

# PREA Facility Audit Report: Final

**Name of Facility:** Minnesota Correctional Facility Shakopee

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 07/11/2024

**Date Final Report Submitted:** 01/13/2025

## Auditor Certification

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



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



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



**Auditor Full Name as Signed:** Sharon R. Shaver

**Date of Signature:** 01/13/2025

## AUDITOR INFORMATION

**Auditor name:** Shaver, Sharon

**Email:** sharonrshaver@gmail.com

**Start Date of On-Site Audit:** 05/19/2024

**End Date of On-Site Audit:** 05/23/2024

## FACILITY INFORMATION

**Facility name:** Minnesota Correctional Facility Shakopee

**Facility physical address:** 1010 West 6th Avenue , Shakopee, Minnesota - 55379

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Sherlinda Wheeler
<b>Email Address:</b>	sherlinda.wheeler@state.mn.us
<b>Telephone Number:</b>	612-205-1241

#### Warden/Jail Administrator/Sheriff/Director

<b>Name:</b>	Guy Bosch
<b>Email Address:</b>	guy.bosch@state.mn.us
<b>Telephone Number:</b>	952-496-4459

#### Facility PREA Compliance Manager

<b>Name:</b>	Sherlinda Wheeler
<b>Email Address:</b>	sherlinda.wheeler@state.mn.us
<b>Telephone Number:</b>	(952) 233-3862
<b>Name:</b>	Calli Funfsinn
<b>Email Address:</b>	calli.funfsinn@state.mn.us
<b>Telephone Number:</b>	(952) 496-4908

#### Facility Health Service Administrator On-site

<b>Name:</b>	Colleen Holst
<b>Email Address:</b>	colleen.holst@state.mn.us
<b>Telephone Number:</b>	952-469-4467

#### Facility Characteristics

<b>Designed facility capacity:</b>	676
<b>Current population of facility:</b>	564
<b>Average daily population for the past 12 months:</b>	559

<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Women/girls
<b>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 <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-73
<b>Facility security levels/inmate custody levels:</b>	1-5, but operate as a 3
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	273
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	132
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	236

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Minnesota Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of MN
<b>Physical Address:</b>	1450 Energy Park Drive, Suite 200, Saint Paul, Minnesota - 55108
<b>Mailing Address:</b>	
<b>Telephone number:</b>	6123283582

**Agency Chief Executive Officer Information:**

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

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Gino Anselmo	<b>Email Address:</b>	gino.anselmo@state.mn.us
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**Facility AUDIT FINDINGS****Summary of Audit Findings**

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

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

**Number of standards exceeded:**

5	<ul style="list-style-type: none"><li>• 115.13 - Supervision and monitoring</li><li>• 115.18 - Upgrades to facilities and technologies</li><li>• 115.21 - Evidence protocol and forensic medical examinations</li><li>• 115.32 - Volunteer and contractor training</li><li>• 115.53 - Inmate access to outside confidential support services</li></ul>
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**Number of standards met:**

40
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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:	2024-05-19
2. End date of the onsite portion of the audit:	2024-05-23

#### 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:	Oasis of Love, Minneapolis Victim Services and Restorative Justice Unit

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	676
15. Average daily population for the past 12 months:	559
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	580
<b>19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>20. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	7
<b>21. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	7
<b>22. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>23. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>24. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1

<b>25. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	89
<b>26. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	17
<b>27. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	11
<b>28. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	213
<b>29. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>31. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	272



32. Enter the total number of <b>VOLUNTEERS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	236
33. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	132
34. 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:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
35. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	15
36. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Work assignments were also taken into consideration.

<b>37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<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>
<b>38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </p>
<b>39. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	<p>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 a small conference room near 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 continued throughout the course of the week.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>15</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<b>41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	1
<b>42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	4
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1

<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	There was one incarcerated individual who was identified as LEP but she was in administrative segregation. The auditor observed the individual in the cell and was clearly not in a stable condition to participate in an interview. The auditor consulted with mental health staff and a collective decision was made to not bring the individual out for an interview as it could worsen her mental condition at that time.
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	5
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	4
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	3

<b>50. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	4
<b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>51. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>51. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>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 staff working segregation who further confirmed there have been no individuals placed in segregated housing due to being at risk of sexual victimization.</p>

<b>52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	<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 (1 required), limited English proficient (1 required), and youthful offenders (3 required), the auditor oversampled in the targeted categories of those who reported prior sexual victimization and those who reported sexual abuse at the facility. Additionally, the auditor oversampled the category of lesbian/gay/bisexual/transgender due to the large number of this population housed at the facility. The youthful offender who was housed at the facility prior to the audit was still at the facility but had aged out so she was no longer considered a youthful offender. The auditor interviewed her about her time at the facility prior to turning 18.</p>
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>53. Enter the total number of RANDOM STAFF who were interviewed:</b>	13
<b>54. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Length of tenure in the facility </div> <div> <input checked="" type="checkbox"/> Shift assignment </div> <div> <input checked="" type="checkbox"/> Work assignment </div> <div> <input checked="" type="checkbox"/> Rank (or equivalent) </div> <div> <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) </div> <div> <input type="checkbox"/> None </div>
<b>55. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div>

<b>56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	51
<b>58. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>59. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>60. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>61. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**62. 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 type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Food Service Management; Special Education Teacher; Correctional Industries Supervisor; Maintenance Personnel; Mailroom Officer; Chaplain; Volunteer Coordinator; Victim Advocate Services Coordinator; Disciplinary Supervisor; Grievance Coordinator.
<b>63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>63. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>63. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>64. Enter the total number of CONTRACTORS who were interviewed:</b>	1

<b>64. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>65. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Other category for 82.b. Information Technology/Cameras
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<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>	
<b>66. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>67. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>68. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>70. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**71. 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 Prison Rape Elimination Act (PREA) site review of the Minnesota Correctional Facility - Shakopee (MCF-Shakopee) was conducted May 19-23, 2024, by Sharon Ray Shaver, a Department of Justice (DOJ) certified PREA Auditor. MCF-Shakopee is a medium/minimum facility housing adult female incarcerated individuals. The prison is operated under the authority of the Minnesota Department of Corrections (MN DOC). Before the site visit, a plan for conducting interviews and the facility tour was developed between the PREA Coordinator and the auditor. Further discussion included corrective action expectations for any non-compliance identified during the audit and timelines after the site visit. The week before the onsite portion of the audit, the auditor requested documents from PREA Compliance Manager to be made available on day one of the site visit, including a complete roster of incarcerated individuals present on day one and specialized lists for: those identified with disabilities; those who are limited English proficiency (LEP); those who identify as lesbian/bisexual/gay/transgender/intersex (LGBTI); those who have been assigned to isolated or segregated housing for risk of sexual victimization; those who have reported prior sexual abuse; those who have reported an allegation of sexual abuse at MCF-Shakopee. Also requested for the first day of the site visit was a list of all staff, contract employees, and volunteers; daily shift reports for specific dates identified by the auditor; a list of all allegations and investigations for the audit period and up to the current date. This information was provided upon arrival to the facility, along with some additional facility information for the auditor's use. During the in-briefing general information was discussed about the facility, and plans for the tour were laid out. It was determined that the inspection of the facility would be completed first, then interviews and documentation review could begin after. The tour began from the administration area and areas observed were

the visiting room, children's room, group room, MSU classrooms, chapel, education office space, library, ABE classrooms, pill window, nursing services, CIP chow hall, gymnasium, intake, food service (dining room/kitchen), property/canteen, mailroom, employee development/staff computer lab, Zen booths. Other areas observed included the Restrictive Housing Unit (RHU), discipline/evidence room, Office of Special Investigations (OSI) offices. The gymnasium also houses institutional clerks' office space, an ABE classroom, and the work crew area. All housing units were visited: Roosevelt, Tubman, Broker (R&O), Bethune, and Novello (CIP-Challenge Incarceration Program). A large courtyard is created by the positioning of the buildings on the grounds, which is utilized by the incarcerated individuals for recreating and leisure time and as a crosswalk to access programming and work areas. During the tour of the medical department, privacy screens were present in the medical examination rooms and being utilized. During the site visit, there were two new arrivals processed in intake and the auditor was able to observe. The auditor observed the audit notices posted throughout the facility as instructed. Verification was provided by email prior to the audit with dated photographs. 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. The auditor received no communication from any party prior to the audit or during the post audit period. 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 facility has a Security Systems Committee chaired by the AWO. The committee meets monthly to discuss security camera needs, upgrades, and repairs of technology equipment. The auditor made a recommendation for cameras to be installed in the greenhouse area. This recommendation was also made during the auditor's prior audit, but the facility explained that at that time budgetary restraints prevented this from being completed since the greenhouse was not in use at that time. The Warden stated that it would be added to the current requests to be addressed. Toilet stalls and showers throughout the facility were equipped with either curtains or doors, and sometimes both, as appropriate. Opposite gender announcements were made through the use of the agency-wide doorbell system each time a living unit was entered. Incarcerated individuals acknowledged during interviews with the auditor that staff utilized doorbells to advise when an opposite gender staff is entering. Area logbooks were randomly reviewed throughout the tour, and the auditor observed documentation indicating supervisor rounds were being made regularly. The auditor spoke with many staff to inquire about their area as the facility was toured. The buildings toured were well lit, clean, spacious, organized, and in good repair. All mail is subject to be inspected or read. Interview with mailroom staff confirmed that individuals are allowed to correspond with the PREA auditor without having the mail inspected unless the outgoing mail appears to be suspicious, in which case it would be treated as Privileged Correspondence, which means it would be inspected in the presence of the individual and logged. The auditor worked with the PREA Coordinator and PREA Compliance Manager to obtain additional information needed to make compliance determinations for this facility during the initial interim period. Additionally, there were systemic issues discovered during other MN DOC audits that affect compliance

