacted when an individual is identified as needing accommodation. He explained that he works with the designated central office staff, medical department, and contracted vendors to ensure that the incarcerated individuals have full access to the PREA program.

115.16(b): Policy 202.050 requires staff to provide orientation materials for all offenders/residents, including translations or alternative formats for offenders/residents identified at intake or during orientation whose primary language is not English, who have sight and hearing barriers, or who have literacy barriers. Staff is further required to assist offenders/residents as needed in understanding orientation and Prison Rape Elimination Act (PREA) materials. The Language Line Instructions provide details on how staff can access interpreter services if needed. A copy of the Orientation Handbook in Spanish was provided for review, as were "No Means No," "Zero Tolerance," and "Sexual Abuse Helpline" posters in Spanish. These posters were observed posted throughout the facility in common areas and living units at eye level and in a print that was easily visible. The MN DOC trains its employees to ensure effective communications 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 auditor's interview with the Agency Head confirmed that the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient 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. The Agency Head confirmed the process outlined in the policies described in the 115.16(a) narrative above. During interviews with the PCM and the ADA Coordinator, the auditor confirmed that the Orientation Handbook and any other relevant documentation that is not already published in a language needed can be translated as needed by contract providers. The PCM confirms that procedures have been implemented to ensure that new intake

individuals who are LEP will be provided the PREA education with the use of an interpreter when necessary.

The auditor interviewed a total of (12) individuals that were either disabled or LEP. These interviews confirmed that the individuals were knowledgeable about the PREA program and were provided information at this facility as well as prior facilities where they had been incarcerated. The auditor interviewed (2) LEP individuals using the language line and found they were provided information about PREA in a manner they understood. The auditor conducted an interview with (1) deaf individuals utilizing the agency's designated sign language interpreter virtually. The incarcerated individuals confirmed that a sign language interpreter was used to deliver his PREA education and that he has access to an interpreter upon request and always for matters concerning legal or medical issues. The remaining individuals required no special accommodation to complete their interviews. The auditor confirmed that interpretation services occur in an interview room, private office, or in medical to provide privacy for the persons confined in the facility. Informal conversations with staff confirmed accessibility of interpretation services when needed. By procedure, the medical staff asks newly admitted offenders/residents at intake if they require a modification. For offenders/residents who respond affirmatively or where medical staff has reason to believe a disability exists, the designated staff must follow this policy to address the modification needs. During the intake health screening, each individual is assessed for disabilities, including being asked directly if he has ever been identified as having a disability. Staff indicated that if an individual has a disability that impedes his understanding of any information presented, all efforts will be made to ensure comprehension is reached. 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 PCM or caseworker. Based on information obtained through interviews, during the audit period, no individual with a disability required alternative means of conveying the orientation/PREA material. Completing the orientation program and receiving the DOC Offender Handbook and the PREA video/PowerPoint is documented by the individual signature on the orientation form and uploaded to the individual's electronic file. 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 for Braille users.

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 MN DOC 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 through Staff Training PREA Module 3. The facility has had no instances of an incarcerated individual being used to interpret/translate for another individual within the past 12 months. Interviews with random staff confirmed the agency does not allow (absent exigent circumstances) the use of inmate interpreters,

	<p>inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Staff was unaware of any instances in which inmate interpreters, inmate readers, or other types of inmate assistants were used in relation to allegations of sexual abuse or sexual harassment.</p> <p>Based on analysis and evaluation of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 103.014, 300.40; 300.045, 300.020; HR Spreadsheet; List of Contractors and Volunteers; Electronic Reference Check verifications; Verifications of 5-yr BG checks and promotional BG checks; MN DOC Hiring Forms; Personnel Records; Contractor Records; Volunteer Records; Information Obtained During Interviews.</p> <p>115.17(a)(b)(c): Policy 103.014 establishes that the department screens finalists for employment on their criminal history, offender associations, 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 extensive procedures for reviewing applicants for hire and promotion. Policies 103.014 and 300.020 require that the facility consider any incident of sexual harassment in determining whether to enlist the services of any contractor who may have contact with incarcerated individuals. Interviews with local and central office human resources representatives confirmed that any misconduct would disqualify a candidate from being employed. The facility PAQ indicates that 62 new hires/rehires had criminal background checks conducted. The facility provided a list of new hires (59), rehires (17), and promotions</p>

(30). The Auditor reviewed a spreadsheet indicating (29) background checks for promotion. The interview with HR confirmed the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees, employees who are considered for promotion and for any contractor who may have contact with inmates. The interview also learned that backgrounds are checked through the Minnesota Predatory Offender Registry and NCIC/CJIS. Checks with prior institutional employers regarding substantiated allegations of sexual abuse and resignations during an investigation are requested from the prior employer using the "Employment Background Information Request." An interview with the human resources representative confirmed that she makes best efforts to contact all prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Of the (12) employees hired within the audit period, none had prior institutional experience. The auditor reviewed the hiring packet used for new employees and promotions, which includes the following forms: the release of information; sexual abuse records; criminal records form; offender association information; and an employee reference form. Policy 300.020 enforces the same standards of 103.014 for enlisting the services of non-MN DOC individuals, defined separately from contractors, who may have contact with IPs. A non-MN DOC person is an individual who is neither an MN DOC staff person nor a regular visitor who is admitted to a facility to provide programming, services or as professional visitors. The auditor conducted a file review on (15) employees hired/rehired during the prior 12 months and found the appropriate background checks were performed prior to hiring.

115.17(d): Policy 300.045 states that the contractor must recertify annually, which includes a current criminal history check. The facility provided a list of contractors and volunteers that verified the last background inquiry was conducted for all in 2023. An interview with the designated personnel who completes the background check for contractors and volunteers confirmed that a list of current contractors and volunteers is published and maintained on the facility's shared drive indicating that current background checks have been completed and authorizing entry to the facility. She confirmed that these background checks are completed annually. The auditor reviewed (2) randomly selected contractor files and (1) randomly selected volunteer file confirming that criminal history checks are conducted annually as described.

115.17(e): Policy 103.014 states that a criminal history check is conducted on all employees at least once every five years. An interview with the local human resources representative confirmed that the five-year background checks are tracked at the central office level and an interview with central office human resources staff confirmed this. A system of tracking background checks on employees using a Smart Sheet is maintained at the central office level, and based on an interview with the HR representative who oversees the background check process, the agency is current with running all five-year background checks for MCF-ML. 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 human resources completes the background check. Additionally, the facility provided a spreadsheet listing (54) employees who had 5-year background

checks conducted within the past 12 months. The auditor reviewed a sample of (7) randomly selected personnel files confirming 5-year background checks are conducted as described. Contractor and volunteer background checks are completed annually and is explained in the 115.17(d) narrative above.

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. Furthermore, policy 103.014 states that a finalist who fails to report a personal offender association may be discharged upon discovering the offender association. Interviews with the local and central office human resources representative informed that each employee completes a signed acknowledgment indicating they have not: (1) 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); (2) 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 (3) been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) of this standard as part of the initial or promotional application process. The facility provided a list of new hires (59), rehires (17), and promotions (30). The interview with the HRM explained that all employees have a continuing duty to report misconduct and that this is covered by the employee upon hire and during training. Staff interviews confirmed that employees are aware of the continuing duty to disclose misconduct, and that material omissions or false information can result in termination. These forms are signed before hiring, during the promotional process, and at least every five years as part of the authorization to have a background check conducted. Interviews with the local and central office personnel explained that an automated system has been implemented that captures this information at these three intervals. The interview with the local human resources representative explained that all employees have a continuing duty to report misconduct, and that this is covered with the employee upon hire through policy review and standard of conduct review and during training. Staff interviews confirmed that employees are aware of the continuing duty to report misconduct, and that material omissions or false information can result in termination.

115.17(h): Unless prohibited by law, the agency shall 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. An interview with the local human resources representative learned that the information will be provided upon receipt of a written request for information from the prospective employer signed by the prior employee. There were no requests received within the prior 12 months; therefore, no samples of requests to review.

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: PREA Final Report; Security Technology Meeting Minutes; Information Obtained from Interviews; Listing of Facility's Video Monitoring Cameras; List of Staff Camera Access; Observations Obtained During Site Visit.</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 Final Report from the last audit. Interviews with the Agency Head and Warden or Designee confirmed there had been no newly acquired facilities nor any substantial modifications to this facility in the prior 12 months and further explained that 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): The MCF-Moose Lake camera system is comprised of 885 cameras: 322 Analog Cameras and 563 Internet Protocol Cameras. The cameras can store video for up to 21 days. The facility has a Security Systems Committee which meets monthly to review project updates, assess current issues and prioritize the needs of the facility related to the upkeep of our security systems. The Warden, both Associate Wardens, the Captains, the Physical Plant Director and representatives from MNIT make up this committee. The Agency PREA Coordinator is also invited to attend these meetings. A request for additional cameras has been added to the meeting minutes to replace outdated equipment as well as address blind spots and to enhance the officer's ability to monitor more areas such as the main yard, elevators, industry building, and multiple units. During the Facility Security and Technology Meetings cameras for sexual abuse violations are reviewed. Moose Lake is currently seeking funding to upgrade the camera system to replace older equipment and cameras. Interviews confirmed the AWO/PCM attends the Facility Security and Technology Committee monthly meetings to assess the condition and needs of technologies at the facility. During these meetings, the committee discusses how to enhance the protection of inmates from incidents of sexual abuse. The agency head explained that monitoring technology enhancements are an important part of the agency's strategic plan consideration for protecting incarcerated individuals from incidents of sexual abuse and stated that funds are allocated for this specific use annually.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard and exceed based on the implementation of the Security System Committee who meet monthly to assess the condition and needs of technologies at the facility.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: Policies 202.057;107.007; 300.045; 301.035; 500.100; National Protocol for Sexual Assault Medical Forensic Examinations; Resumes for Internal MN DOC Victim Advocate; Agreement with Carlton County Sheriff's Department; Information Obtained from Interviews; Observations During Site Visit.

115.21(a)(b)(f): 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 107.007 outlines the procedures for conducting investigations of criminal activity by offenders 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. Interviews with the OSI and facility investigators identified the Carlton County Sheriff's Department as the agency responsible for conducting criminal sexual abuse investigations. The facility/ agency has initiated an MOU, but the agreement has not been fully executed yet. Interviews confirmed that the Carlton County Sheriff's Department currently has a cooperative relationship with MCF-Moose Lake and that their investigative protocols are in alignment with the requirements of paragraphs (a) through (e) of this section. There have been no incidents forwarded to outside agencies for investigation within the past 12 months.

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. The victim is to be provided an option to access a sexual abuse community advocate during the process. Policy 500.100 states that forensic medical examinations (FME) are offered without financial cost to the victim. In the last 12 months, the facility had no SANE referrals. Interviews confirmed that victims of sexual abuse will be taken to the nearest emergency room who has SANE nurses contracted; Emergency services that cannot be provided by the facility will be provided by the local hospital's emergency room. The local hospital has SANE nurses on call; however, if one is not readily available, the individual will be transported to St. Mary's in Duluth where they have SANE nurses on staff. Interviews with the Director of Clinical Operations, OSI investigator, AWO/PCM, and PREA Coordinator confirm that any victim of sexual abuse will be offered access to an FME, at no cost, if the incident occurred within the time allowable for obtaining usable evidence.

115.21(d)(e): Policy 202.057 requires the alleged victim be given the option to access a sexual abuse community advocate. The policy further outlines a step-by-step process for sexual abuse advocacy, whether the offender consents or does not

consent to a SANE exam. The agency has secured MOUs and/or contracts with 20 organizations across the state for advocacy response services. An incarcerated victim may be connected with services from any of these organizations, generally the one closest to the facility or closest to the person's home to ensure continuum of services are available upon release. These agreements include response 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 include acting as an outside responding agency and having a 24-hour phone line accessible; responding to requests to provide advocacy when an incarcerated survivor requests community-based sexual assault advocacy (investigatory, follow-up interviews, and follow-up advocacy); assisting in coordinating on-going contact with a survivor who is incarcerated in a MN DOC facility. The agency provides qualified, internal advocates through the agency's Victim Services Unit when a community-based advocate is unavailable. These services are available via 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. Correspondence with the Victim Advocate is confidential to the extent of complying with the State's Mandatory Reporting Laws for Juveniles. The primary advocate services for Moose Lake are provided through Family Pathways and the auditor spoke with the designated PREA counselor who confirmed that services are available for incarcerated victims of sexual abuse and that an advocate will be dispatched to accompany the victim during a forensic medical exam, provide support, referrals, and be present during investigative proceedings upon request. The facility provides individuals at MCF-Moose Lake with access to outside victim advocates for emotional support services related to sexual abuse, in addition to providing a dedicated person to ensure individual assistance is provided to incarcerated victims and that they are connected with the services they require. The auditor's review of case files indicated that notification is made to the agency's victim advocate as part of the response plan for sexual abuse allegations. The agency does not detain residents specifically for civil immigration purposes.

115.21(h): The agency's Victim Services unit is staffed with qualified victim advocates who have been screened for appropriateness to serve in a victim advocacy role, although the agency relies on outside community providers. The auditor was provided a resume for the identified advocate for review and found sufficient credentials and training to serve in this capacity.

Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with this standard. Based on the facility and agency having MOUs or contracts for statewide support services and 24-hour victim services hotline, the facility exceeds provision (d) of this standard.

115.22	Policies to ensure referrals of allegations for investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 107.005; 107.007 and 202.057; Sample Case Files (16); Confidential Incident Reports; Investigation Spreadsheet; MN DOC Website Review; Carlton County Sheriff's Department; Information Obtained During Interviews.</p> <p>115.22(a)(b)(c): 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. An individual's sexual allegation against a staff person, volunteer, or visitor is reviewed by the agency's Office of Special Investigations (OSI) for any criminal violations. The PREA Coordinator reviews and determines if an investigation is warranted. Policy 202.057 requires an investigation for all reports or allegations regarding sexual harassment or staff sexual misconduct. The policy states that allegations without criminal components will be investigated administratively, and allegations containing criminal behavior will be criminally investigated. During the auditor's interview with the agency head, he confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and explained the scope of the facility staff responsibilities as well as that of the OSI, to ensure that appropriate investigation is completed and documented. The auditor discovered that allegations are reported directly to the facility Warden, OSI, and/or the AWO through a Confidential Incident Report by the shift commander. Once received, it is assigned for investigation, and decisions are made on where the case goes from there and entered into the Agency's PREA database. Policy 107.007 outlines the procedure for conducting a criminal investigation. The facility indicates on the PAQ that no allegations were referred for criminal investigation. The Allegations Tracking Spreadsheet reflected (36) allegations were reported and investigated within the audit period. The auditor selected (13) cases from the Allegations Tracking Spreadsheet for review and found that an investigation was completed, and they were referred appropriately and timely. The MOU between MN DOC and Carlton County Sheriff's Department has not been fully executed; however, interviews confirmed that the Sheriff's Department has a cooperative working relationship with MCF-Moose Lake. The OSI Investigator provided the auditor with an explanation of the local procedures that would be followed during a criminal investigation and confirmed that only administrative investigations had occurred in the past 12 months; none were referred to local law enforcement based on lack of evidence to support a criminal prosecution. The OSI Investigator confirmed during the interview that all criminal investigation referrals are documented. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website at https://policy.doc.mn.gov/DocPolicy/.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 103.410; Policy 103.420; Policy, 202.057; PREA Training Course Description (ELS); PREA Standards; Preventing Sexual Harassment; Preventing Sexual Harassment for Managers & Supervisors; Preventing Sexual Harassment Policy Acknowledgement; PPREA Your Role in Responding to Sexual Abuse Course (NIC); Sexual Misconduct with Offenders Brochure; Control Tactics Course; Academy Schedule; MN PREA Standards – Online Module; PREA Refresher Training; MN DOC 2024 Training Matrix; Sexual Abuse Online Policy Review Roster; Employee Electronic Verification Screenshot; Staff Training Rosters; Signed Training Acknowledgement Forms; Preventing Sexual Harassment Policy Acknowledgement Training Roster; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.31(a): Policy 103.420 requires that all facility, field services, MINNCOR, and central office employees must attend the DOC orientation program. The PREA training is included in this curriculum. In addition to the PREA curriculum, all staff must take a course in preventing sexual harassment. 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 the initial training. Employee Assistance Program information is also included in the brochure. The PREA Standards online modules and the PREA refresher training meet all requirements mandated under PREA standard 115.31(a)(1-11). Staff interviews indicated they are very knowledgeable of the agency's zero-tolerance policy and all aspects of the prevention, detection, and response plan and procedures. According to the AWO/PCM, updates to policies are posted on the facility I-share site. All staff have access to I-share and are responsible for reviewing any updates, and electronic records are retained to provide evidence of employee training completion. The auditor reviewed a training roster that indicated staff members had completed <i>PREA, The Standards</i> initial training. Additionally, a roster was provided for the <i>Preventing Sexual Harassment Policy Acknowledgement</i> training indicating all staff has either completed or is enrolled to take the training within this fiscal year.</p> <p>115.31(b): The online PREA modules contain individual sections regarding the dynamics of both male and female offenders, 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.</p> <p>115.31(c): Policy 103.410 establishes that all staff must adhere to the DOC training requirements outlined in the annual training plan and the requirements cannot be lowered below the posted training standard. A facility may increase or add training requirements based on facility needs. Where curriculum has been developed and</p>

	<p>standardized, the facilities must follow the DOC-approved curriculum. Training plan requirements are developed for individuals with offender/resident contact and those with no offender/resident contact. The training plan identifies participants' job requirement classification, and which categories of individuals need to take a particular course. The training plan is located on the employee development iShare site and includes a requirement that Prison Rape Elimination Act (PREA) refresher training must be conducted, annually.</p> <p>115.31(d): The facility provided a training roster for "PREA, The Standards," indicating a total of (407) staff completions. However, the facility only provided (3) signed acknowledgment statements. The auditor understands that the online training contains an attestation for the employee to complete as a condition of taking the course online and the system captures an electronic signature.</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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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057; 300.040; Policy 300.045; PREA Brochure; MN DOC PREA Standards Online Modules 1/2/3; Volunteer Orientation PowerPoint; Signed Contractor/Volunteer Acknowledgement Forms; Information Obtained from Interviews.</p> <p>115.32(a)(b)(c): Policy 202.057 requires all volunteers and contractors who have contact with inmates to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Policy 300.045 provides further guidance about the various types of contractors and the requirements for different classifications. The facility indicated (125) volunteers and contractors, who may have contact with inmates, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The Auditor reviewed (5) acknowledgment statements for contractors and volunteers. The acknowledgment defines staff as DOC employees, contractors, representatives, or volunteers of the DOC. Based on the auditor's interview with the AWO/PCM, service contractors are advised of the law, the zero-tolerance policy, and how/to whom to make a report; provide them with the sexual misconduct pamphlet and have them sign the acknowledgment statement. The auditor interviewed the staff member responsible for covering the training with contractors and she demonstrated how she delivers the training. Additionally, the auditor interviewed the volunteer coordinator who explained all volunteers must take the volunteer training annually before being allowed entry and contact with incarcerated individuals. Most service contractors will</p>

	<p>have a staff escort while in the facility unless they are long-term contractors, and in those cases, they are certified annually. In addition to the PREA Modules 1/2/3 training, volunteers must take the Volunteer Orientation Course, which includes agency policy related to personal associations between staff and offenders; Prison Rape Elimination Act zero-tolerance policy on the prevention, reporting, and response to sexual assault and sexual harassment; and a sexual misconduct pamphlet. During the onsite audit, the auditor reviewed (2) files for volunteers, (1) file for an intern, and (6) contractor files and found sufficient evidence confirming all had completed the required training and signed corresponding acknowledgment forms. The auditor interviewed (1) contractor and (2) volunteers onsite who confirmed they received the training and were able to explain their responsibilities with reporting and maintaining professional boundaries. The PCM/AWO confirmed that all contractors complete this training upon approval for entrance to the facility and are required to complete it annually, which is above and beyond the requirement of this standard; therefore, the facility exceeds the requirements of this standard..</p> <p>Based on review and analysis of the evidence, the facility and agency have demonstrated compliance and exceeded this standard, based on the extensive training requirements for volunteers and contractors.</p>
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115.33 Inmate education	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.050; Policy 202.057; Policy 102.040; Policy 202.040; Policy 20 3.250; Zero-Tolerance Reporting Poster (English & Spanish); Hotline Reporting Instructions (English & Spanish); Signed Acknowledgement Forms (27); Offender/Resident Prison Rape Elimination Act Intake Training Roster; Receiving & Orientation (R&O) Rosters; Sexual Abuse Prevention Training Curricula; Untrained IP Memo; of Information Obtained from Interviews; Observations During Site Visit.</p> <p>Evidence Reviewed During Corrective Action Period: Acknowledgement of Intake Notification of PREA During Intake April 4, 2024, through June 27, 2024 (209-IP); Signed Acknowledgement Forms of Orientation (39-IP); List of Intakes April 1, 2024, through June 28, 2024; Memorandum PCM-A 115.33; Interview with the PREA Coordinator.</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 facility indicated 1043 (97.2%) IPs were received in</p>

the last 12 months, and that they received PREA educational information during intake. During an interview with the AWO/PCM the facility explained that 100% of the IPs who remain at the facility complete R&O which includes the comprehensive PREA education. It was explained further that the data entered was not correct because of a misunderstanding about the audit period. The actual number of IPs processed and who received the PREA education was 1159 between December 22, 2023, through February 29, 2024. During IP interviews, 1 IP claimed he did not receive PREA information; the facility provided a memo confirming that the information was delivered to the incarcerated person during the post-audit period. The auditor was provided signed rosters for new arrivals through intake between January 3, 2024, and February 28, 2024, indicating receipt of the facility's handbook and the PREA brochure. An interview with the intake sergeant confirmed that all incoming incarcerated individuals are provided the PREA message of zero tolerance for sexual abuse and sexual harassment, the facility's handbook that includes methods of reporting, and a PREA brochure. The auditor observed the intake process during the site visit for 12 new arrivals and observed immediately upon arrival the delivery of the zero-tolerance message made verbally, the distribution of the facility handbook and a PREA brochure; the new arrivals signed the roster indicating they had received this information. Based on documentation review and observation of the intakes while onsite these procedures appear to be institutionalized.

To enhance the PREA education/orientation, the facility has ample signage displayed to include the Hotline Poster, Zero-Tolerance Poster, and the Sexual Abuse Awareness Brochure accessible on an on-going basis. The facility's handbook explains that engaging in sexual misconduct or sexual assault is against state law and Department policy. Misconduct also includes threats of sexual violence. If you believe you have been victimized by another incarcerated person, contractor, volunteer or staff, report it immediately to a staff member or phone the DOC Sexual Assault Hotline 651-603-6798. Posters regarding Prison Sexual Violence including the Hotline Number have been posted in many areas throughout the facility. To be compliant with the PREA, you are not allowed to visit inside a room in which you are not designated as a primary occupant. You are only allowed inside the doorframe/threshold if you are assigned to that specific room. Items will not be permitted in windows, doors or any location that obstructs an officer's vision to view a room in its entirety. Anyone found in violation of this directive will be subject to progressive discipline as defined by the Discipline Rules.

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 PREA. The facility indicated on the PAQ that (1043) (97.2%) incarcerated persons (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency

policies and procedures for responding to such incidents within 30 days of intake. It should be noted that all male incarcerated persons receive full comprehensive training at the agency's designated intake facility St. Cloud; however, each receiving facility is also required to deliver the comprehensive training upon the incarcerated person's arrival and provide information specific to the new location and environment. During an interview with the AWO/PCM the facility explained that 100% of the IPs who remain at the facility complete R&O which includes the comprehensive PREA education. It was explained further that the data entered was not correct because of a misunderstanding about the audit period. The actual number of IPs processed and who received the PREA education was 1159 between December 22, 2023, through February 29, 2024. However, during interviews with the IPs the auditor learned that the orientation was not always being completed thoroughly and that sometimes the attendees were asked if they wanted to opt out of portions of the training, to include watching the video. As a result, the facility was found non-compliant with provisions (b)(c) and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide a written CAP to explain actions taken to ensure that the prescribed comprehensive PREA training is delivered to all new intakes within the designated timeframe, consistently. This training must also be modified, as needed, to accommodate persons who are identified as limited English proficient, visually impaired, cognitively impaired, hearing impaired, or have other learning disabilities. Accommodation (when needed) must be documented on the training forms or in the person's records for audit purposes. The facility needs to provide evidence that IPs received initial PREA education during the intake process and comprehensive PREA education within 30 days (per standard) or within (7) days per facility procedure to include signed acknowledgment statements. The facility needs to provide evidence that IPs who are disabled or LEP received training in a method in which they understood.

Corrective Action Taken (b)(c): The facility provided the auditor with lists of new arrivals between the period of April 1-June 28 for the auditor's review at which time 11 randomly select names were selected for a sample of records for review. The auditor's review of these records confirmed that the facility provided each IP with information about the zero-tolerance policy and how to make a report and delivered comprehensive education to each IP during the orientation. No IPs required special accommodation, and none were identified as LEP. The PCM-A provided a memorandum addressing the deficiencies observed during the site visit and explained that proper steps have been taken to ensure all offenders upon intake complete an Intake/PREA Screening, receives an offender handbook / PREA brochures, completes their initial PREA training and acknowledge by signing the "Offender/ Resident Prison Rape Elimination Act Intake Training" form. All offenders are provided/ required to attend Receiving and Orientation class within 30 days of intake where they will view the PREA Video followed up with answering any questions pertaining to how to report incidents and or any other PREA related questions. In addition, to the required formal training(s): all brochures, hotline posters and "Zero Tolerance" signage/posters are posted and available in multiple languages. "Zero Tolerance" has been stenciled with paint in all of the holding cells in multiple languages along with on the backs of every offender identification card with the PREA Hotline phone

number. Accommodation such as braille handbooks, language line / interpretation services, and services for offenders who cannot read are made to ensure PREA education is available and completed for any offender(s) who are disabled and or LEP. During the audit period, MCF-ML did not have any requests or offenders identified needing assistance or interpretation services to provide PREA related training(s). The facility has satisfied the corrective action plan.