for this audit. As a result, during the Interim period the facility exceeded 3 standards, met 29, and was out of compliance with 13 standards (115.17, Hiring and promotion decisions; 115.22, Policies to ensure referrals of allegations for investigations; 115.31, Employee training; 115.33, Inmate education; 115.34, Specialized training: Investigations; 115.35, Specialized training: Medical and mental health care; 115.41, Screening for risk of victimization and abusiveness; 115.42, Use of screening information; 115.61, Staff and agency reporting duties; 115.65, Coordinated response; 115.67, Agency protection against retaliation; 115.71, Criminal and administrative agency investigations; 115.73, Reporting to inmates). The auditor issued an Interim Report on July 11, 2024, which started the 180-day corrective action period. During the corrective action period, the auditor worked with the PREA Coordinator and PREA Compliance Manager to develop a corrective action plan to correct the deficiencies. By the end of the corrective action period, January 7, 2025, the facility and agency demonstrated compliance with all provisions of all standards, including those out of compliance during the Interim period, and exceeded five 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.

**72. 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

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

## 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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	15	0	13	2
<b>Staff-on-inmate sexual abuse</b>	3	0	3	0
<b>Total</b>	18	0	16	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	34	0	34	0
<b>Staff-on-inmate sexual harassment</b>	10	0	10	0
<b>Total</b>	44	0	44	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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	1	0	0	0	1

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	1	1	13	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	1	13	0

**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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	3	24	7
<b>Staff-on-inmate sexual harassment</b>	1	4	4	1
<b>Total</b>	1	7	28	8

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

4

<b>81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	2
<b>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	2
<b>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	13
<b>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	6
<b>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

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

7

**94. 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)

**95. 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)

**96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

The auditor reviewed 16 case files during the on-site portion of the audit and 7 additional case files during the corrective action period. The data included in questions 92-114 of this section are reflective of the audit period of May 1, 2023-April 30, 2024. Accordingly, the data included here may not align with the totals from the body of the report where the cases reviewed during the corrective action period were discussed.

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

**97. 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.**

☐ Yes

☒ No



## Non-certified Support Staff

**98. 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

**99. 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 and Communication Group

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policies 202.057; MN DOC Organizational Chart; OSI Organizational Chart; MCF-Shakopee 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 PREA Compliance Managers (PCM) 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 and regularly scheduled monthly meetings in an effort to streamline processes, educate specific standard implementation, assist with audits, offer support, and create consistency across the state. The PREA Coordinator addresses any issues with PREA standard compliance by addressing the concern with the Executive Leadership and facility staff. Policy is updated when applicable. 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. 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 Sherlinda Wheeler/Associate Warden of Operations (AWO). Interviews with the PCM confirmed she has 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. She stated she has the authority to develop, implement, and oversee the facility's efforts to comply with the PREA. The facility 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

	<p>coordinate the facility's efforts to comply with the PREA standards, she 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. She indicated that she delegates PREA duties to other staff in order to ensure timelines and compliance is met, and to develop other people's knowledge and understanding of the complexity of PREA compliance. She attends the bi-monthly PREA Compliance Manager meetings led by the Agency PREA Coordinator to stay informed and share information with other PCMs. She 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, she looks for areas that may be blind spots where security mirrors or more technology would assist in the prevention and detection of sexual abuse. She ensures door window views are not obstructed in any manner; 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 helpline. She works with the PREA Coordinator and Training Director to make sure training expectations for staff align with the established standards. She 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. She 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. During the site visit the auditor was advised that AWO Wheeler was also filling the role of the Acting Warden in the absence of the assignment Warden. The newly assigned PCM Assistant (A), Lieutenant Frisk worked closely with the auditor during the site visit.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Contracts for Confinement; Information Obtained from Interviews; PREA Audit Final Reports.

	<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 &amp; Subsidies/ Inspection Enforcement Unit of the MN DOC.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.13	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 301.055; 303.100; 103.006 and 103.007; 2024, 2023, 2022, and 2021 Facility Staffing Plan; Samples of Shift Rosters; List of Cameras by Areas; List of Staff Access to Cameras; The Moss Group Developing and Implementing a PREA-Compliant Staffing Plan; Activity Schedule; 2024 HR Activity Report; Unit Logs; Observations During Site Visit; Interviews.</p> <p>115.13(a): As directed by 103.006, the agency requires each facility it operates to develop, document, and make its best efforts to comply regularly with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against abuse. The staffing plan addresses each area required for this provision to be considered during development. The current staffing plan is predicated on 676; the average daily population is 559. The facility has funding for 133 security positions for Correctional Officer I, II, III and a canine officer. The facility has (11) Lieutenants. There are (7) Lieutenants assigned as Watch Commanders with (2) assigned to each watch and a Squad Lieutenant working a split shift. There are (3) living unit Lieutenants. The facility has designated a PREA Lieutenant who investigates all allegations and also supervises (3) kitchen security staff members.</p>

The staffing plan provides a breakdown of security positions and those who supervise those positions. The camera system is comprised of 413 cameras: 90 Analog Cameras and 323 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. The committee meeting notes document that additional cameras have been requested to modernize old equipment as well as address blind spots and 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 auditor reviewed the activity schedule for the upcoming week and discussions with Watch Commanders indicated that they take programming into consideration for staffing needs and appropriate placement of officers. The auditor conducted a camera review with a Watch Commander in the Watch Center. All areas identified during the site inspection where cameras may view into an area where an individual may be undressed were viewed and they were not able to see person or were blurred/pixelated to distort view. Also reviewed spot check of unannounced rounds to verify that they coincided with documented rounds.

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 Auditor determined that the facility staffing plan is reviewed no less frequently than once each year, in consultation with the PREA coordinator as required. The agency assesses, determines, and documents whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan includes information regarding the facility's camera systems as indicated in provision (a) of this narrative. 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 security systems. The last staffing plan review was conducted on January 23, 2024, and the facility provided staffing plans for 2021; 2022; 2023 and all were approved by the PREA Coordinator. 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.

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.

	<p>Post Logs indicate frequent, irregular rounds by upper-level staff in various areas. 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. The auditor reviewed spot checks of unannounced rounds to verify that they coincided with documented rounds.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, the facility exceeds provision (c) of this standard by having 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 security systems.</p>
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115.14 Youthful inmates	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 204.020; Offender Population Roster by Age; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.14(a-c): Policy 204.020 states youthful offenders must not be placed in a housing unit in which the youthful offenders have sight, sound, or physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, facilities: a) Maintain sight and sound separation between youthful offenders and adult offenders, or b) Provide direct staff supervision when youthful offenders and adult offenders may have sight, sound, or physical contact. These staff must be specifically trained to work with youthful offenders/juveniles. Facilities must avoid placing youthful offenders in isolation to ensure that sight, sound, and physical separation is maintained. Except in exigent circumstances, facilities must not deny youthful offenders daily exercise and education services to ensure that sight, sound, and physical separation is maintained. Youthful offenders must also have access to other programs and work opportunities to the extent possible. 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 onsite audit. The auditor interviewed (1) individual who entered the facility as a youthful offender and has since aged out. This individual turned 18 just before the audit. Her interview confirmed sight and sound separation</p>

	<p>and access to programs and exercise, when she was a youthful offender assigned to this facility. Additionally, the auditor reviewed documents from this individual's file (risk assessment and housing assignment) and observed the location where she was housed. The auditor confirmed that sight and sound separation was sufficiently maintained and interviews with supervising staff confirmed that direct supervision was provided when she attended school or went to the medical department.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.15	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 301.010 Searches; 301.055 Security Rounds; 202.045 Management of Transgender/Gender Non-Conforming/Intersex Offenders/Residents; List of LGBTI Population; 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 conducted by a staff member of the same gender as the inmate. The facility reported on 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 policy prohibits cross-gender searches, and random interviews confirmed there were no cross-gender searches completed during the audit period. Interviews with security staff were conducted regarding circumstances that would require cross-gender strip searches and visual body cavity searches and each explained only in exigent circumstances would an opposite gender search occur and that it would require supervisor approval and be documented. 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 occasions where male supervisors were required to supervise or observe opposite gender strip searches. If an opposite gender supervisor is ever in the vicinity of a strip search area, a privacy screen or other similar device is used to obstruct cross-gender viewing. Informal conversations with staff and incarcerated individuals regarding search procedures (e.g., limits to cross-gender viewing, supervision of searches) were conducted, confirming that cross-gender searches are not conducted at this facility. There were no incidents involving cross-gender searches, therefore completed logs of</p>



cross-gender strip searches and cross-gender visual body cavity searches did not exist for the auditor's review.

115.15(b): 301.010 states, except in exigent circumstances, pat searches of female offenders must be conducted by staff of the same gender. The facility must not restrict a female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with procedure. The facility must document in an incident report all opposite-gender pat searches of female offenders.

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 incarcerated individuals confirmed that male staff announce their presence when entering the housing areas through use of the tone-system; additionally, they explained that male 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 male 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 IPs 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 incarcerated individuals 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 incarcerated individuals 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.

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 random staff confirmed that they are aware of the policy prohibiting staff from searching or

	<p>physically examining a transgender or intersex inmate for the purpose of determining that inmate's genital status. Interviews with (4) transgender/intersex incarcerated individuals told the auditor they had no reason to believe that strip-searches were conducted for the sole purpose of determining genital status and that staff were professional when conducting searches.</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 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 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. The facility provided training rosters which indicated 94% of staff completed the required training. All security staff complete searches training during their basic academy training, the 6% who have not yet completed the academy training were on leave and will be required to completed the training upon returning to duty.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.050; Policy 202.051; Policy 202.057; Language Line Services Contract; Language Line Instructions; 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 Interviews; Observations During Site Visit.</p> <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</p>

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.

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. 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 interviews with the Agency Head, PREA Coordinator and the PREA Compliance Manager 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. These interviews also confirmed the facility follows the processes outlined in the policies described in this narrative. The auditor interviewed a total of (6) IPs that were either disabled or LEP. Interviews confirmed that the facility provided information about sexual abuse and sexual harassment that they were able to understand. There was no accommodation needed for the interview of any LEP inmates assigned to the facility. However, the auditor tested the facility's process for securing interpretation services on-demand by contacting the provided service. The auditor determined that incarcerated individuals in the facility did not have to self-identify to access interpretation services. The auditor confirmed that locations where interpretation services occur provide privacy for the incarcerated individual. Informal conversations with staff and incarcerated individuals confirmed accessibility of interpretation services when needed. By procedure, the medical staff asks newly admitted offenders/residents at intake if they

	<p>require a modification. For offenders/residents who respond affirmatively or where medical staff have 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 of any prior identified disabilities. Staff indicated that if an individual has a disability that impedes her 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 the information in larger print. Cognitive issues will be addressed one on one, as necessary, by the PCM or caseworker. The MN DOC trains its employees in 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. As of December 14, 2021, the PREA poster and handbook have also been translated to Braille for Braille users. The facility did not indicate that taking actions would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens.</p> <p>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, 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>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Policies 103.014, 300.40; 300.045, 300.020; List of Contractors

and Volunteers; Promotional BG checks; MN DOC Hiring Forms; Personnel Records; Contractor Records; Volunteer Records; Information Obtained During Interviews.

Evidence Reviewed: List of Employees with Criminal History Checks; Five-Year Eligible Employee Background Checks; Follow-up Interview.

115.17(a)(f)(g): Policy 103.014 establishes that the department screens finalists for employment on their criminal history, offender associations, employment history, including incidents of sexual harassment. The DOC does not hire or promote anyone who: a) 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); 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 other institution (as defined in 42 U.S.C. 1997). 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. The auditor reviewed the hiring packet used for new employees and promotions, which includes the following forms: the release of information; sexual abuse records; and criminal records 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 agency and facility now use an independent contractor, *American Databank, LLC* to screen applicants for employment. This screening process includes checks for motor vehicle history; federal and MN state criminal history; sex offender history and a social security trace. The agency hiring packets include a questionnaire that asks the applicant about (1) any workplace sexual abuse or sexual harassment involvement history, and (2) whether the applicant has ever been employed at a confinement facility. The Auditor reviewed (43) records (15-Employee; 21-Contractor; and 7-Volunteer) and found 40/43 contained signed misconduct questionnaires. The interview with HR explained that all employees have a continuing duty to report misconduct and that this is covered with the employee upon hire 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(b): Policies 103.014 and 300.020 provide consideration to any incident of sexual harassment in determining whether to hire or promote any employee or enlist the services of any contractor who may have contact with offenders. An interview with the HR confirmed that incidents of sexual harassment are considered when making hiring and promotion decisions.

115.17(c): Policy 103.014 states 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 department also conducts criminal history and employment history checks, including checking for incidents of sexual harassment, on a finalist for promotion with the DOC. The facility PAQ indicates that 55 new hires/rehires had criminal background checks conducted. The Auditor reviewed (43) hiring packets and (5) promotional records and determined that criminal background checks were conducted for all (48) employees/contractors/volunteers and promotions. 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.

115.17(d): Policy 300.045 states that the contractor must recertify annually, which includes a current criminal history check. A review of (28) contractor/volunteer records contained completed "renewal" checks, annually.

115.17(e): Policy 103.014 states that a criminal history check is conducted on all employees at least once every five years. Qualified staff evaluate the findings and provide the appointing authority with any pertinent information to consider. At the end of the Post Audit Period the facility was unable to provide evidence that 5-year background checks were conducted on eligible employees and was found out of compliance. 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 a list of employees that have been employed for 5 years or longer and provide evidencing of corresponding 5-year background checks.

Corrective Action Taken (e): The facility provided a list of all employees and dates of the last criminal history check. All staff on the list, included those who were employed more than 5 years, had current criminal history checks completed prior to the audit. The facility also provided evidence of criminal history checks for the (5) staff who were eligible for the five-year check in 2024. The facility has completed the corrective action plan and is now compliant with provision (e).

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. The interview with HR confirmed the information would be provided, upon request. The facility indicated they had not received any requests of this nature.

A systematic review and analysis of the evidence including evidence collected during the corrective action period concluded that the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: PREA Final Report; Security Technology Meeting Minutes; Listing of Facility's Video Monitoring Cameras; List of Staff Camera Access; Information Obtained from Interviews.</p> <p>115.18(a): Documentation Review - 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 Acting Warden/AWO/PCM confirmed there had been no newly acquired facilities nor any substantial modifications to facilities 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 agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The camera system is comprised of 413 cameras: 90 Analog Cameras and 323 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 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. During the Facility Security and Technology Meetings cameras for sexual abuse violations are reviewed. The auditor conducted a camera review with the Watch Commander from the Watch Center. All areas identified during the site inspection where cameras may view into an area where an IP may be undressed were viewed and they were not able to see person or were blurred/pixelated to distort view. Interviews with the Agency Head and Acting Warden/AWO/PCM confirmed the facility has a Security System Committee. They meet monthly 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.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, based on the agency/facility implementation of 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 security systems, the agency/facility exceeds the requirements of this standard.</p>

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> 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; Evidence Checklists and Forms; Case Files; Information Obtained from Interviews; List of Contracted Advocacy Groups Statewide; MN DOC Victim Services Brochure; 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 determined that staff knew and understood the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse and knew who was responsible for conducting sexual abuse investigations at their facility.

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 indicated there were (4) SANE referrals. Interviews with medical staff, OSI investigator, AWO/PCM, and PREA Coordinator confirm that any victim of sexual abuse will be offered access to an FME if the incident occurred within the time allowable for obtaining usable evidence.

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



	<p>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 provider for Shakopee is Oasis of Love and the auditor spoke with an 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 Shakopee 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. Additionally, the advocate confirmed use of their services within the past year. The auditor's review of case files indicated that the Investigator offers each victim access to these advocate services and 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.</p> <p>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.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with this standard. Based on the facility and agency having MOUs or contracts for statewide support services and 24-hour victim services hotline, the facility exceeds provision (d) of this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Policies 103.219; 107.005; 107.007 and 202.057; Accountability Statement; Case Files; Confidential Incident Reports; Investigation Spreadsheet; MN DOC Website Review; Information Obtained During Interviews.