115.33(d): Policy 202.050 further directs that staff assist individuals as needed in understanding orientation and PREA materials. This should include 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 facility's ADA Coordinator. The auditor interviewed a total of 12 incarcerated persons who met the targeted categories (2/Disabled Physical; 4/Disabled Cognitive; 2/Visual Impaired; 2/Hearing Impaired; 2/LEP) and it was determined these incarcerated persons had a good understanding of the PREA program, how to make a report, their rights, and how to stay safe. However, the file records reviewed did not provide documentation to indicate any modifications or accommodation made (or not needed) to ensure effective delivery of the training. The facility needs to provide evidence that incarcerated persons who are disabled or LEP received training in a method in which they understand and have full access to the facility's PREA program. The auditor interviewed the facility's ADA Coordinator as well as had informal conversations with line staff, supervisory staff and medical staff who confirmed that accommodation is made to communicate effectively with incarcerated individuals. The facility provided documented samples where the language line was used to provide interpretation for LEP individuals. The auditor utilized the language services for 2 LEP individuals and the agency's designated sign language interpreter for 1 deaf individual. The remaining (9) interviews required no special accommodation to complete the interview. As a result, the facility was found partially non-compliant with provisions (d) and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide a written CAP to explain actions to ensure that accommodation for LEP and disabled persons provided during the PREA education is documented for audit purposes. Additionally, the facility must identify and provide documented PREA education for any new intakes who are disabled or LEP.

Corrective Action Taken (d): Based on a memorandum provided by the PCM-A and the auditor's review of the intake lists during the corrective action period, MCF-ML did not have any requests or offenders identified needing assistance or interpretation services to provide PREA related training(s). As a result, the facility was unable to demonstrate implementation of documenting these events. However, the PCM-A explained that accommodation made for any IP will be documented when applicable. The facility has satisfied the corrective action plan.

115.33(e): Policy 202.060 directs that facilities must maintain written records of the

	<p>individual's completion of orientation and PREA intake education signed by the individual in the electronic file. The auditor reviewed files for the 40 incarcerated persons interviewed and observed signed acknowledgement forms that they had received the comprehensive PREA training at the facility.</p> <p>Based on review and analysis of the evidence, including evidence collected during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 107.005; NIC PREA: Investigating Sexual Abuse in a Confinement Setting Training Modules; Training Certificate; List of Trained Investigators; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the Corrective Action Period: Training Records for Designated Investigators.</p> <p>115.34(a)(b)(c): Policy 107.005 directs that sexual assault investigations must be conducted by OSI investigators with specialized training in confinement settings. The NIC PREA: Investigating Sexual Abuse in a Confinement Setting lesson was reviewed and found to include all topics outlined as a requirement in this standard. Based on the investigative files, a total of (12) separate investigators conducted investigations during the audit period. The facility provided a list of (7) trained investigators; however, as of the writing of the interim report no additional certificates have been received. A certificate was provided for the (1) facility OSI investigator. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility must provide evidence that all investigators have received specialized training for investigating sexual abuse/sexual harassment in a confinement setting.</p> <p><u>Corrective Action Taken:</u> The facility provided training records for (7) investigators who are designated to conduct administrative investigations for allegations of sexual harassment. Four of the staff who conducted investigations earlier in the audit year are no longer designated investigators or are no longer working at the facility.</p> <p>Based on analysis and evaluation of the stated evidence, including evidence collected during the corrective action period, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

115.35	Specialized training: Medical and mental health care
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	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 103.040; 103.420; Policy 202.057; Policy 500.030; Policy 500.309; Employee Training Records/Certificates; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Training Records; Memorandum RE: 115.35 PCM-A.</p> <p>115.35(a)(d): Policies 202.057 and 500.030 direct training requirements and direct that orientation training is conducted for Health Services staff regarding their responsibilities when an alleged sexual assault/abuse of an offender occurs. In addition, nursing staff, and full-time 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. Healthcare staff and contractors are required to satisfy annual training requirements based on their status as employees or contractors.</p> <p>115.35(b): MCF-Moose Lake health services staff do not conduct forensic medical exams at the facility.</p> <p>115.35(c)(d): The facility provided a list of 33 medical and mental health employees who work at the facility; however, training documentation was provided for 11. Additionally, the facility did not provide any documentation to indicate these staff have completed the mandated training required of Standards 115.31 and 115.32, as appropriate. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to provide evidence of specialized training of all medical and mental health personnel and evidence of the mandated training required in 115.31 and 115.32, as applicable.</p> <p><u>Corrective Action Taken (c)(d):</u> The auditor received a memorandum from the PCM-A explaining that the PAQ had 33 medical and mental health staff listed required to complete Specialized PREA related training(s). Of the 33 staff identified, supporting documentation was uploaded for 26 of those staff. The remaining 7 staff do not have supporting documentation due to Leave of Absences, Retirements, Change in Profession, and failure to complete the training requirements on time. A comprehensive plan has been established with the ML-Employee Development Unit and Supervisors to ensure all staff receive the required training moving forward. Prior to the audit, staff were enrolled in the training course within the computer-based system with expectation the training would be completed by the required date(s). Employee Development now enrolls the employee identified as being required to complete these training courses and coordinates with perspective supervisors to ensure they are all completed on time. Audits will occur on all required training notifying the employee and supervisor when required training is not completed prior to and by the required date. Employee Development will track all staff training</p>
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	<p>courses in the ELM database for all perspective employees. The facility provided current training records of these 26 medical and mental health staff to confirm that they have received the basic PREA training required of 115.31/115.32, as required. Additionally, these records confirm that the 26 medical and mental health care practitioners who work regularly at the facility have been trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility has satisfied the corrective action plan.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.040; Policy 202.057; Policy 203.010; Policy 500.050; Screening Tool Follow-Up Matrix; PREA Screening Form; Information Obtained from Interviews; Review of Individual File Documentation; Observations During Site Visit.</p> <p>Evidence Reviewed During Corrective Action Period: IP Institutional Files; Completed Screening Forms; Memorandum 115.41 PCM-A; Follow-up Interview.</p> <p>115.41(a)(b): Policy 202.057 establishes that when an individual arrives at an MN DOC, regardless of their status, a qualified staff person completes a PREA Intake Screening Tool in COMS, screens the individual's available file information, and interviews the offender to assess his/her potential for vulnerability to sexual abuse and/or tendencies to engage in sexually aggressive behavior. Policy 202.040 describes the full screening processes and what to do with the information collected from the screenings. The facility reports that (1043/1073 = 97.2%) individuals entered the facility within the past 12 months whose length of stay was 72 hours or longer. Interviews with the AWO/PCM, intake officer, Director of Clinical Operations, and other medical personnel confirmed that these screenings are done as soon as possible after arrival, but at least within 24 hours. The auditor observed the intake process during the site visit for (12) new arrivals. After processing in the intake area all individuals were taken to the medical department where the risk screening was conducted. The auditor randomly selected (2) individuals from the new arrivals processed in intake during the site visit and observed the screening process which was completed by medical staff using the designated PREA risk screening instrument. The screener asked all questions of the individual and documented their responses on the form. During interviews with incarcerated individuals, the auditor learned that new intakes were being allowed to "decline" participation in the risk screening since</p>

they have participated in the risk screening process at other facilities. During an interview with the Director of Clinical Operations the auditor was advised that medical staff are expected to ask all the questions on the screening instrument to ensure integrity in the screening process. The auditor reviewed a sampling of completed screening instruments while onsite and found them to be completed within 72 hours. Some of the samples provided indicated in the notes that the individual declined to answer the questions but stated that nothing had changed since the last screening. The auditor provided the facility with a list of randomly selected incarcerated individuals to have each of their screening documents uploaded into OAS for review during the post audit period. As of the completion of the interim report, the facility had not provided these documents for the auditor's review; therefore, a determination of compliance could not be completed. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide evidence that initial screenings are conducted according to established procedures and within 72 hours (per standard) or 24 hours per facility procedures.

Corrective Action Taken (a): The PCM-A provided a memorandum addressing screenings that explained, during the audit reporting period it was identified some offenders were offered a "Opt Out Response" by medical staff vs conducting a full intake screening upon intake. MCF-Health Service Director addressed the issue with all Health Services staff educating Per MNDOP Policy and Federal PREA Standard 115.41 all questions during the intake screening process must be asked in a private setting and an "Opt Out Response" to any of the intake screening questions is not an option. All Health Services intake screenings for intakes will occur in Health Services in a private setting. The auditor reviewed institutional files and screening documents for (63) incarcerated individuals which included the (40) individuals interviewed during the site visit plus (23) randomly selected and found that the initial screening was conducted within 24 hours of the individual's assignment to the facility. The facility has completed the corrective action plan for provision (a).

115.41(c)(d)(e): A review of the PREA Screening form indicates that risk assessments are conducted using an objective screening instrument. Information collected and assessed for risk of victimization is consistent with the information required in bullets 1-10 of provision (d). Information collected and assessed for risk of being sexually abusive is consistent with the information required in bullets 1-3 of provision (e).

115.41(f): Policy 202.57 requires that within 30 days, the individual's caseworker must review additional information received and notify the PCM if new information is received, at which time the individual is reassessed. The facility reports that (1043/ 1073 = 97.2%) individuals entered the facility within the past 12 months whose length of stay was 72 hours or longer, but the PAQ did not indicate how many IPs were admitted to the facility whose length of stay was 30 days or more. Additionally, the auditor did not receive the requested screening documents before the interim report to make a full compliance determination. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide the number of IPs whose length of stay was 30 days or more. Also, provide screening documents showing individuals received the 30-day

follow-up risk assessment for the names requested by the auditor.

Corrective Action Taken (f): The facility provided a memorandum confirming that the correct number that should have been reported on the PAQ for the number of IPs who were admitted to the facility within the prior 12 months whose length of stay was 30 days or more was 986 and all 986 received the 30-day follow-up risk assessment. The facility provided institutional file documentation and completed screening forms for the (40) incarcerated individuals requested by the auditor for review. Documentation confirmed that all had a PREA initial risk reassessment completed within 30 days from their initial assessment during intake. The facility has satisfied the corrective action plan for provision (f).

115.41(g): There is no agency policy to require a reassessment due to a referral, request, or incident of sexual abuse. No documentation was provided by the facility during the initial audit phase to support that screenings are conducted after a report of sexual abuse, referral, or request. An interview with the PREA Coordinator confirms that the agency now requires a screening after an incident of sexual abuse/ harassment. All facility PCM/SART s have been advised of the directive, and the policy is being updated. As the auditor did not receive the requested information, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide evidence new intakes received the 30-day follow-up risk assessment.

Corrective Action Taken (g): The facility provided institutional file documentation and completed screening forms for the (40) incarcerated individuals requested by the auditor for review. There were (6) files reviewed that indicated a reassessment was completed as a result of the facility receiving additional information or following a PREA incident. The facility has satisfied the corrective action plan for provision (g).

115.41(h): Policy 202.057 directs that individuals must not be disciplined for refusing to answer or not disclosing complete information when screened by qualified staff completing a PREA Intake Screening Tool. Staff and individual interviews confirmed that individuals are not disciplined for this cause. An interview with the PCM and the disciplinary hearing officer confirmed that no one has received discipline for refusing to answer or not disclosing complete information during the screening.

115.41(i): The information collected on the risk screening instrument is entered directly into COMS (the agency's offender management system), and access to information is controlled by user base authorization in alignment with the employee's specific duties. Authorization for access to data must be approved through the Warden and granted by the system administrator. Staff interviews indicated wide knowledge of the requirement to keep sensitive information confidential and to be used only in making treatment, housing, and security management decisions. All printed screening documents are placed in the incarcerated individual's file and stored in a locked filing cabinet behind a locked door in the records room with limited access. Documents that do not go to the file are promptly shredded.