	<p>Evidence Reviewed During Corrective Action Period: SHK 2024 PREA Investigation Summary; Investigative Files; Follow-up Interview.</p> <p>115.22(a)(b): 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. During interviews with the AWO/PCM, the auditor discovered that allegations are reported directly to the facility OSI and/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 a criminal investigation. The information indicated on the PAQ, a thorough review of the investigation spreadsheet and case files determined significant inconsistencies regarding investigative referrals. There were several case files reviewed onsite that were not included on the allegations tracking spreadsheet and the spreadsheet did not clarify whether the investigation was referred for administrative or criminal investigation resulting in the facility being out of compliance. 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 all allegations are referred for administrative and/or criminal investigation.</p> <p><u>Corrective Action Taken:</u> The facility provided an updated 2023 and 2024 PREA Investigation Summary that included all allegations reported between the period of 04/01/2023 and 12/10/2024. The spreadsheet is maintained by the PCMA and indicates all allegations are referred for administrative and/or criminal investigation. This spreadsheet will be kept current and used to track the status of sexual abuse and sexual harassment allegations going forward based on a follow-up interview with the PCMA and AWO/PCM. The facility has completed the corrective action plan and is now compliant with provisions (a)(b).</p> <p>A systematic review and analysis of the evidence, including evidence provided during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.31	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 103.410; Policy 103.420; Policy, 202.057; PREA Training Course Description (ELS); MN PREA Standards – Online Module; MN DOC Training Plan/ Matrix; SART TableTop Training Roster; Employee Annual Inservice Training Roster; Information Obtained from Interviews; Observations During Site Visit.</p> <p>Evidence Reviewed During Corrective Action Period: Training Records; Signed</p>

Acknowledgement Forms; Employee Training ELM Explanation; Follow-up Interview.

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 document employee completion. The Auditor reviewed a training roster that indicated (265) staff members had completed "PREA, The Standards" initial training and (265) completed LGBTI training.

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. Interview with the Training Coordinator confirmed that employees who transfer in from another type of facility receive a facility-specific orientation which includes a gender refresher.

115.31(c): Policy 103.410 states all department of corrections (DOC) 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 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 employee job classifications to identify which course are required to be completed. All staff must complete the PREA training. 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. The rosters provided by the facility in response to provision (a) of this standard indicated that 243/265 (92%) completed "PREA, The Standards" training within the last 12 months.

115.31(d): The facility provided a training roster for "PREA, The Standards," indicating a total of (265) staff completions. However, the facility did not provide signed acknowledgment statements or a sample of electronic verification that the employees understand the training they received resulting in the facility being out of compliance. 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 signed training acknowledgements for staff, indicating their understanding of the initial and refresher

	<p>PREA training and policy requirements.</p> <p><u>Corrective Action Taken:</u> The facility provided signed Employee Acknowledgement Forms for (28) employees and a copy of the Employee Training ELM showing how the acknowledgement requirement is captured and requires each employee to attest (by electronic signature) that they reviewed the training material and understand the training and policy requirements for PREA. Based on this documentation along with the training rosters provided during the audit period, the facility has demonstrated compliance with the requirements of provision (d).</p> <p>A systematic review and analysis of the evidence, including information collected during the corrective action period, concluded that 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><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 202.057; 300.040; Policy 300.045; PREA Brochure; MN DOC PREA Standards Online Modules 1/2/3; Admission Packet Templates; Completed Orientation Checklists; 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 (232) 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 (28) files and confirmed acknowledgment statements for (21) contractors and (7) 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. Most service contractors will 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. The Auditor interviewed (2) contractors who confirmed training and acknowledgment</p>

	<p>participation. 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>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard and exceeded based on the extensive training requirements for volunteers and contractors.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.050; Policy 202.057; Policy 102.040; Policy 202.040; Policy 203.250; Agency Zero-Tolerance Reporting Poster (English &amp; Spanish); Agency Hotline Reporting Instructions (English &amp; Spanish); New Intake Admission, Acknowledgment of Rules; Signed Acknowledgement Forms; Receiving &amp; Orientation (R&amp;O) Rosters (Comprehensive); R&amp;O Checklist; Agency Sexual Abuse Prevention Training Curricula; Information Obtained from Interviews; Observations During Site Visit.</p> <p>Evidence Reviewed During Corrective Action Period: IP PREA Zero-Tolerance/Reporting Notification Samples; Admission List, 04/01/2024-12/31/2024; Offender Intake Checklists; Follow-up Interview.</p> <p>115.33(a): Policy 202.057 requires that newly committed individuals receive orientation regarding sexual abuse/harassment and reporting; 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 policy 202.057; prevention/intervention; self-protection; 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 provided (28) completed "New Admission" checklists selected by the auditor who arrived after the last PREA audit. These checklists document the new arrival signing for receipt of the facility handbook, the Sexual Abuse/Assault Prevention and Intervention Guide, and the rules of the institution, which as explained by the facility staff, is when the new arrival is advised of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. However, the auditor's review of the receipt dates indicated only (8/28) received the information on the date of arrival. The remaining (20) (71%) showed a receipt date after 24 hours of arrival resulting in non-compliance. The facility demonstrated it provides PREA education to all new arrivals during the R&amp;O orientation but has not demonstrated sufficiently that the new arrivals receive</p>

information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 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 all new arrivals receive information explaining the agency's zero-tolerance policy and explaining how to report incidents at the time of intake.

Corrective Action Taken: The facility provided an Admission List of all new arrivals between 04/01/2024-12/31/2024 and supporting documentation for 25 randomly selected individuals indicating they were provided information explaining the agency's zero-tolerance policy and how to report incidents at the time of intake. Additionally, an Offender Intake Checklist was provided to indicate that new arrivals are provided the PREA educational information packet. The samples provided were between 04/17/2024-01/03/2025 and included (85) new arrivals, and supporting documentation was provided for the (9) highlighted new arrivals. The facility has completed the corrective action plan and is now compliant with provision (a).

115.33(b)(c): Policy 202.050 requires that facility staff must provide orientation through such examples as formal classes, videos, PowerPoint presentations, and distribution of written materials, including the Offender Handbook. The orientation materials must contain applicable information on facility familiarization, rules, regulations, procedures, and available programs. Within seven days of arrival at any facility, facility staff must give all individuals formal agency education regarding sexual abuse/harassment and the PREA. Agency policy requires that inmates who are transferred from one facility to another be educated regarding 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, to the extent that the policies and procedures of the new facility differ from those of the previous facility. The facility reported on the PAQ that (539) individuals were admitted during the past 12 months and that they all received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents but the initial/comprehensive training roster provided indicated there were (509) completions (94%) within the last 12 months. On the first day of arrival the auditor requested the facility provide lists of residents who met certain targeted categories based on the auditor's guide for interviewing inmates. The auditor selected incarcerated individuals from the lists provided by the facility for the following targeted categories to interview hearing impaired (2); vision impaired (1); physical disability (3); LEP (1); reported sexual abuse (3); reported prior victimization (4); Lesbian/Gay/Bisexual (5); Transgender/Intersex (4). The auditor also interviewed one incarcerated individual using the youthful offender questionnaire as the individual had just turned 18 and was housed at the facility as a youthful offender within the prior 12 months. Additionally, the auditor selected (15) individuals at random representative of the general population based on criteria such as housing unit assignment, work assignment, amount of time at the facility, age, and personal observations during the facility inspection. The auditor utilized questions from the Random Inmate Survey found on the PRC website when interviewing all 30 individuals and documented them on a modified questionnaire form. Individuals interviewed

indicated they were aware of the PREA and their rights and that they received the comprehensive PREA training at their initial intake facility. They also explained that every time they moved to another facility, they received information about PREA. Interviews confirmed that they were provided the PREA brochure, saw the video, and that the intake Officer covered the topics on the Resident PREA Intake Training form before they signed receiving it. They all knew that the AWO is "over PREA" at the facility. The Receiving & Orientation schedule and interviews indicate that the AWO delivers the PREA training each Wednesday for all new arrivals. The auditor reviewed 28 files for individuals who arrived at the facility after the facility's last audit, and all contained evidence that comprehensive training had been completed during the R&O process and within 30 days of their arrival.

115.33(d): Policy 202.050 requires that facility staff must provide orientation materials for all offenders, including translations or alternative formats for offenders identified whose primary language is not English, who have sight and hearing barriers, or who have literacy barriers. The auditor reviewed the PREA brochure and posters in several languages (English, Spanish, Hmong, and Chinese-Mandarin). The facility uses the PREA "What you Need to Know" video, which is available in English and Spanish and closed captioning. During the on-site audit, there was (1) incarcerated individual identified that spoke minimal English and who required an interpreter, frequently throughout her incarceration. There were several case notes and documentation of when the interpreter was available to the incarcerated individual. During the site visit, the auditor selected this individual for an interview, however the individual's unstable mental status prohibited the interview to take place. The auditor spoke with the Psychological Services Director and confirmed that this individual is being monitored closely by the treatment team.

115.33(e): The facility documents the PREA Intake Training form, which is signed and dated by the individual receiving the training. These forms are placed in the individual's file. The auditor reviewed signed acknowledgements for Offender/ Resident Prison Rape Elimination Act Intake Training for (35) individuals confirming the facility documents participation in the comprehensive education sessions.

115.33(f): The agency requires each facility to ensure that key information is continuously and readily available or visible to individuals. The auditor observed the agency's PREA posters throughout the facility, to include common areas, recreation and work areas, as well as the living units. The auditor also observed the Audit Notices posted in these same areas in both English and Spanish. Detailed instructions beside the telephones provided call instruction to both the internal and external PREA hotline. Residents may place a phone call using the speed dial number and do not have to enter their PIN thereby remaining anonymous if they wish. Interviews with residents verified that they are aware of how to contact PREA if they wish to report by phone; however, all of the residents interviewed said if they had a problem with sexual abuse or sexual harassment they would go to staff.

A systematic review and analysis of the evidence, including documentation reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Policy 107.005; MN Specialized Investigator's Training Modules 1-3; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Training Records/Certificates of Completion; Follow-up Interviews.</p> <p>115.34(a)(b): Policy 107.005 directs that sexual assault investigations must be conducted by OSI investigators with specialized training in confinement settings. The 2-day specialized training agenda was reviewed and included topics regarding a PREA overview; Trauma and Victim Response; Role of the Victim Advocate; First Responder and Evidence Collection; Agency Culture; Legal issues and Liability; Forensic Medical Exam; Sexual Harassment; Interviewing Victims of Sexual Misconduct; Report Writing. A review of the training curriculum confirms that techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral is included in the training.</p> <p>115.34(c): Policy 107.005 dictates OSI investigators with specialized training in sexual abuse investigations in confinement settings must conduct sexual assault investigations. The facility provided training records for (8) designated investigators; however, these records did not include evidence that the investigators received the required specialized training for investigating sexual abuse in a confinement setting, resulting in the facility being out of compliance. The facility entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to provide evidence that all designated individuals who investigate sexual abuse allegations have received the required specialized training.</p> <p><u>Corrective Action Taken:</u> The facility provided evidence that all investigators assigned sexual abuse cases are trained in conducting sexual abuse investigations in confinement settings. The facility has completed the corrective action plan and is now compliant with provision (c).</p> <p>A systematic review and analysis of the evidence, including evidence reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<p>Evidence Reviewed: Policy 103.040; 103.420; Policy 202.057; Policy 500.030; Policy 500.309; Training Rosters; Employee Training Records; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Certificates for Medical and Mental Health Staff; Follow-up Interview.</p> <p>115.35(a)(d): Policies 202.057 and 500.030 direct training requirements including 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): The facility health services staff do not conduct forensic medical exams at the facility.</p> <p>115.35(c): The facility indicated on the PAQ that (32) medical and mental health care practitioners who work regularly at this facility received the training required by agency policy. A roster was provided of the current medical and mental health staff, indicating that (24) medical and mental health staff completed "PREA for Medical and Mental Health Staff." However, the certificates provided indicated employees received "PREA Overview" training. The facility did not provide sufficient evidence that medical and mental health staff received the required training. Also, the facility did not provide the PREA Overview Training curricula to determine whether this training contained the required topics resulting in the facility being out of compliance. 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 all medical and mental health staff have received the required specialized PREA training for medical and mental health staff.</p> <p><u>Corrective Action Taken:</u> The facility provided (24) certificates for the PREA 201 for Medical and Mental Health Practitioners indicating all medical and mental health staff have completed the specialized training required by this standard in addition to the general PREA training as evidenced by the PREA Overview certificates. The facility has completed the corrective action plan as is now compliant with provision (c).</p> <p>A systematic review and analysis of the evidence, including information reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
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	<div data-bbox="256 118 959 152" data-label="Section-Header"> <p><b>Auditor Overall Determination:</b> Meets Standard</p> </div> <div data-bbox="256 197 542 230" data-label="Section-Header"> <p><b>Auditor Discussion</b></p> </div> <div data-bbox="256 271 1453 427" data-label="Text"> <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; Interviews.</p> </div> <div data-bbox="256 468 1469 1003" data-label="Text"> <p>115.41(a)(b): Policy 202.057 requires for all new commitments, release violator, department transfer, jail delegation, or non-department admission, a qualified staff person completes a PREA Intake Screening Tool in COMS, screens the offender's available file information, and interviews the offender to assess his/her potential vulnerability to sexual abuse and/or tendencies to engage in sexually aggressive behavior. Policy 202.040 requires that a nurse practitioner, registered nurse, licensed practical nurse, or other health screening staff must complete a sexual assault risk assessment screening within 24 hours of the offender's arrival at the facility. Auditor observations and interviews confirmed Health services staff conduct the initial risk screening on all individuals during intake. The facility indicated on the PAQ during the prior 12 months, 529 (100%) of new arrivals received an initial PREA risk screening within 72 hours of arrival. Of the (38) files reviewed all contained a completed initial risk screening.</p> </div> <div data-bbox="256 1043 1442 1451" data-label="Text"> <p>115.41(c)(d)(e): The auditor's review of the PREA Risk Screening Tool found it to be objective and consistent with best practices observed within other correctional systems. Each of the first nine considerations delineated in provision (d) is included as part of the risk screening form. The facility does not detain individuals solely for civil immigration purposes; therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of prior institutional violence or sexual abuse in an effort to assess an individual's risk of being sexually abusive. Assessments are evaluated through a combination of direct conversation with the individual and a review of the individual's prior institutional and criminal history.</p> </div> <div data-bbox="256 1491 1465 1912" data-label="Text"> <p>115.41(f): Policy 202.057 requires that, within 30 days, the offender's caseworker must review additional information received. If relevant information is received, the offender must be reassessed. Policy 203.010 states that within 30 days of admission. The facility indicated (504) (100%) of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more, received a follow-up screening. The auditor reviewed (30) files including risk screenings for (19) individuals who arrived within the audit period and found that their reassessments were completed within 30 days of arrival; the remaining (11) had been at the facility for longer than the audit period and their risk screenings indicated that an annual reassessment is conducted.</p> </div> <div data-bbox="256 1953 1447 2067" data-label="Text"> <p>115.41(g): The facility indicated that the risk level of an individual is not reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or</p> </div>
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	<p>abusiveness. Additionally, no documented reassessments were provided to indicate that any had occurred after an incident of sexual abuse/harassment. As a result, the facility was found out of compliance with this provision and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to ensure that risk levels are reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.</p> <p><u>Corrective Action Taken:</u> An interview with the AWO and review of documentation provided for (6) individuals who had reported sexual abuse. This documentation indicated that the individuals' risk levels were reassessed after an alleged incident of sexual abuse or receipt of additional information that bears on the individuals' risk of sexual victimization or abusiveness. The facility has completed the corrective action plan and is now compliant with provision (g).</p> <p>115.41(h): Interviews with staff and incarcerated individuals confirmed that individuals are not disciplined for refusing to answer, or for not disclosing complete information.</p> <p>115.41(i): Policy 202.057 requires confidentiality and professionalism at all times. Sharing of sensitive information is limited to those staff who must know in accordance with policy, state statute, professional licensure, and ethical standards. The policy further requires that staff must, to the extent possible, limit the release of information. Information collected during the risk screening is entered directly into the database and access to this information is restricted to those persons who need to know. This was further confirmed through interviews with the HSA, Behavioral Health Director, and the AWO/PCM.</p> <p>A systematic review and analysis of the evidence, including evidence reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Reassessments (15); Facility Gender Identify Committee Meeting Minutes; Memorandum 115.42 Use of Screening Information; Follow-up Interview.</p> <p>115.42(a)(b): Policy 202.057 establishes that "PREA screening information" is used to</p>

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, 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 facility has not demonstrated compliance with standard 115.41(g); therefore, relevant information may be missing to inform housing assignments, bed assignments, work assignments, education assignments, and program assignments. The practice of single-cell housing is the default for incarcerated individuals at high risk, although, the facility's practice for keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive must extend to programming, employment, and housing decisions where single-cell housing is not appropriate or available. The facility's current follow-up process happens within the first 72 hours of an individual's arrival. The system is not built to provide continued tracking for individuals who are at risk of being victimized or who may be at risk of being abusive. As a result, the facility was found out of compliance with provision (a). As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to gain compliance with standard 115.41 and provide a procedure as to how the screenings are used for programming, housing, bed and other relevant classification decisions to include how individuals with sexual abuse histories are assigned.