After a systematic review and evaluation of the evidence, including evidence collected during the corrective action period, the facility and agency have

	demonstrated compliance with all provisions of this standard.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.040; Policy 202.057; Policy 202.105; Policy 202.120; Policy 202.045; Screening Tool Follow-Up Matrix; Information Obtained from Interviews; Observations During Site Visit.</p> <p>Evidence Reviewed During Corrective Action Period: Screening Tool Follow-Up Matrix; Memo PREA Standard 115.42(d); Standard 115.42 PREA Watchlist 2024; SART Minutes/Incident Reviews; Follow-up Interviews.</p> <p>115.42(a)(b): Policy 202.057 establishes that “PREA screening information” is used to determine housing, bed assignment, work assignment, and the need for further referral based on the information. Policy 202.040 establishes that the SART (sexual abuse response team) and AWO/PCM utilize the information collected from the risk screening instrument in “case-by-case decision making.” Policy 202.057 requires that if the screening identifies an individual with a particular vulnerability and/or demonstrated risk for sexually aggressive behaviors, staff must immediately notify the AWO/PCM. Based on an interview with the AWO/PCM, the facility conducts single-cell reviews for individuals whose risk screening indicates a potential need. Incompatibility reviews are also conducted to keep individuals separated who may be incompatible. The single-cell restriction is not punitive, as the term “restriction” might indicate. The AWO/PCM, caseworkers, medical and mental health staff, and unit supervisors explained that during intake interviews and assessments, they consider a resident's potential risk factors including past criminal history, gender, height, weight, age, history of victimization, medical/mental health needs and history and any other issues that may increase the chances of being a victim or abuser. Those risk factors are weighted in conjunction with housing, education, programming, and mental and medical health needs to determine the best placement. This information is entered into the COMS database. Based on the information entered, the system will trigger additional follow-up from the lieutenant, mental health staff, investigator or AWO. Case managers are responsible for a 30-day follow up review and an annual review. Based on information received, the facility may refer cases to the facility Incompatibility Committee or Victim Advocacy in accordance with Policy 202.040 Offender Intake Screening and Processing. Interviews confirmed that there is open communication among the security and case management staff, who regularly talk to discuss current issues going on in their respective areas of supervision. Any safety concerns for an individual would be addressed during these routine meetings, and decisions would be made to keep the individual safe when making bed assignments. Job assignments are assigned by individuals bidding on postings and seniority unless there are special needs or concerns regarding the individual. The auditor reviewed</p>

the Screening Tool Follow-Up Matrix and found that it adequately addresses placement of vulnerable IPs during the screening process at intake; however, alone it does not provide an on-going mechanism to monitor individuals at high risk on an ongoing basis as other housing changes are made as new cell assignments/reassignments are made. Additionally, the agency nor facility has a system in place that can identify individuals on an on-going basis whose risk screening determines they are at high risk of being sexually victimized from those at high risk of being sexually abusive. Moose Lake's housing plan for general population is comprised mostly of a dormitory housing model and can accommodate single, double, and multiple occupancy housing. Policy 202.105 states that multiple occupancy or dormitory cell/room assignments require individuals be assigned to a cell/room based on available information such as IP-reported incompatibility concerns; input from mental health and health services staff; observations of intake staff; prior adjustment at DOC facilities; and adjustment at sending facility. Placement considerations during cell assignments must extend beyond the "single-cell" application process as the information should also be used to inform work assignments, education assignments, and program assignments. Additionally, the facility has not demonstrated compliance with standard 115.41; therefore, the auditor cannot corroborate the information obtained from interviews in making a determination as to whether the screening information is considered for placement decisions. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to demonstrate compliance with standard 115.41 and provide a procedure as to how the screenings are used for education, work, programming, housing, bed and other relevant classification decisions. Additionally, the facility was required to provide an on-going mechanism to monitor individuals at high risk.

Corrective Action Taken (a): The facility demonstrated compliance with 115.41 which is further explained in that standard's narrative. The PCM-A created a Standard 115.42 PREA Watchlist 2024 to track individuals who are deemed to be at high risk for sexual victimization or at high risk for being sexually aggressive. During an interview with the PCM-A he explained that when an individual flags for a 72-hour follow up he meets with the individual and conducts an interview. Based on the information collected from the screening instrument and other institutional information available, as well as the individual's own perception of risk, the individual may be added to the Watchlist to be periodically monitored. Additionally, this list will be used as reference during housing changes, programming assignments, and work assignments. Additionally, the facility provided SART Meeting Minutes/Incident Reviews for (2) cases which explained in detail the decision process for housing, work, and programming decisions to ensure the individuals involved in the incident would be kept separate. The facility has satisfied the corrective action plan.

115.42(c)(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. The facility has no dedicated wings of this nature, and a review of the housing roster combined with staff interviews and individual interviews confirmed that residents do not appear to be

housed according to their sexual orientation or gender identification. The facility staff determine the preliminary placement of an individual who is transgender, gender diverse, intersex, or nonbinary upon intake screening in accordance with DOC Policy 202.040, "Intake Screening and Processing," until the agency gender identity committee makes a placement recommendation, and the deputy commissioner of the facility safety and security division determines placement. 202.045 also states that when an incarcerated person identifies through intake, kite, or other communication as transgender, gender diverse, intersex, or nonbinary, facility mental health staff must complete a gender identity psychological screening, including the person's wellbeing, expressed needs with respect to their own safety, and their preference for their placement at a particular facility, or other concerns they may have related to their care and confinement. The auditor interviewed (5) individuals who met criteria for this targeted category (3-LGB; 2-Transgender) and it was confirmed that their sexual orientation or gender identification has not caused them to be placed on a dedicated unit based on this factor. Policy 202.045 provides guidelines for the evaluation, placement, and management of individuals who are transgender, intersex, or gender non-conforming, or have gender dysphoria or other similar medical/clinical diagnosis. The Transgender Committee is responsible for making recommendations regarding placement, property, and programming for transgender, gender non-conforming, and intersex individuals. During the Warden's interview, it was conveyed that the facility defers to the Transgender Committee for all matters related to transgender assignments. The auditor interviewed the Transgender Committee chairperson and learned that the committee is comprised of representatives from various disciplines to ensure that all aspects of the transgender individual's well-being, particularly physical and mental health, are taken into consideration when making decisions.

115.42(d): 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. The facility indicated a population of (3) transgender/intersex IPs received in the last 12 months. However, twice-yearly screenings were not provided to the auditor for review. As a result, the facility will enter a 180-day CAP period to resolve these deficiencies. To become compliant, the facility must first demonstrate compliance with 115.41; develop and implement a procedure that uses information obtained from the risk screening instrument to inform programming, education, work, housing, bed assignment decisions to keep separate individuals who are at high risk of being sexually victimized from those at high risk of being sexually abusive. Additionally, the facility must establish a practice of reassessing placement and programming decisions of transgender and intersex individuals at least twice per year.

Corrective Action Taken (d): The facility demonstrated compliance with 115.41 which is further explained in that standard's narrative. The PCM-A created a Standard 115.42 PREA Watchlist 2024 to track individuals who are deemed to be at high risk for sexual victimization or at high risk for being sexually aggressive. During an interview with the PCM-A he explained that when an individual flags for a 72-hour follow up he meets with the individual and conducts an interview. Based on the information

collected from the screening instrument and other institutional information available, as well as the individual's own perception of risk, the individual may be added to the Watchlist to be periodically monitored. Additionally, this list will be used as reference during housing changes, programming assignments, and work assignments to keep separate individuals who are at high risk of being sexually victimized from those at high risk of being sexually abusive. the facility also developed and implemented procedures to reassess the placement and programming decisions for transgender and intersex individuals at least twice per year. This practice is designed to ensure that decisions regarding housing, programming, and any additional accommodation made involves a consideration of the individual's health, safety, and well-being, while aligning with the principles outlined in DOC Policy 202.045. Actions and procedures implemented include 1) Semiannual Reassessment Protocol; 2) Training and Development; and 3) Review and Documentation. The facility's Sexual Abuse Review Team (SART) is composed of the same members who make up the Gender Identity Committee (GIC). The SART meets quarterly, and during these meetings, the GIC also fulfills its responsibilities, including reviewing the placement, programming, and safety of transgender and intersex individuals. The committee conducts formal reassessments of placement and programming decisions for these individuals at least twice annually, or as needed, in accordance with DOC Policy 202.045. These reassessments are thoroughly documented, ensuring a comprehensive review of each individual's status, safety, and needs. Each reassessment evaluates the individual's current placement and programming decisions, considering any changes to their physical or mental health, safety concerns, and preferences. The review also incorporates input from relevant staff, including security, healthcare, and mental health professionals, as outlined in DOC policy. The GIC, as required by DOC Policy 202.045, is responsible for reviewing and approving any recommendations resulting from these semiannual assessments. This includes evaluating placement decisions to ensure they provide the safest and most supportive environment for transgender and intersex individuals. Committee members receive annual training on issues related to gender identity, safety concerns, and best practices for accommodating transgender and intersex individuals in a correctional environment. This training ensures that all reassessment decisions are made with the highest level of sensitivity and expertise. The facility's mental health staff are consulted as part of the reassessment process. Their input is vital in determining whether any adjustments to placement or programming are needed to ensure the individual's emotional and psychological well-being. This follows the guidelines set forth in DOC Policy 202.045 for multidisciplinary team involvement. All reassessment documentation is stored securely in accordance with DOC Policy 202.045, ensuring confidentiality and accessibility for future reviews. Documentation includes the decisions made during each reassessment, the rationale for changes (in any), and the involvement of staff members. If significant changes are made following a reassessment, additional follow-up meetings are scheduled to monitor the individual's adaptation to their new placement or programming. This process ensures that decisions continue to meet the individual's evolving needs and comply with the safety and health requirements established by DOC Policy 202.045. Additionally, the facility must establish a practice of reassessing placement and programming decisions of transgender and intersex individuals at least twice per year. The facility has satisfied the corrective action plan.

	<p>115.42(e): 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 is taken seriously. Necessary actions are taken to maintain safety for all individuals. The interview with the Statewide Medical Director confirmed that the Transgender Committee takes the transgender/intersex individual's own perception of vulnerability into serious consideration. Interviews with random staff and supervisors indicated to the auditor that an incarcerated individual's own perception of vulnerability is given serious consideration, and staff will notify the appropriate staff when necessary and take necessary action to keep individuals safe.</p> <p>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 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. MCF-Moose Lake has individual shower stalls that are equipped with privacy shower curtains. Upon request through the Transgender Committee, a transgender/intersex individual may be allowed to shower during a designated time when all other individuals are in their respective rooms.</p> <p>After the corrective action period, a systematic review and evaluation of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; 301.085; Case Files; 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</p>

	<p>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 a goal of transitioning them back to less restrictive housing as soon as it is safe to do so. Individuals must remain on 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, recreation, 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 PCM/AWO and Warden advised during their interviews that there were no individuals held in involuntary segregated housing in the past 12 months for any duration of time. Individuals may be separated by housing units and separate wings within the unit. Interviews with line staff and supervisory staff over the segregation unit also confirmed there were no individuals held involuntarily in protective custody during the audit period.</p> <p>A systematic review and analysis of the evidence concluded the agency and facility have demonstrated compliance with this standard.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Policy 203.115; Policy 302.020; Policy 300.300; Policy 103.410; Policy 103.420; Offender Handbook; Case Files; DOC Sexual Abuse Helpline Poster- English/Spanish/Hmong/Chinese; PREA Elimination ACT Intake Form; Sexual Abuse Prevention and Intervention Handbook - English/Spanish; Zero Tolerance Poster - English/Spanish/Hmong/Chinese; Sexual Abuse Awareness Brochure, English/Spanish/Hmong/Chinese; Information Obtained from Interviews; Observations During Site Visit. Minnesota Office of the Ombuds for Corrections (OBFC) signage; Verification of Posting; Interviews.</p> <p>115.51(a)(c): Policy 202.057 states that the agency maintains multiple ways for offenders and staff to report allegations of sexual abuse/harassment/staff sexual misconduct perpetrated by other offenders, staff, contractors, or volunteers. Methods of reporting include offender responses to the PREA checklist upon their arrival to the facility; direct reporting to any staff/contractor/volunteer verbally or in writing; anonymous or third-party in writing; or through the MN DOC sexual abuse helpline free of charge by dialing 651-603-6798 and following the prompts. This line is monitored by the PREA Coordinator, who retrieves the calls and forwards calls to the</p>

appropriate investigator upon receipt. The auditor confirmed during interviews with the incarcerated individuals that they were aware of the multiple methods by which a report of sexual abuse or sexual harassment could be made and understood clearly that the facility has zero tolerance for any sexual activity, abuse, harassment, or retaliation. Most incarcerated individuals interviewed stated that they would feel comfortable reporting sexual abuse directly to a staff member. A systems test was conducted from a randomly selected telephone on one of the housing units, and calls were successfully placed to Victim Services, RAINN, and the DOC Hotline.

The Sexual Abuse Prevention and Intervention Guide is provided to every incarcerated individual upon arrival to the facility; this publication explains individuals are to report abuse to any staff member or supervisor. All correctional staff members have been informed of their responsibility to report such activity. It states that the individual can send a letter to any of the names listed on the back of the brochure (Office of Special Investigations, Commissioner, Deputy Commissioner, and Field Services Director listed). It further explains that individuals can use the Sexual Assault Helpline, which is toll-free, by selecting the collect call option. The facility's Offender Handbook provides the following message: "Engaging in sexual misconduct or sexual assault is against state law and Department policy. Misconduct also includes threats of sexual violence. If you believe you have been victimized by another incarcerated person, contractor, volunteer or staff, report it immediately to a staff member or phone the DOC Sexual Assault Hotline 651-603-6798. Posters regarding Prison Sexual Violence including the Hotline Number have been posted in many areas throughout the facility. To be compliant with the PREA, you are not allowed to visit inside a room in which you are not designated as a primary occupant. You are only allowed inside the doorframe/threshold if you are assigned to that specific room. Items will not be permitted in windows, doors or any location that obstructs an officer's vision to view a room in its entirety. Anyone found in violation of this directive will be subject to progressive discipline as defined by the Discipline Rules."