Corrective Action Taken: The facility provided sufficient documentation to satisfy the corrective action plan and is now compliant with 115.41. Additionally, the facility provided a sample of (15) more reassessments completed based on additional information received that may impact a person's vulnerability to sexual abuse. The PCMA explained to the auditor and provided a follow-up memorandum that outlined the facility's procedures for making individual decisions related to housing assignments, bed assignments, work assignments, education assignments, and program assignments. Based on the information provided, the facility has completed the corrective action plan and demonstrated compliance with provision (a).

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 does not have any dedicated wings of this nature, and a review of the housing roster combined with staff interviews and incarcerated individual interviews confirms that residents do not appear to be housed according to their sexual orientation or gender identification. The auditor interviewed (9) individuals who met criteria for this targeted category (5-LGB; 4-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 Acting 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 currently houses transgender/intersex individuals, but the auditor received no evidence that the programming and placement decisions for these individuals were reassessed at least twice each year to review any threats to safety experienced by the individuals resulting in non-compliance. 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 transgender/intersex individuals' placement and programming assignments are reassessed twice per year.

Corrective Action Taken: The facility provided a copy of the Facility Gender Identify Committee Biannual Review of Transgender, gender diverse, intersex, or nonbinary - Placement and programming assignments dated October 30, 2024, which included review of (18) individuals. The facility has completed the corrective action plan and is now compliant with provision (d).

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 confirmed that staff are concerned with their well-being.

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. Individuals at the facility are afforded separate stalls for showering. Shower stalls are equipped with shower curtains allowing for individual privacy. The facility also has a designated time for individuals who have been approved for showering separately.

A systematic review and analysis of the evidence, including evidence reviewed during

	the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; 301.085; Admin/Seg Review Form; Information Obtained from Interviews.</p> <p>115.43(a)(b)(c)(d)(e): Policy 202.057 directs that individuals at high risk for sexual victimization must not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no other means of separation from likely abusers. If this assessment cannot be made immediately, the facility may hold the individual in involuntary segregated housing for less than 24 hours while completing the assessment. Policy 301.085 directs administrative segregation procedures and directs the Warden and other facility administrators must regularly review offenders on administrative segregation status with 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 Acting Warden/AWO/PCM advised during her interview 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.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence Reviewed: Policy 202.057; Policy 203.115; Policy 302.020; Policy 302.120, Reporting Maltreatment of Minors; Policy 300.300; Policy 103.410; Policy 103.420; Offender Handbook; Case Files; DOC Sexual Abuse Helpline Poster-English & Spanish; No Means No Poster - English/Spanish; PREA Elimination ACT Intake Form; Sexual Abuse Prevention and Intervention Handbook - English/Spanish; Zero Tolerance Poster - English/Spanish; Federal iSpeak posters; Information Obtained from Interviews; Observations During Site Visit. Minnesota Office of the Ombuds for Corrections (OBFC) flyer; Verification of Posting; Interviews.

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 arrival to a 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 by dialing 651-603-6798 and following the prompts (individuals may use the collect call option and are not charged for the call). This line is monitored by the PREA Coordinator, who retrieves the calls and forwards calls to the appropriate investigator upon receipt. Posters displaying the helpline number are posted in the facility in living units, programming, and other common areas frequented by the individuals. Zero Tolerance posters displayed throughout the facility offer the Rape, Abuse, and Incest National Network (RAINN) by dialing \*77. The Sexual Abuse Prevention and Intervention Guide explains that incarcerated 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 Offender Handbook provides more information about definitions and encourages the individual to "report it to a staff person you trust." The Handbook also provides the Sexual Assault Helpline and explains that it's a free call. Based on the auditor's review of case files, Confidential Incident Reports, and staff interviews, staff accept reports made verbally, in writing, anonymously, and from third parties, and document verbal reports immediately or as soon as possible after receiving the report.

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

	<p>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 of 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.</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.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Policy 303.100; Information Obtained During Interviews. 1</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. An interview with the Grievance Coordinator found there were no sexual abuse or sexual harassment incidents reported on a grievance form during the audit period; had there been, she would have immediately advised the AWO to be forwarded for investigation through the PREA investigative processes. The facility meets this standard through non-applicability.</p>

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
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	<div data-bbox="256 118 991 152" data-label="Section-Header"><p><b>Auditor Overall Determination:</b> Exceeds Standard</p></div> <div data-bbox="256 197 542 230" data-label="Section-Header"><p><b>Auditor Discussion</b></p></div> <div data-bbox="256 271 1461 555" data-label="Text"><p>Evidence Reviewed: Policy 107.007; Policy 202.057; Policy 202.050A; Policy 203.115; Policy 302.0 20; Contract with Central MN Sexual Assault Services; Victim Advocate Services Information; - English/Spanish; "No Means No" Posters - English/Spanish; Zero Tolerance Posters; Sexual Abuse Helpline Poster - English/Spanish; PREA Intake Form; No Means No Poster - English/Spanish; Sexual Abuse Prevention and Intervention Handbook - English/Spanish; Zero Tolerance Poster - English/Spanish; Information Obtained from Interviews; Observations During Site Visit.</p></div> <div data-bbox="256 595 1469 1547" data-label="Text"><p>115.53 (a)(c): Based on the auditor's interview with the PREA Coordinator, the MN DOC Victim Services &amp; 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 the 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.</p></div> <div data-bbox="256 1588 1477 2083" data-label="Text"><p>Although incarcerated individuals may be assisted by advocates from any of the 20 contracted advocacy centers, the local victim advocate for Shakopee is Oasis of Love which was confirmed during a phone call with a local representative at the center and review of the current contract provided for review. She explained that they are available to assist sexual abuse victims whether at Shakopee and whether or not the abuse occurred in confinement or outside. Services provided includes counseling, education, support, and referrals as well as sexual assault advocacy and investigatory interviews. Additionally, counselors shall maintain confidentiality of communications with survivors who are living in a DOC facility following the Center's and DOC's policies and procedures. Interview with the AWO/PCM and facility investigator confirmed that the facility provides individuals at Shakopee with access to outside victim advocates for emotional support services related to sexual abuse and that</p></div>
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	<p>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. Information containing the phone number and mailing address of the center was observed on the dayroom bulletin board. Posted throughout the facility is the Victim Advocate Services information poster that includes the address and phone number for the agency's designated victim advocate; 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 explained that calls scheduled by her office between the advocate and incarcerated individual are conducted on a telephone outside the dormitory in one of the "Zen Booths" designated for private calls to protect the sensitive nature of the call and to allow the call to be private and unmonitored.</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; 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 that the facility and agency have demonstrated compliance with all provisions of this standard and exceeds by having a dedicated person to ensure individual assistance is provided to incarcerated victims and that they will be connected with the services they require.</p>
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115.54	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<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.</p>

	<p>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. Signage containing this information was observed by the auditor posted throughout the facility in areas where incarcerated individuals and visitors have access and are published in English, Hmong, Chinese-Mandarin, and Spanish. The signage can be easily read by residents and is very clear and easy to understand. The size, formatting, and physical placement accommodates most readers, including those of average height, and low vision. Information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The information on the signage was found to be accurate and consistent throughout the facility. 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. The auditor conducted a systems test by calling the PREA Hotline as it is the agency's established third-party method for reporting; the auditor left a message on the voicemail and received a call back from the Agency's PREA Coordinator confirming that the call was received and that if it would have been a third-party reporter, the information would be taken and forwarded to either the facility or OSI, as appropriate, for investigation.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Review: Policy 202.057; Report Routing Grid; Case Files; Confidential Incident Reports; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: SHK 2024 PREA Investigation Summary; Investigative Files; Follow-up Interview.</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 reporter of sexual abuse from retribution as per Minn Stat. section 13.82, sub d. 17. Training curriculum ensures that employees 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</p>