The agency publishes and distributes a PREA brochure titled "End the Silence". This brochure notifies of the following reporting methods: "Telephone: Rape, Abuse, and Incest National Network (RAINN) *77; Report to any staff, volunteer, contractor, or medical or mental health staff; Submit a grievance or sick call slip; Report to the PREA Coordinator or the facility PREA Compliance Manager; Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling the DOC Sexual Abuse Helpline at 651-603-6798; You also can submit a report on someone's behalf, or someone at the facility can report for you."

The agency publishes and distributes an oversized Zero Tolerance for Sexual Abuse and Sexual Harassment poster with the following message: "MN DOC offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously; Call Rape, Abuse, and Incest National Network (RAINN) Dial *77. FREE Call; Report to any staff, volunteer, contractor, or medical or mental health staff; Submit a grievance or a sick call slip; Report to the PREA coordinator or PREA compliance manager; Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 651-603-6798; You also can submit a report on someone's behalf; Use the DOC public website- anonymously;

Contact the Ombudsman's Office." Additionally, the MN DOC Victim Services information is included on these posters which advise there is staff available for support services. "Victim Services can provide survivors of sexual abuse with emotional support services. To access these services, call 651-361-7666 or send a letter to: Victim Services at 1450 Energy Park Drive, St. Paul, MN 55108."

The agency publishes and distributes an 8.5x11 color print poster for the PREA hotline that goes directly to the PREA Coordinator's office titled *Do Not Live in Darkness and Fear*.

During the site inspection, the auditor observed the above referenced signage posted throughout the facility including audit notices and access to outside victim emotional support services. The information provided on this signage was found to be readable and accessible, and placed throughout the facility to convey vital sexual safety information specific to the facility. All PREA signage is approved at the agency level, so it is consistent throughout all facilities within the MN DOC. The message is clear and easy to understand. Signage is provided in English and translated for Spanish, Hmong, Chinese which are the most commonly spoken in the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. In some areas, signage has been painted on the walls where it is not easily removed. The information on the signage was found to be accurate and aligned with the information used by the auditor to conduct the internal systems testing. Signage was posted in all common areas, to include staff break rooms, officer's stations, each housing entrance, at the facility entrance points, intake, medical department, kitchen, work areas, and industries building. The reporting hotline signage and victim services signage was observed posted in the telephone rooms and near the phones. Interviews incarcerated individuals and information conversations with staff confirmed that signage is consistently displayed with the sexual safety and zero-tolerance message.

Reports may be submitted in writing and dropped in the outgoing mail, medical sick call box, or in the grievance box. Writing materials are available to all incarcerated individuals through the commissary and free to indigent individuals. The auditor observed the receptacles to receive written correspondence which were all secured with a padlock. Only designated staff have keys to retrieve the written correspondence from the boxes and they are retrieved daily. Interviews with incarcerated persons confirmed they were aware that they are allowed to report verbally and that they can report not only to an officer in their housing unit, but to other staff in the facility to include a counselor, their work supervisor, a supervisor, or medical and mental health staff. Interviews with staff determined they are aware of the process for receiving and documenting verbal reports by explaining these reports are to be put into a Confidential Report via email as soon as possible but no later than end of shift. This was further verified by the auditor's review of case files. Incarcerated individuals may place outgoing mail in designated drop boxes. These drop boxes are located in multiple areas accessible to all individuals confined in the facility.

	<p>115.51(b): Policy 202.057 establishes that individuals may report sexual abuse/harassment/staff sexual misconduct to an outside agency or through a third party. Special mail is governed through policy 302.020 which establishes that correspondence to or from those state federal officials, using the business address of the state or federal official, designated by the department mail committee. The destination or return address must clearly indicate it is to or from one of these sources in order to be treated as special mail. Special mail does not need to be logged as legal mail and is opened only in the individual's presence. This policy further directs that outgoing special/legal mail must be submitted unsealed. The Special Mail List identifies those state and federal officials that may be corresponded with through the Special Mail procedures. Policy 203.115 establishes that individuals may arrange calls with consular officers, honorary consuls, and diplomatic officers in the same manner as attorney phone calls, and instructions for consular notifications are provided in the Offender Handbook. The Office of the Ombudsman for Corrections is a separate and independent agency and has the authority to take and investigate complaints from IPs. The facility provided a flyer for the Minnesota Office of the Ombudsman for Corrections (OBFC), which 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. The filer of a complaint may remain anonymous, and the entity will forward to authorities any report of sexual abuse/harassment reported by an individual. Additionally, individuals can report to the National Sexual Assault Hotline, Available 24 hours at 1-800-656-4673 (RAINN); notices are posted in the living unit with the contact information for both of these external entities. The agency also provides Consular notification and International Prisoner Transfer information if a noncitizen is sentenced to MN DOC custody.</p> <p>115.51(d): 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," which all staff have access; the external method is a link on the agency's public website "Submit a Complaint about a MN Correctional Facility," which is directed to the Office of the Ombudsman for Corrections. This office is a separate and independent agency and has the authority to take and investigate complaints from or about any MN DOC staff or facility. The agency also publishes and distributes a brochure titled Sexual Misconduct with Offenders and provides the Employee Assistance Program number to speak with a consultant at 651-259-3840 or 800-657-3719, or by visiting www.mylifematters.com.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057; Policy 303.100; Information Obtained During Interviews.</p> <p>115.52(a): Based on the auditor's review of policies 202.057 and 303.100 and interviews with the PREA Coordinator and AWO/PCM, the agency does not have administrative procedures to address sexual abuse grievances. Therefore, the remaining provisions (b-g) are not applicable. The facility meets this standard through non-applicability.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 107.007; Policy 202.057; Policy 202.050A; Policy 203.115; Zero Tolerance Posters (English/Spanish/Hmong/Chinese); Policy 302.0 20; Sexual Abuse Prevention and Intervention Handbook - English/Spanish; PREA Brochure; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.53 (a)(c): Based on the auditor's interview with the PREA Coordinator, the MN DOC Victim Services & Restorative Justice (VSRJ) unit coordinates victim survivor advocacy services for incarcerated individuals. A Victim Services Specialist may be reached at 651-361-7666 (free call) or by mail at Victim Services, 1450 Energy Park Drive, St. Paul, MN 55108. The unit has secured either MOUs or contracts with 20 advocacy centers across the state who are able to provide services to incarcerated individuals. Based on the auditor's interview with the Victim Services Specialist, 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. The Victim Services and Restorative Justice (VSRJ) unit holds MOUs and/or contracts with the programs listed below for the purpose of providing victim survivor advocacy services to those who are incarcerated or on supervised release with the DOC. Each request for services is reviewed by Victim Services Specialist whose primary role is to provide support and information to sexual violence victim survivors as well as the Victim Services Coordinator. An advocacy program is offered to the incarcerated victim survivor based on cultural needs, release date, facility location, county of historical ties, program capacity, and any other needs expressed by the victim survivor. Once a victim survivor selects a program and has signed a release of information a confidential call is set up with the advocate. Correspondence with the Victim Advocate is confidential to the extent of complying with the State's Mandatory Reporting Laws for Juveniles. The agency does not detain residents specifically for civil immigration purposes. Interview with the AWO/PCM and facility investigator confirmed that the facility provides individuals at</p>

	<p>MCF-Moose Lake with access to outside victim advocates for emotional support services related to sexual abuse and that requests to be connected with these services are handled as confidentially as possible. The auditor interviewed the Victim Services Specialist and learned that in addition to ensuring individual assistance is provided to incarcerated victims and that they are connected with the services they require, she is qualified to provide interim advocacy until the individual can be connected with the appropriate community advocate. Posted throughout the facility is the Victim Advocate Services information poster that includes the address and phone number for Victim's Services and the address and phone number of National Sexual Violence Resource Center; and the speed dial number *77 for the Rape, Abuse, and Incest National Network (RAINN) which is an option to the individuals. The auditor observed notifications posted by the individual telephones advising that all calls may be monitored or recorded. The Victim Services Specialist also explained that calls between the advocate and incarcerated individual as scheduled and placed on a telephone outside the dormitory, generally in the same area that a legal call would be made, to protect the sensitive nature of the call and to allow the call to be private and unmonitored. The VSRJ unit provided a report for the period of February 1, 2023 - February 2, 2024, indicating (7) incarcerated individuals assigned to MCF-Moose Lake have been or are currently receiving advocacy services (4/assault; 1/harassment; 1/prior victimization; 1/undisclosed). The primary advocate services for MCF-Moose Lake are provided through Family Pathways and the auditor spoke with the designated PREA counselor who confirmed that services are available for incarcerated victims of sexual abuse and that an advocate will be dispatched to accompany the victim during a forensic medical exam, provide support, referrals, and be present during investigative proceedings upon request. The agency does not detain residents specifically for civil immigration purposes. The facility does provide individuals at MCF-Moose Lake with access to outside victim advocates for emotional support services related to sexual abuse, in addition to providing a dedicated person to ensure individual assistance is provided to incarcerated victims and that they are connected with the services they require.</p> <p>115.53(b): The Victim Advocate Services poster advises individuals that MN DOC does not guarantee the confidentiality of communication to the outside party when placed from the housing unit phones; any communication from the facility is subject to normal communication monitoring unless otherwise noted. The Data Privacy/Monitoring notice advises the resident that all offender communications (including mail, telephone, and person-to-person) are subject to monitoring.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with this standard; additionally, the agency exceeds by having a dedicated agency victim services unit to ensure individual assistance is provided to incarcerated victims of sexual abuse.</p>
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115.54	Third-party reporting
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Public Website Review; Information Obtained from Interviews; Observations Made During Site Visit.</p> <p>115.54(a): Policy 202.057 establishes that staff may receive an anonymous kite, hear a rumor, or other third-party information (including from an offender's family or friend) that an offender has been the victim of sexual abuse/harassment/staff sexual misconduct at which time they must immediately report all information in a confidential incident report to the watch commander/duty officer. Based on the auditor's interview with the PREA Coordinator and AWO/PCM, family, friends, or any other person can report sexual abuse/harassment to any MN DOC staff at any time. 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 which also contains a link to email the PREA Coordinator directly. Posters containing this information are posted throughout the facility in areas where incarcerated individuals and visitors have access and are published in English, Hmong, Chinese-Mandarin, and Spanish. This number is also available for staff to privately report sexual abuse and is posted on staff bulletin boards. Interviews with incarcerated individuals confirmed they are aware they can have a family member or friend report sexual abuse, sexual harassment, or retaliation on their behalf through third-party reporting.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency demonstrated compliance with all provisions of this standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Review: Policy 202.057; Case Files; PREA Report Routing Matrix; Confidential Incident Reports; SART Response Checklists; Mental Health Informed Consent form; Information Obtained from Interviews.</p> <p>115.61(a)(b)(c): Policy 202.057 requires that all staff, contractors, and volunteers must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment or staff sexual misconduct that occurred in a facility or community services area; this includes medical and mental health practitioners unless otherwise precluded by law. The policy further directs that staff must, to the extent possible, limit the release of information to protect the victim and reporters of sexual abuse from retribution as per Minn Stat. section 13.82, sub d. 17. Training curriculum ensures that employees are trained on the required reporting</p>

	<p>procedures and are instructed to maintain the confidentiality of any information known regarding sexual abuse/harassment allegations outside of their responsibility to report the incident and aid the investigation or treatment or for security and management decisions as deemed necessary. Random staff interviews confirmed that they are aware of this duty to protect the confidentiality of sensitive information. The auditor reviewed the Confidential Incident Report Routing Guideline Matrix and found that the first level routing includes notification to the OSI investigator for Sexual Abuse/Assault and Sexual Harassment incidents perpetrated by staff or another incarcerated person. Review of case files, SART Response Checklists, and Confidential Incident Reports confirms that staff immediately report any allegation received, regardless of the origin of the report. An interview with the facility investigator confirmed that the facility Watch Commander contacts her for notification purposes and further guidance when warranted any time that a PREA allegation is made. Medical and mental health staff interviewed by the auditor confirmed that the mandatory reporting of incidents of sexual abuse and sexual harassment that occur during incarceration is a requirement and is not affected by any Federal, State, or local law to be withheld for confidentiality purposes. Medical and mental health staff are mandated reporters. During the interview process with individuals, medical and mental health staff inform all incarcerated individuals of the limitations of confidentiality before delivery of services. The facility provided the auditor with a copy of the Mental Health Informed Consent form for review.</p> <p>115.61(d): There are no individuals under the age of 18 housed at MCF-Moose Lake. Based on the auditor's interview with the PREA Coordinator and the auditor's research, abuse of vulnerable adults in a correctional facility must be reported to local law enforcement for a criminal investigation. The PCM/AWO and facility investigator indicated there were no allegations received involving a vulnerable adult.</p> <p>115.61(e): Based on a review of the investigation spreadsheet and the review of case files, criminal and/or administrative investigation were completed for all incidents that occurred during the audit period.</p> <p>A systematic review and analysis of the evidence concluded the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Information Obtained During Interviews.</p> <p>115.62(a): Policy 202.057 states that if the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, it must take immediate action to protect the offender. The facility reports (13) incidents where an individual was subject to a substantial risk of imminent sexual abuse in the past 12 months.</p>