	<p>investigation or treatment or for security and management decisions as deemed necessary. Staff interviews confirmed that they are aware of this duty to protect the confidentiality of sensitive information. Review of case files and Confidential Incident Reports confirm that staff immediately report any allegation received, regardless of the origin of the report.</p> <p>115.61(d): According to MN state statutes, staff in a licensed facility are legally required or mandated to report if there is reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency. At the time of the site visit, there were no individuals under the age of 18 housed at the facility. 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 indicated there had been no abuse allegations received involving a vulnerable adult.</p> <p>115.61(e): The information indicated on the PAQ, a thorough review of the investigation spreadsheet and case files determined significant inconsistencies regarding investigative referrals. The tracking spreadsheet did not indicate whether the investigation was referred for administrative or criminal investigation. As a result, the facility was found to be out of compliance and entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to provide evidence that all allegations were referred for either administrative and/or criminal investigation.</p> <p><u>Corrective Action Taken:</u> The facility provided an updated 2024 PREA Investigation Summary that included all allegations reported between the period of 11/24/2023 and 12/10/2024. The spreadsheet is maintained by the PCMA and indicates all allegations are referred for administrative and/or criminal investigation. This spreadsheet will be kept current and used to track the status of sexual abuse and sexual harassment allegations going forward based on a follow-up interview with the PCMA and AWO/PCM. The facility has satisfied the corrective action plan and is now compliant with provision (e).</p> <p>A systematic review and analysis of the evidence, including evidence reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Information Obtained During Interviews.</p> <p>115.62(a): Policy 202.057 states that if the agency learns that an offender is subject</p>

	<p>to a substantial risk of imminent sexual abuse, it must take immediate action to protect the offender. The facility reports no incidents where an individual was subject to a substantial risk of imminent sexual abuse in the past 12 months. Staff interviews confirmed that staff had 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 (2) watch commanders confirmed that they will take whatever action is required to ensure the safety of the incarcerated individual and will consult with the AWO/PCM, Warden, and OSI Investigator for assistance with determining the next steps if necessary. The Acting Warden/AWO/PCM 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 that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 107.007; Policy 202.057; Outgoing Allegation Notification from Another Facility; Case Files; Incoming 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 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 (1) outgoing notification during the audit period. The auditor reviewed documentation indicating that the Warden did notify the previous facility (via memorandum) of the reported allegation. Additionally, the facility indicates they received (1) report from another facility indicating an allegation occurring at this facility. This allegation was forwarded for investigation, and a case file was provided for the auditor's review. The Acting Warden/AWO/PCM confirmed during her interview that notifications will be made promptly to OSI, and the other facility as required and documented when a report is received that an allegation allegedly occurred at another facility. Allegations received from another facility that</p>

	<p>allegedly occurred at Shakopee will be forwarded to OSI for investigation. An interview with the Agency Head confirmed if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within an MN DOC facility, the PCM would be contacted, and an investigation would occur immediately, if one was not initiated already</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; First Responder Duties; Case Files; Sexual Abuse Response Checklist; Health Services Response Checklist; Incident Reports; Information Obtained from Interviews.</p> <p>115.64(a)(b): Policy 202.057 requires that any staff who receives a report initiate the first responder protocol as described in section (a). Staff interviews (security and non-security) confirmed they are well knowledgeable on the First Responder Duties. 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. Form 202.057C Sexual Abuse Response Checklist is required to be completed upon notification of a sexual abuse allegation; Form 202.057E Health Services Sexual Abuse Response Checklist is required to be completed by health services upon notification of a sexual abuse allegation. Both of these forms provide guidance for SART members to ensure that all steps of the response to a sexual abuse allegation are completed and documented. In the past 12 months, the facility reported (10) allegations that an individual was sexually abused but only (1) where staff were notified within a time period that still allowed for the collection of physical evidence. Of the allegations received that an individual was sexually abused in the past 12 months, there were no incidents that a non-security staff member was the first responder.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>



115.65	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Blank Sexual Abuse Response Team Guide; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Facility's Coordinated Response Plan; Follow-up Interview.</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 a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility must develop a written Coordinated Response Plan specific to the facility. The plan should identify the specific people responsible (when applicable) and their contact information. It should include names, positions, and contact numbers of people/entities that need to be notified, such as investigators, leadership, SART members, etc., and include the name and contact information for the hospital where a sexual assault exam will take place, and the contact information for the advocate/victim services.</p> <p><u>Corrective Action Taken:</u> The facility developed a facility-specific coordinated response plan following the agency's template. This plan identifies the specific people responsible and their contact information and includes names, positions, and contact numbers of people/entities that need to be notified. The plan also includes the name and contact information for the hospital where a sexual assault exam will take place, the local law enforcement entity, and the contact information for the advocate/victim services. All SART members have reviewed and signed the facility's coordinated response plan. The facility has completed the corrective action plan and is now fully compliant with this standard.</p> <p>A systematic review and analysis of evidence, including evidence provided during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: The Minnesota Association of Professional Employees Labor 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 Acting Warden/AWO/PCM, 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>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Policy 202.120; Confidential Incident Reports; Investigation Spreadsheet; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Completed Retaliation Monitoring forms; Follow-up Interview.</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 with the individual 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 Acting Warden/AWO/PCM confirmed that retaliation</p>



	<p>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 (7) samples of retaliation monitoring. However, the information indicated on the PAQ, a thorough review of the investigation spreadsheet and case files determined significant inconsistencies regarding the number of investigations and investigative referrals. Based on these inconsistencies, the auditor cannot verify that retaliation monitoring occurred for all applicable cases resulting in non-compliance. 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 an accurate accounting of all allegations reported during the audit period and provide evidence of retaliation monitoring for all applicable cases.</p> <p><u>Corrective Action Taken:</u> The PCMA explained during a follow-up interview that all alleged victims and/or reporters of sexual abuse or harassment will be monitored for at least 90 days following a report. Further, the monitoring will be discontinued if the case is unfounded or if the victim/reporter releases from custody. The facility provided an updated 2024 PREA Investigation Summary and completed retaliation monitoring forms for (23) incarcerated individuals. The facility has completed the corrective action plan and is now compliant with all provisions.</p> <p>A systematic review and analysis of the evidence, including documentation reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.68	Post-allegation protective custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Reviewed: Policy 202.057; Policy 301.085; Memo from Warden; 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</p>

	<p>suffered sexual abuse will be done so in accordance with policy 301.085 (also reference 115.43). According to a memo from the facility Lieutenant, there were (2) known incarcerated individuals held in involuntary segregation following a PREA allegation. However, further investigation into these cases found that both were placed in segregation for disciplinary reasons and not related to the PREA allegation.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.71	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></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: Incident Reports; Investigative Case Files; SHK 2023 PREA Investigation Summary; SHK 2024 PREA Investigation Summary; Training Records/Certificates of Completion; Follow-up Interviews.</p> <p>115.71(a)(c): Policy 107.007 governs agency investigations, and policy 301.035 governs evidence management. Policy 202.057 states that the agency investigates all matters of sexual abuse/harassment/staff sexual misconduct vigorously through the OSI, the facility discipline unit, facility supervisory staff, and outside law enforcement, as directed by the incident. An interview with the facility's OSI Investigator revealed that allegations are initially forwarded to the OSI for review. If the case is deemed harassment, the facility will be authorized to complete the investigation using a trained investigator. The OSI Investigator stated he conducts investigations on those appearing criminal in nature, alleging abuse/assault, or allegations that are perpetrated by staff. He collaborates with the Detective at Shakopee Police Department if the case has a criminal element and stated that detectives are very cooperative. The facility's Intel officer monitors camera footage and JPay phone calls to assist in investigations. The interview further revealed that he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Additionally, interviews of alleged victims, suspected perpetrators, and witnesses are conducted and documented in the case files along with any prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor's review of (16) case files found thorough documentation of direct and circumstantial evidence collected, including available electronic monitoring data; evidence of interviewing alleged victims, suspected perpetrators, and witnesses; and information related to prior complaints and reports of sexual abuse involving the suspected perpetrator. Recorded</p>

video footage is available for 21 days. Triangulation of the information provided on the PAQ, review of the tracking spreadsheet, and cases observed on file while onsite determined significant inconsistencies regarding investigative referrals and tracking. 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 a complete list of all allegations that were reported during the audit period and provide evidence that all allegations were referred for a criminal and/or administrative investigation.

Corrective Action Taken: The facility provided an updated 2023 and 2024 PREA Investigation Summary tracking spreadsheet indicating all cases were logged and tracked. There were (71) allegations reported during the audit period and (16) cases were reviewed by the auditor. The auditor also selected an additional (8) case files that occurred during the post-audit/CAP period for review. Of these, (7) were provided and the remaining case was still under investigation and had been referred for criminal charges. The investigative files reviewed indicated that all allegations received were referred for either a criminal and/or administrative investigation and that the investigations are completed thoroughly, objectively, and timely. Based on the documentation provided, the facility has met the requirements of the corrective action plan and is now compliant with provision (a).

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 facility was unable to provide evidence that investigators received Specialized Training for sexual abuse in a confinement setting. 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 all individuals who investigated sexual abuse or sexual harassment allegations have received the required specialized training as required in 115.34.