	<p>However, a memorandum was provided to the auditor explaining this number and the auditor had further discussion with the Warden during the site visit. This number does not necessarily reflect incidents where a substantial risk of imminent sexual abuse was present, only that (13) individuals received a follow-up by a lieutenant within 72 hours of arrival to assess the individual's safety needs based on information obtained from the risk screening instrument. Further clarification indicated there were no individuals who were subject to a substantial risk of imminent sexual abuse in the past 12 months. The facility provided a Single Cell review list with (13) names; however, interviews confirmed that individuals may be housed in single cells based on a number of reasons, and not necessarily for risk of sexual victimization. If it is determined that an incarcerated individual is subject to sexual abuse, the management team will review the individual's current placement and make appropriate accommodations as needed. Interviews with the PREA Coordinator and agency head further confirmed that individuals who are subject to a substantial risk to imminent sexual abuse are to be protected immediately and separated from the threat which may involve a transfer to another facility. Staff interviews confirmed that staff have been educated on the requirement to protect individuals at substantial risk of imminent sexual abuse. All staff interviewed stated that they would immediately escort the individual to a safe location and contact the shift commander. The auditor's interviews with shift 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. The Warden explained that if a report is made that an individual is subject to a substantial risk of imminent sexual abuse, they will immediately review the individual's placement, check-in with the individual to conduct an assessment, and take into consideration the individual's views of the situation, and have the committee review the individual for single-cell placement.</p> <p>A systematic review and analysis of the evidence concluded the agency and facility have demonstrated compliance with this standard.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 107.007; Policy 202.057; Outgoing Allegation Notification to Another Facility; Information Obtained from Interviews.</p> <p>115.63(a)(b)(c)(d): 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</p>

	<p>soon as possible, but no later than 72 hours after receiving the allegation and must be documented. In addition, the OSI investigator is to receive notification of the allegation. The facility indicated (2) reports were received at the facility of incidents that allegedly occurred at another facility during the audit period. The Auditor reviewed documentation indicating that MCF-Moose Lake did notify the previous facility (via memorandum) of the reported allegation. Additionally, the facility indicates they received (2) reports from other facilities indicating allegations occurring at MCF-Moose Lake and these allegations were forwarded promptly for investigation.</p> <p>A systematic review and analysis of the evidence concluded the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.64 Staff first responder duties	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057; First Responder Sexual Abuse Response Checklist; Incident Reports; 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. The completed First Responder Sexual Abuse Response Checklist is retained in the investigative file. The facility reported on the PAQ that in the past 12 months (3) allegations were reported that an individual was sexually abused but none where staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p>115.64(b): Policy 202.057 requires that any staff who receives a report initiate the first responder protocol as described in section (a). Staff interviews confirmed they are well knowledgeable on the First Responder Duties. Of the allegation that an individual was sexually abused in the past 12 months, there were no incidents where a non-security staff member was the first responder.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Blank Sexual Abuse Response Team Guide; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the Corrective Action Period: Coordinated Response Plan</p> <p>115.65(a): Policy 202.057 outlines the responsibilities of designated staff that should be taken to respond to an allegation of sexual abuse. The facility utilizes a Sexual Abuse Response Team Guide, but this does not constitute the development of a written Coordinated Response Plan for the facility. A review of the prior audit determined that the facility was non-compliant with this standard. As part of their corrective action taken, a written institutional plan was developed. Additionally, the agency provides a template for each facility to follow in developing their written institutional plan. The agency policy is not a substitute for the facility's written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The SART and various other checklists may be a supplement to the overall coordinated response plan but does not constitute the written plan required. As of the Interim report publication the facility had not provided the auditor with a written response plan; therefore, did not meet the requirements of this standard. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to develop a written coordinated response plan specific to the MCF-Moose Lake.</p> <p><u>Corrective Action Taken:</u> The facility developed a coordinated response plan specific to the facility and indicated through member signatures that the plan had been reviewed by all SART members. The facility has satisfied the requirements of the corrective action plan.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with this standard.</p>

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

	<p>Agreement; AFSCME, Council No.5, AFL-CIO Agreement; Commissioner's Plan; Managerial Plan; Middle Management Association Agreement; Minnesota Nurses Association Agreement; State Residential Schools Education Association Agreement; Information Obtained During Interviews.</p> <p>115.66(a): Based on interviews with the Commissioner and Warden, review of case files, and 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.</p> <p>Based on the review of the evidence, the agency and facility have demonstrated compliance with this standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Policy 202.120; Confidential Incident Reports; Investigation Spreadsheet; Information Obtained from Interviews.</p> <p>Evidence Reviewed During the Corrective Action Period: Emails from the APCM; Completed Retaliation Monitoring Forms.</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 (PREA IMS) according to agency policy. Based on an interview with the AWO/PCM, conflict flags can be added into COMS to keep individuals separated when necessary. After the incident is entered into the PCNS, the system notifies the SART for retaliation monitoring. Other methods to ensure individuals are protected and supported include bed or housing changes and mental health counseling; Interview with the Warden confirms that retaliation against individuals or anyone who makes a report or participates in an investigation is prohibited and that the party would be disciplined or removed if found substantiated. Interviews with the designated retaliation monitor(s) confirmed that monitoring begins once the allegation is reported and will continue as long as needed, but no less than 90 days or at the point the allegation is unfounded, or the resident is released from custody. The monitoring was described as a check-in to see if the individual has any problems and observation to see if there are changes in the individual. The check-in might also include talking to the individual's work or education supervisor and the officer assigned to the housing unit. The facility provided an investigation spreadsheet of (30) allegations. Of</p>

	<p>these, the spreadsheet indicates (29) cases were monitored for retaliation, to include dates of monitoring and including unfounded cases. Only (1) was not monitored and the facility indicated the IP was released from custody. The facility received (1) allegation of retaliation during the audit period, but the allegation was unfounded at the conclusion of the investigation. The auditor reviewed (16) sexual abuse/harassment case files and found (3) had completed retaliation monitoring forms. While the spreadsheet indicates all required monitoring was conducted, the facility was inconsistent in documenting these efforts on the retaliation monitoring forms due to the turnover in staff over the past year. some monitoring efforts were entered directly into the agency's PREA tracking system, forms were completed on a few, and some were notated in COMS; however, sufficient documentation has not been provided to corroborate the monitoring recorded on the tracking spreadsheet. An interview with the newly appointed PCM-A confirmed that retaliation monitoring will be completed by him and will be documented consistently using the designated forms; the auditor reviewed a recent case that was still open and was currently under monitoring. An interview with the Warden and Agency Head confirmed that retaliation against an incarcerated person or any other person who participates in an investigation is prohibited. Multiple measures may be taken to protect an individual from retaliation such as temporary or permanent reassignments (as necessary), housing changes, job changes, facility transfer. Emotional support services are available for staff through the agency's employee assistance program. As a result, the facility will enter a 180-day corrective action period to remedy this deficiency. To become compliant, the facility must clearly document retaliation monitoring efforts for all sexual abuse and sexual harassment allegations, except those that were deemed unfounded or where the individual was released from custody. While it appears that measures have already been taken to implement a corrective action plan, the auditor will monitor investigations and retaliation monitoring for a period during the corrective action period to assess if the corrective action is well established</p> <p><u>Corrective Action Taken:</u> The facility provided (4) examples of tracking to ensure that monitoring is conducted in accordance with agency policy and (5) examples of completed retaliation monitoring indicating that the victim was monitored for a minimum of 90 days unless they were released from custody.</p> <p>Based on review and analysis of the evidence, the facility and agency have demonstrated compliance with the provisions of this standard. .</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: Policy 202.057; Policy 301.085; Case Files; Information Obtained from Interviews.</p> <p>115.68(a): Policy 202.057 states that following notice of activation, the facility SART leader must promptly take any action deemed necessary for the immediate safety needs of the alleged victim. Involuntary (administrative) segregation should only be assigned when another alternative cannot be found and must not exceed 30 days. Any use of segregated housing to protect an individual who is alleged to have suffered sexual abuse will be done so in accordance with policy 301.085 (also reference 115.43). Interviews with the AWO/PCM and Warden confirmed that there were no cases in the past 12 months where an individual was placed in involuntary segregated housing after reporting sexual abuse. Individuals may be separated by housing units and separate wings within the unit. This was further confirmed by the auditor's review of case files.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with this standard.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 202.057, 107.005, 107.007, 103.219; 103.225, 103.225A, 103.225D, 103.225I, 103.225J; 107.005; 301.035; Case Files; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Investigative Case Files; MOU Carlton County Sheriff's Office; Memorandum PREA Coordinator RE: MOU; Follow-up Interview.</p> <p>115.71(a): 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/harassment/staff sexual misconduct vigorously through the OSI, the facility discipline unit, facility supervisory staff, and outside law enforcement, as directed by the incident. Policy 107.005 directs OSI to conduct criminal investigations involving incarcerated individuals, including violations of the PREA. This policy also states that OSI must investigate allegations of employee, volunteer, and contractor misconduct that may involve criminal behavior or have significant security concerns. Policy 107.007 requires that investigators gather and preserve evidence, including any available physical and DNA evidence. An interview with the Investigators confirmed that an investigator will respond to the scene immediately or as dictated by the incident, detain witnesses, and secure known suspect(s). Notifications will be made to the deputy director or their designee. The investigator will secure and process the scene for evidence or advise other trained staff in the process. A case number will be secured from the case management system (ACISS) as soon as</p>

possible. All documentation will be electronically recorded and uploaded to the system. During the past 12 months the facility has experienced staff turnover, which has resulted in some inconsistencies in the way investigations are conducted and documented. The auditor's review of 16 cases found that some cases lacked documentation to indicate that all the elements of a thorough investigation were followed. Since the appointment of the PCM-A the investigations completed have been prompt, thorough, complete and very well documented. All supplemental documentation considered during the investigation was included in the investigative file. The auditor will monitor investigations for a period of time during the corrective action period to ensure that the newly established investigative procedures are institutionalized. As a result, the facility entered a 180-corrective action period to remedy these deficiencies. The facility's PCM-A has already implemented a corrective action plan for administrative investigations; however, the auditor will monitor closed cases for a period of time during the corrective action period to ensure these processes are institutionalized.

Corrective Action Taken (a): The auditor selected (7) additional case files for review which were found to be conducted promptly, thoroughly, completely, and well-documented. Additionally, it was further clarified that the Carlton County Sheriff's Department is the responding law enforcement agency to assist with investigating criminal sexual abuse allegations. The facility provided a copy of the MOU provided to the Carlton County Sheriff's Department outlining the responsibilities and roles of both agencies. A memorandum provided by the PREA Coordinator confirmed that the MNDOC and Carlton County Sheriff's Department have a working relationship and an understanding of cooperation; however, there is no formal signed memorandum of understanding in place yet. The facility has satisfied the corrective action plan.

In the past 12 months, the facility indicated there were (29) allegations of sexual abuse or sexual harassment. The PAQ indicated all (29) were administratively investigated, and none were forwarded for criminal investigation. During the site visit an additional investigation was added to the spreadsheet for a total of (30) investigations in the last 12 months. The auditor reviewed a sample of (16) case files and determined that (14) were administratively investigated, (3) were evaluated for criminal intent, and (2) were determined to not meet the criteria for a PREA allegation after investigative review. During interviews with the AWO/PCM, the auditor discovered that allegations are reported directly to the facility OSI or the AWO/PCM through a Confidential Incident Report by the shift commander. Once received, it is assigned for investigation, decisions are made where the case goes from there and entered into the PCNA. Policy 107.007 outlines the procedure for conducting criminal investigations. An interview with the facility's assigned OSI Investigator corroborated this procedure.

115.71(b): Policy 107.005 dictates OSI investigators with specialized training in sexual abuse investigations in confinement settings must conduct sexual assault investigations. The auditor's review of the investigation spreadsheet, as well as case file reviews determined a combination of (12) investigators of record. The facility has provided documented specialized training for the facility's assigned OSI Investigator; however, (5) of the (6) abuse cases listed an investigator other than the facility's OSI

Investigator and training records have not been provided for these staff. Additionally, the agency provided specialized training for Sexual Harassment Investigators and no training documentation has been provided to indicate any of the assigned investigators received this training. As a result, the facility was out of compliance with provision (b) and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to establish a procedure to ensure only specially trained investigators are assigned to investigate allegations of sexual abuse and provide evidence that all identified investigators receive the required specialized training.

Corrective Action Taken (b): Specialized training records were provided for the designated investigators pursuant to 115.34. The facility provided (7) case files for review that occurred during the corrective action period. Each case was investigated by an investigator who has received the required specialized training. The facility has satisfied the corrective action plan.

115.71(d)(h): Policy 107.007 directs criminal investigations and requires conducting interviews adhering to the suspect's legal rights (Miranda, Scales, Garrity rulings). OSI investigators are trained in criminal proceedings and administer compelled interviews only when deemed no obstacle to potential prosecution. Based on the interview with the OSI investigator, the Carlton County Sheriff's Department detective is consulted before conducting compelled interviews. An investigation would not be terminated based solely on the source of the allegation recanting, especially if there were other corroborating facts to support the continuation of the investigation. Completed criminal investigations are forwarded to the appropriate authority for referral to the appropriate county attorney offices for a criminal prosecution, based on the auditor's interview with the OSI investigator. MCF-Moose Lake has had one substantiated case of sexual abuse within the audit period, however, did not meet the criteria for referral for prosecution.

115.71(c)(e): The auditor reviewed Interview with the OSI investigator indicated that each allegation is reviewed on its own merit and that credibility is based on facts and not the basis of the individual being incarcerated or a staff member. Credibility assessments are made on an individual basis. The OSI investigator further confirmed that under no circumstance would the alleged victim be required to submit to a polygraph examination for proceeding with an investigation. The case files reviewed confirmed practice as explained by the OSI investigator.

115.71(f): Interview with the OSI investigator confirms that all efforts are made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse such as review of policies, written reports, and video footage. Interviews with the Warden and AWO/PCM found that staff actions or failures are also considered during the incident review process.

115.71(g): The OSI investigator and PREA Coordinator explained the elements included in a criminal investigations packet. This includes all information pertinent to the investigation, including a thorough description of any evidence processed, information obtained through interviews, and documents reviewed throughout the

	<p>course of the investigation. The report includes a step-by-step layout of the investigation.</p> <p>115.71(i): Policy 107.100 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. The agency uses an electronic tracking and filing system for OSI investigations. The case and any dispositional paperwork received from the county attorney's office are scanned into this system. The system will keep the information permanently, thus exceeding the requirement that reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. These investigations are retained accordingly based on the interview with the PREA Coordinator.</p> <p>115.71(j): Interview with the OSI investigator confirms that a thorough investigation will be completed regardless of whether the staff member is still employed, or the individual is incarcerated or released.</p> <p>115.71(l): Policy 107.007 directs that the OSI investigator is the designee to communicate and coordinate with the external investigating agency during a criminal investigation. The OSI investigator's interview confirmed that OSI has a good working relationship with the local law enforcement and that information is shared as it becomes available.</p> <p>Based on a systematic review and analysis of the evidence, including evidence collected during the corrective action period, the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 103.219; Policy 103.225; Policy 107.007; Policy 202.057; Information Obtained from Interviews; Case Files.</p> <p>115.72 (a): Policy 103.225 states that in cases arising under policy 202.057, no standard higher than a preponderance of the evidence is used to determine whether the allegations have been substantiated. The case file review confirmed that no standard higher than the preponderance of the evidence was used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the facility's OSI Investigator and (2) facility administrative investigators confirmed their understanding of what constitutes preponderance of evidence and that it would be the standard used to substantiate cases.</p> <p>After analysis and evaluation of the stated evidence the facility and agency have</p>

	demonstrated compliance with this standard.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 107.007; Policy 202.057; Case Files; Outcome Notifications; Information Obtained from Interviews.</p> <p>115.73(a)(c): Policy 202.057 directs that OSI, or the AWO must notify the alleged victim of the outcome of the investigation (substantiated, unsubstantiated, or unfounded) once it has been determined; the resident will be provided relevant information if another agency conducted the investigation. In addition, the AWO must notify the alleged victim regarding actions taken as the result of an allegation against staff as follows: 1) When the staff is no longer in the unit, and 2) When the staff is no longer employed at the facility. The auditor's interview with the OSI investigator is aware of the notifications required to be provided to the resident. The PAQ indicated (3) sexual abuse allegations with accompanied disposition outcome memos. There were (6) sexual abuse allegations. Based on review of the spreadsheet provided, (5) were closed and notification was made for (4). One case was still under investigation at the time of the site visit. The auditor reviewed (7) notifications provided and found that only one of the notifications aligned with a closed abuse case, while the other (6) were notifications made regarding disposition of harassment cases. If the facility provides notification to individuals in harassment cases, this will exceed the requirements of this standard; however, the facility must first provide documentation that victims/reporters of sexual abuse were notified of the outcome of the investigation. The facility was found out of compliance with provisions (a)(c) of this standard. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to provide outcome notifications to the alleged victims and/or reporters on all abuse investigations.</p> <p><u>Corrective Action Taken (a)(c):</u> The facility provided the required notification of disposition to individuals for (8) abuse allegation cases closed since the site visit. Based on review of these documents and interview with the PCM-A, the facility has institutionalized these procedures and satisfied the corrective action plan.</p> <p>115.73(b): No allegations have been investigated by outside agencies within the past 12 months.</p> <p>115.73(d)(e): Policy 202.057 directs that OSI will inform the alleged victim regarding actions taken as a result of an allegation against another offender or staff as follows: 1) If/when the staff/offender is indicted on a related charge stemming from an incident within the facility; 2) If/when the staff/offender is convicted on a related charge stemming from an incident within the facility; 3) If/when the offender has</p>

	<p>received disciplinary sanctions. The agency's obligation to report to the individual terminates if/when the allegation is unfounded or if the resident is released from custody. The facility indicates no allegations meeting the criteria for 1-3 of this standard's requirement. An interview with the OSI Investigator confirmed that she will make the notification in cases that are investigated by OSI; and an interview with the PCM-A confirmed that he will make the outcome notifications in cases that are investigated administratively at the facility level.</p> <p>Based on review and analysis of the evidence reviewed, including evidence collected during the corrective action period, the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057; Policy 103.219; Policy 103.225; Policy 103.01041; Employee Discipline; Information Obtained from Interviews.</p> <p>115.76(a)(b)(c): 202.057 and 103.225 establish staff are subject to disciplinary action and/or criminal sanctions, including dismissal or termination, if determined to have engaged in sexual abuse/harassment/staff sexual misconduct of an incarcerated individual. A violation of this policy may result in termination. Agency policy further establishes that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. No standard higher than a preponderance of the evidence is used to determine whether allegations of sexual abuse or sexual harassment are substantiated. Based on information provided with the PAQ, there were (2) substantiated cases of staff-to-IP sexual harassment and disciplinary action was taken on both employees. The facility provided documentation for one case but has not provided the other for review.</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 two substantiated cases were sexual harassment cases that did not meet the criteria for a criminal investigation. Neither case resulted in termination or reports to law enforcement. The auditor's interview with the Agency Head, Warden, OSI Investigator, and PREA Coordinator confirms that criminal acts are reported to the appropriate outside agency as warranted.</p> <p>Based on analysis and evaluation of the evidence, the facility and agency have demonstrated compliance with this standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 300.040; Policy 300.045; Volunteer Suspension Guidelines; Staff Discipline Documentation; Information Obtained from Interviews.</p> <p>115.77(a)(b): Policies 300.040 and 300.045 establish that any volunteer or contractor who engages in sexual abuse must be prohibited from contact with incarcerated individuals and will be reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. MCF-Moose Lake has had no allegations involving a volunteer or contractor. Interview with the Warden confirms her authority to immediately terminate a contractor or volunteer from access into the facility for suspicion of any misconduct. There were no contractors or volunteers involved in a PREA allegations within the audit period.</p> <p>Based on analysis and evaluation of the evidence, the facility and agency have demonstrated compliance with this standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 303.010; Policy 301.085; Policy 202.057; Offender Discipline Handbook 2021; Completed Disciplinary Reports; Information Obtained from Interviews; Case Files.</p> <p>115.78(a): Policy 202.057 establishes that incarcerated individuals are subject to disciplinary action and/or criminal sanctions if determined to have engaged in sexual abuse/harassment of an offender. The facility reported (1) substantiated case (harassment) where the perpetrator received discipline, and the report was provided for the auditor's review. Additionally, (2) incarcerated individuals were disciplined for consensual sex as it is a facility rule violation. The incident was investigated as a PREA incident to ensure neither individual was coerced or forced into the activity.</p> <p>115.78(b)(c)(d): Policy 202.057 establishes that disciplinary sanctions will be commensurate with the nature and circumstances of the act committed, the individual's disciplinary history, and a review of the sanctions imposed for comparable offenses by other individuals with similar histories. 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 the Disciplinary Hearing Officer confirmed that an assessment</p>

	<p>would be conducted if the individual was on a mental health case load or displayed behaviors that may be connected with mental illness. 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. Mental health staff further reported that therapy, counseling, or other interventions to address and correct the underlying reasons or motivations for abuse would be initiated/offered based on the results of the individual's mental health evaluation and assessed needs. An interview with the Warden further determined that disciplinary sanctions are based on the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Mental disability or mental illness is considered when determining sanctions on a case-by-case basis.</p> <p>115.78(e): Online PREA training Module 2 states, "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. Individuals are only charged with this if it is found during the investigation that the employee did not consent, as explained during the interview with the Warden, facility OSI Investigator, and PCM/AWO. An interview with the Warden also 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.</p> <p>115.78(f)(g): Policy 202.057 establishes that individuals who falsely allege sexual abuse/harassment and staff sexual misconduct will be held accountable through all means available to the department. A review of the Offender Discipline Rules handbook prohibits sexual behavior between incarcerated individuals as well as lying and misrepresentation. Interviews with SART members confirmed that individuals are held accountable for participating in consensual sexual activity, as well as reporting false accusations if found to be intentional. The facility provided (1) disciplinary report that was issued since the last audit for an incarcerated individual who reported sexual abuse through the hotline and the OSI investigation found the allegation to be unfounded and that the allegation was made with malicious intent.</p> <p>Based on analysis and evaluation of the evidence, the facility and agency demonstrated compliance with this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy 106.210; Policy 202.40; Policy 202.057; Policy 500.302;

Policy 500.303; MN Victim Services and Restorative Justice Service Report; PREA Screening Form; Blank Mental Health Assessment Form; Informed Consent Flow Chart; Information Obtained During Interviews.

Evidence Reviewed During Corrective Action Period: List of Individuals Prior Sexual Victimization; Screening Documents; Reports of Referral; Confidential Reports/ Behavioral Health; Institutional File Notes/Behavioral Health; Follow-up Interviews.

115.81(a)(b): Policy 202.057 establishes that if through the screening process of subsequent disclosure, staff learns information that indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, staff must ensure that the individual is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. All incoming individuals are screened by medical staff on the first day of arrival. A Referral for Mental Health Service form should be completed by the person learning of the prior abuse. Medical and mental health staff maintain secondary documentation in the individual's chart notes. Any individual that reports prior victimization will be offered mental health services, and the individual may accept or decline. Policy 500.303 states that within 14 days of admission to the department, all incarcerated individuals receive a thorough mental health appraisal by a qualified mental health provider, which includes an assessment of violence potential and specific circumstances that increase violence potential. Interviews with medical staff indicate that all new intakes are seen by mental health for an appraisal within 14 days of arrival, but if the resident reports prior sexually abusive behavior, a referral may be made sooner if warranted. The facility has not provided any medical/mental health secondary documentation supporting compliance with this requirement. During interviews, medical and mental health staff advised they follow the procedures outlined in Policy 202.057. The auditor interviewed two individuals who reported prior sexual abuse, and they confirmed that they were offered mental health referrals for services after disclosing prior sexual victimization. Since the facility has not provided the requested risk screening instrument and subsequently found non-compliant with 115.41 the auditor is unable to verify if an individual disclosed prior sexual victimization during the risk screening. However, the facility provided a document listing 50 names of individuals who had disclosed prior sexual victimization during their intake screening. The facility has provided no evidence to indicate that these individuals were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Corrective Action Taken (a)(b): The facility provided a list generated from the PREA risk screening system indicating individuals who responded yes to the question of prior victimization during the screening. The auditor randomly selected (6) individuals who reported prior victimization during screening and requested documentation of their referral for services and subsequent meeting with behavioral health provider, if applicable. Review of the documentation provided concluded that each of the (6) individuals were automatically referred for a behavioral health and OSI 72-hour follow-up based on their response entered into the system and were interviewed by a provider as required by this standard and in accordance with agency policy within the appropriate timeframe. The facility has completed the corrective action plan for

	<p>provision (a)(b).</p> <p>115.81(c): This provision is not applicable as MCF-Moose Lake is a prison.</p> <p>115.81(d): Information related to sexual victimization or abusiveness that occurred in an institutional setting is shared with the OSI investigator and facility administration through a Confidential Report, to the extent to inform management decisions, treatment plans, housing, bed, work, education, and program assignments based on interviews with the mental health director. The facility provided examples of Confidential Reports for the auditor's review.</p> <p>115.81(e): Policy 500.303 establishes that the individual is asked to provide informed consent for the assessment at the initial assessment meeting. Based on the Informed Consent Form reviewed by the auditor, incarcerated individuals are informed about their health care information privacy. The medical/mental health professional explains to them that their healthcare information cannot be given out without their consent and information that must be released based on laws/rules/regulations, which informs them of the limitations of confidentiality. Based on interviews with medical and mental health staff, information related to prior sexual victimization that happened outside of a confinement facility requires the individual's written consent to be released. Individuals are notified of this when services are provided.</p> <p>Based on a systematic review and analysis of the evidence, including evidence collected during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057; Policy 500.100; Policy 500.305; Policy 500.309; Case Files; Health Services - Sexual Abuse Response Checklist; MN Victim Services and Restorative Justice Service Report; Information Obtained During Interviews.</p> <p>115.82(a)(b): Policy 202.057 establishes that an individual alleging sexual abuse perpetrated by another offender, staff, contractor, or volunteer is offered access to psychological services, medical services, and a sexual abuse advocate. Staff is required to initiate the first responder duties, which are to be documented on the First Responder-Sexual Abuse Response checklist and include immediate, unimpeded access to emergency medical treatment and crisis intervention services. Protocols are in place to ensure immediate response to health care needs during and after hours at the facility. MCF-Moose Lake has 24-hour medical services. Emergency services that cannot be provided by the facility will be provided by the local hospital's emergency room. The local hospital has SANE nurses on call; however, if one is not readily available, the individual will be transported to St. Mary's in Duluth where they have</p>

	<p>SANE nurses on staff. Once SART activation has occurred, the responding medical staff will complete a Health Services – Sexual Abuse Response Checklist that captures actions and times of the required elements of provision (a). Interviews with the medical team and mental health director confirm that the members of the SART work well together to ensure that healthcare services are unimpeded, and which medical and mental health practitioners determine services according to their professional judgment. The checklist includes the date, time, and initials of the person completing the action item. Steps include activation of the ICS if the victim is seriously injured; ascertaining if the abuse occurred within the last 120 hours and if evidence preservation measures have been observed; ascertaining the type of sexual contact; offering the victim a sexual assault forensic examination (FME) at an area hospital; communicate to the ER/clinic nurse. After the resident's return from the hospital (or if the resident refuses the FME), staff provide education on the risk of sexually transmitted infections and the availability of testing; ensure site practitioner reviews post-examination recommendations for any follow-up testing or treatment. Interviews with the Director of Clinical Operations and other medical personnel confirmed knowledge of the protocols as outlined on the checklist and in policy. MCF-Moose Lake staff is well-trained on their First Responder duties and their responsibilities to take preliminary steps to protect the victim until they are seen by medical and/or mental health. Security staff immediately notify the appropriate medical and mental health practitioners, as the incident warrants.</p> <p>115.82(c): The Health Services - Sexual Abuse Response Checklist confirms that (with consent) the victim undergoes a sexual assault forensic exam, to include checks for injuries, STI's, and biological specimen collection. Interviews with medical staff 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 professionally accepted standards of care, where medically appropriate. Review of case files confirmed there were no incidents requiring these services during the audit period.</p> <p>115.82(d): Policy 500.100 states that co-payments are not assessed for initial testing, treatment, and follow-up for reportable communicable diseases, for emergencies, or for any report of an alleged sexual assault, abuse, or harassment. Based on interviews with medical staff, individuals receive these services at no cost, whether or not they cooperate with the investigation.</p> <p>Based on a review and analysis of the evidence, the agency and facility have demonstrated compliance with this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: Policy 202.057; MN Victim Services and Restorative Justice Service Report; Policy 500.100; Case Notes; Medical Screening Forms; Information Obtained from Interviews.

115.83(a)(b)(c): MCF-Moose Lake 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. Referrals may also be provided when the offender is released from custody. The facility provided the MN Victim Services and Restorative Justice Service Report, which includes internal advocacy services. Based on interviews with medical and mental health staff, interviews with residents, and review of protocols, case files, and referral records, services provided to individuals at MCF-Moose Lake are consistent with the community level of care. According to the report, MN provided advocacy services for (8) incarcerated persons, (4) sexual assault; (1) sexual harassment; (1) prior victimization; (1) undisclosed and (1) non-PREA related. Based on interviews with medical and mental health staff, interviews with residents, and review of protocols, case files, and referral records, services provided to individuals at MCF-Moose Lake are consistent with the community level of care.

115.83(d)(e): MCF-Moose Lake meets this standard through non-applicability.

115.83(f): Policy 202.057 states that health services staff must ensure that the alleged victim is examined for injuries, sexually transmitted infections and biological specimens are collected. Tests for sexually transmitted infections will be conducted at the emergency room at the time of the FME. In cases where the lapse of time does not permit evidence collection or when the victim refuses the FME, the tests will be conducted by MCF-Moose Lake medical department, as indicated by the medical provider.

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 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.

115.83(h): The auditor's interviews with mental health staff and the AWO/PCM confirmed there have been no evaluations of inmate-on-inmate abusers, as none have been known; however, if known, mental health will attempt to conduct a mental health evaluation within 60 days of learning of such abuse history and will offer treatment when deemed appropriate by mental health practitioners. .

A systematic review and analysis of the evidence concluded the agency and facility have demonstrated compliance with all provisions of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Case Files; Allegations Tracking Spreadsheet; Information Obtained from Interviews; Observations During Site Visit.</p> <p>Evidence Reviewed During Corrective Action Period: Case Files; SART Incident Reviews; Follow-up Interview.</p> <p>115.86(a)(b): Policy 202.057 establishes that an incident review is conducted by the Warden, AWO, OSI, Captain, Corrections Program Director, and Health Services Administrator within 30 days of the conclusion an investigation unless the incident was unfounded. Documentation of the incident review is to be retained in the PCNS database. In the PAQ the facility reports that (3) incident reviews were conducted in the last 12 months. However, only (1) documented review was provided for the auditor's review. Furthermore, the Auditor's review of the Allegations Tracking Spreadsheet revealed (5) sexual abuse allegations were reported and investigated, with only (1) being deemed unfounded. An interview with the PCM learned that the facility had experienced staff turnover within the audit period that created a realignment in responsibilities among staff resulting in inconsistencies. During the preparatory work for the audit, the PCM identified that all of the required incident reviews had not been conducted. As a result, the PCM immediately implemented internal corrective action to ensure that incident reviews will be conducted on all sexual abuse investigations, that are deemed substantiated or unsubstantiated, within 30 days after close of the investigation. The auditor was provided an incident review for a more recent investigation as demonstration of the implemented procedure. The facility was found out of compliance with provision (a) and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide sexual abuse incident reviews for the (4) eligible cases that were closed during the audit period.</p> <p><u>Corrective Action Taken (a):</u> The facility provided the SART incident reviews for the (4) eligible cases that were closed during the audit period. The auditor's review of these reviews concluded the facility conducted a thorough review and met all requirements of this standard. The facility has satisfied the corrective action plan.</p> <p>115.86(c)(d): Policy 202.057 establishes that the review includes input from those involved and must 1) consider possible policy changes; 2) consider motives which may include such examples as race, ethnicity, gender identity (lesbian, gay, bisexual, transgender, intersex, or perceived status), gang affiliation, or whether the incident was motivated or otherwise cause by group dynamics; 3) assess the physical area in the facility where the abuse occurred; 4) assess staffing levels; 5) assess the need for additional monitoring technology; 6) be documented in the PREA Incident Management System under the Incident Panel. Incident reviews include the names of the staff who attended the review, which includes SART members, upper-level management, input from line supervisors, investigators, and medical and mental</p>

	<p>health practitioners. The SART incident reviews documented these criteria were met.</p> <p>115.86(e): The PCM/AWO advised recommendations from the incident review team are sent to the Warden for consideration. An interview with the Warden confirmed reviews of all recommendations of the review team and implements where the recommendations are feasible. The recent incident reviews provided did not include any recommendations.</p> <p>Based on a systematic review and analysis of the evidence, including evidence collected during the corrective action period, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 102.050 and 202.057; 2021 Annual Report; 2022 SSV; Change in Confidential Report Processing Memo; Confidential Incident Report Routing Procedure; MDOC Website; Interviews with the PREA Coordinator.</p> <p>115.87(a)(b)(d)(e): Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The DOC also collects data provided by contracted community partners. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored in the DOC central office communications unit. The DOC aggregates incident-based sexual abuse data annually. Incident-based data collected includes the data necessary to answer all of the questions from the DOJ SSV. The agency's PREA Coordinator aggregates the incident-based sexual abuse data annually. Each facility maintains local records of their individual and aggregated data; additionally, each facility's PCM is responsible for entering all incident data into the PREA database, which the PREA Coordinator maintains. Information entered into this system allows the PREA Coordinator to abstract data used to prepare the agency's annual report. An interview with the PREA Coordinator confirmed that the 2022 data has been compiled and reviewed by her office and the 2022 Annual Report has been developed but is in review by the legal office and pending the agency head's review and signature.</p> <p>115.87(c)(f): Policy 102.050 establishes the DOC aggregates incident-based sexual abuse data annually. Incident-based data collected includes the data necessary to answer all questions from the DOJ SSV. The most recent SSV requested by the DOJ was in 2022. The auditor reviewed the completed SSV and SSV-IA; both were submitted as required and by the deadline.</p> <p>Based on analysis and evaluation of the evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 102.050; Annual Report; Review of MN DOC's Website; Interviews with PREA Coordinator and Agency Head</p> <p>115.88(a)(b)(c)(d): Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The agency also collects data provided by contracted community partners. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored in the agency's central office communications unit. The agency aggregates 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 SART at each facility review data and aggregate it to assess and improve the effectiveness of sexual abuse prevention, detection, and response in policies, practices, and training throughout the department. The SART review includes identifying problem areas, detailing corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. Interviews with the AWO/PCM and the PREA Coordinator confirmed that the SART at MCF-FRB meets monthly to review their PREA protocols and practices and any data collected for the month. Information from this meeting is also presented for review, if relevant, to the Security and Camera Committee for consideration. A spreadsheet is maintained by the AWO/PCM for all PREA allegations reported to the facility, and the auditor was provided a copy of the detailed report. Furthermore, the facility enters each allegation into the agency's PREA database, where the PREA Coordinator can extract data to produce the information used in developing the agency's annual report. The annual report includes a comparison of the current year's data and corrective actions reported by the SART with those from prior years and provides an assessment of the DOC's progress in addressing sexual abuse. The auditor reviewed the MN DOC Annual Reports and found they include an assessment addressing sexual abuse. The most recent document published contains 2021 data. The PREA Coordinator explained during her interview that she has developed the 2021 report and submitted it for approval but has not received authorization to publish yet. The Agency Head confirmed during his interview that he reviews the annual report developed by the PREA Coordinator and approves it for publication. Once approved, the annual report is electronically stored in the agency's central office communications unit and made available to the public through the agency's public website. The agency may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Additionally, the agency provides on its public website instructions for "Requesting Government Data" at the link https://mn.gov/doc/data-publications/data-practices/. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.</p>

	A systematic review and analysis of the evidence concluded the agency and facility have demonstrated compliance with all provisions of this standard.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 102.050, 107.007, 106.300; 202.057; 301.035; 106.210; Minnesota Records Retention Schedule; Information Obtained from Interview; Agency's Website Search; Annual Report.</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. Additionally, the agency provides on its public website instructions for "Requesting Government Data" at the link https://mn.gov/doc/data-publications/datapractices/. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.</p> <p>115.89(d): Minnesota Records Retention Schedules were provided for the auditor's review. Additionally, the DOJ SSV; OSI Investigative Files; OSI Evidence Management; OSI PREA Standard Violations (E-files); Human Resources Reports and Documents 1/2/3 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 a review and analysis of the evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: Observations During Site Visit; Date Stamped Photographs of Postings; Interview with PREA Coordinator; Interviews with Incarcerated Individuals; Agency's Projected PREA Audit Schedule.

115.401(a): The MN DOC ensures that each facility operated by the agency or by a private organization was audited on behalf of the agency at least once in the prior three-year audit period. The agency operates 13 facilities (1-juvenile/12-adult). The facility indicates 12 contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies.

115.401(b): MN DOC is in the second 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 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 with ensuring audits are completed and posted to their public website promptly.

115.401(h)(i): The auditor was allowed access to all areas of the facility and had the ability to observe all processes. The facility provided all documentation and information requested to the auditor in either paper or electronic format.

15.401(m): The auditor was allowed unimpeded access to all incarcerated individuals and allowed to conduct private interviews.

115.401(n): During the site visit, the auditor observed the Notice of Audit posted in all housing units and other facility common areas. These notices, posted in both English and Spanish, provided scheduled dates of the audit, the purpose of the audit, name of the auditor, accurate contact information for the auditor, and an explicit and factually accurate statement regarding the confidentiality of any communication and limitations to that confidentiality under mandatory reporting laws, with the auditor and anyone who may respond to the notices. On February 14, 2024, the facility provided photographs via email of the postings indicating completion on February 9, 2024, which was more than six weeks prior to the audit. During interviews, individuals stated they were aware of the audit, and most said they had seen the audit notices posted. Although they were not exactly sure how long the notices were posted, the collective response indicated to the auditor they were posted for the required timeframe. The auditor received (3) correspondences from IPs via USPS mail. Two letters addressed ADA issues and privacy concerns and the other addressed no specific PREA information, just an inquiry into whether the auditor would correspond back with the IP. All (3) letters were provided to the agency's PREA Coordinator for review and resolution. During the on-site visit, the auditor was able to interview (1) of the corresponding IPs and his concerns were also addressed with the PCM. The other (2) letters were received during the post-audit period. 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 analysis and evaluation of the evidence, the agency and facility have demonstrated compliance with all provisions of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f): The auditor's review of the agency's public website (https://mn.gov/doc/about/prea-policy/) found Final Audit Reports for all facilities posted with links to view the reports.

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

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

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	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).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	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).)	na
	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

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

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

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

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

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

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

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

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

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

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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)	
	<div data-bbox="322 188 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1305 188 1353 219">yes</div>