Corrective Action Taken: The facility provided evidence in 115.34 that all investigators assigned sexual abuse cases are trained in conducting sexual abuse investigations in confinement settings. The facility has completed the corrective action plan and is now compliant with 115.71(b).

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 Shakopee Police 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.

115.71(e): 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 and found compliant with the requirements of this provision.

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. Review of (16) Administrative investigations found they included an effort to determine whether staff actions or failures to act contributed to the abuse and the files contained documentation of written reports that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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 course of the investigation. The report includes a step-by-step layout of the investigation.

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.

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. Review of the case files confirmed the investigations were completed even when the victim was no longer incarcerated, or staff was no longer employed.

115.71(l): Policy 107.007 directs that any law and the OSI investigator liaison with law enforcement who will communicate and coordinate with the investigating agency. 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.

A systematic review and analysis of the evidence, including documentation reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 103.219; Policy 103.225; Policy 107.007; Policy 202.057; Case Files; 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. 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 the facility's administrative investigator evidence and that it would be the standard used to substantiate cases.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 107.007; Policy 202.057; Case Files; Outcome Notifications; Information Obtained from Interviews.</p> <p>Evidence Reviewed During Corrective Action Period: Allegation Outcome Notification Memo (17); Follow-up Interview.</p> <p>115.73(a)(c)(d)(e): 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. Policy 202.057 requires the AWO 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 confirmed that he is aware of the notifications required to be provided to victims of sexual abuse. Policy 202.057 also 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</p>

	<p>convicted on a related charge stemming from an incident within the facility; 3) If/when the offender has 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. An interview with the OSI Investigator confirmed that he will make the notification in cases that are investigated by OSI and any with a criminal element. An interview with the PCMA/LT confirmed that he will make the outcome notifications in cases that are investigated administratively at the facility level. The facility reported on the PAQ there were (12) allegations investigated but only (3) notifications were made. The facility provided documented evidence where (7) notifications were made; however, the facility is required to make notification of the disposition in all cases. 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 an accurate list of all investigations completed within the audit period; provide evidence that notification has been made to the alleged victim of the disposition of the investigation; provide evidence that the victim has been notified of the status of action taken in accordance with (c)(d), as applicable; and maintain documentation of these notification</p> <p><u>Corrective Action Taken:</u> The facility provided an updated spreadsheet for the auditor's review and the auditor selected (17) cases and requested the accompanying notification of case disposition be provided for each. The facility provided all notifications indicating the requirement to notification to any incarcerated individual who makes an allegation that he or she suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The facility has completed the corrective action plan and is now compliant with all provisions.</p> <p>115.73(b): No allegations have been investigated by outside agencies within the past 12 months.</p> <p>A systematic review and analysis of the evidence, including documentation reviewed during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.76	Disciplinary sanctions for staff
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Policy 103.219; Policy 103.225; Policy 103.01041; Case Files; Employee Discipline Letter; Information Obtained from Interviews.</p> <p>115.76(a)(b): Policy 202.057 states that offenders, staff, contractors, visitors, volunteers, or any other individuals who have business with the DOC are subject to disciplinary action and/or criminal sanctions, including dismissal or termination of contracted services, if determined to have engaged in sexual abuse or sexual</p>

	<p>harassment of an offender. Agency policy further establishes that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. Policy 103.218 establishes that the office of professional accountability is responsible for investigations into allegations of an employee, volunteer, student worker, or contractor misconduct. These investigations are conducted in compliance with collective bargaining agreements, compensation plans, and policies, as well as any applicable state or federal law. Interviews with the HRD confirmed that once an investigation is completed, HR will gather information from the agency database on similar incidents, information on any past disciplinary action against the employee, past performance reviews, and supervisor notes. A small committee will convene with the Appointing Authority to review the investigation results and the HR collection of data. The committee will make a recommendation, with the Appointing Authority having the final right of decision, for disciplinary action to be taken. This action is commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The facility reports there were no substantiated allegations against an employee, nor was any employee otherwise disciplined for violation of PREA policies during the audit period.</p> <p>115.76(d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies unless the activity was not criminal and to any relevant licensing bodies. The auditor's interview with the Acting Warden/AWO/PCM, OSI Investigator, and PREA Coordinator confirms that criminal acts are reported to the appropriate outside agency as warranted.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policy 300.040; Policy 300.045; Case Files; Volunteer Suspension Guidelines; Information Obtained from Interviews.</p> <p>115.77(a)(b): Policy 300.040 states that, in compliance with the PREA standards, any volunteer who engages in sexual abuse must be prohibited from contact with offenders. The individual must also be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. The DOC also considers incidents of sexual harassment in determining whether to enlist or terminate the services of a volunteer who may have contact with offenders. Policy 300.045 establishes that any contractor, physical plant contractor, or design team consultant who engages in sexual abuse must be prohibited from contact with</p>

	<p>incarcerated individuals. The individual must also be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. Designated facility staff must also take appropriate remedial measures and consider whether to prohibit an individual from further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies. The facility reported on the PAQ that there were no sexual abuse or sexual harassment incidents or violation of these policies involving a contractor or volunteer within the audit period. An interview with the Acting Warden/AWO/PCM verified that she has the authority to remove a contractor or volunteer from contact with incarcerated individuals during an investigation. Interviews with the Acting Warden/AWO/PCM and OSI Investigator confirmed that no volunteer or contractor has engaged in or otherwise violated the facility's sexual abuse/harassment policies. An interview with the medical contract manager confirmed that a contract employee would be immediately removed from contact with incarcerated individuals until the conclusion of the investigation.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <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 indicates no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility; however, documentation provided for the auditor's review indicated that (7) incarcerated individuals were disciplined for PREA related behaviors during the audit period.</p> <p>115.78(b)(c)(d): 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 (DHO) confirmed that an assessment 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 behavioral health staff informed that the</p>



	<p>disciplinary process considers whether an individual's mental disabilities or mental illness contributed to his/her behavior when determining the sanctions. Behavioral 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 an evaluation. The AWO/PCM and PCMA and DHO confirmed during interviews that sanctions would be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories. Interviews with medical and mental health staff also determined the facility will offer an evaluation of incarcerated individuals who are found guilty of a sexual offense, however, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse may be referred out to a provider if deemed warranted.</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 PCM/AWO. Interviews 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.</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.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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 Forms; Mental Health Assessment Form; Informed Consent Flow Chart; Information Obtained During Interviews.</p> <p>115.81(a)(c): Policy 202.057 establishes that if through the screening process of</p>

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. During interviews, Medical and Mental Health staff advised they follow the procedures outlined in Policy 202.057. The facility provided a list of (377) IPs who reported prior sexual victimization during the prior 12 months. The facility provided documentation of (6) Behavioral Health follow-ups with the PAQ. During the site visit, the auditor selected and requested additional samples which were provided by the facility. The auditor's review concluded that the facility consistently makes referrals to behavioral health when incidents of prior victimization are reported during the risk screening. Provider case notes provided confirmation that these referrals are evaluated and seen within the required timeframes. The auditor interviewed (3) individuals who disclosed prior sexual victimization who further confirmed they were offered a referral for mental health services during the intake screening. The Psychological Services Director confirmed during an interview that while they have 14 days per policy to see an individual on a referral, they generally see them within 72 hours.

115.81(b): 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 provided a list indicating (36) individuals with a history of sexually abusive behavior. The facility indicated (100%) of these IPs were referred or received mental health services.

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.

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

	<p>released. Individuals are notified of this when services are provided.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Policy 202.057; Policy 500.100; Policy 500.305; Policy 500.309; 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. The facility has 24-hour medical services. Emergency services that cannot be provided by the facility will be provided by the local hospital. The hospital provides services to sexual assault victims from MCF-Shakopee. They have Sexual Assault Nursing Examiner (SANE) services on call who will respond when needed. If the victim requests an advocate accompany them during the procedure, the SANE will request an advocate through their resources. In response to a report of sexual abuse, a Health Services - Sexual Abuse Response Checklist is completed that captures all the information required 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 Medical Director, Nursing Supervisor and other medical personnel explained the protocols to the auditor as outlined on the checklist and stated that incidents are very few where it is necessary to initiate full protocols. Facility staff are well-trained on their First Responder duties and their responsibilities to take preliminary steps to protect the</p>

	<p>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.</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>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>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.</p> <p>115.83(a)(b)(c): The facility 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. 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 this facility are consistent with the community level of care.</p> <p>115.83(d)(e). Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Additionally, if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related</p>

	<p>medical services.</p> <p>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 the facility medical department, as indicated by the medical provider.</p> <p>115.83(g): Policy 500.100 establishes that individuals are not charged a co-pay for initial testing, treatment, and follow-up for reportable communicable diseases; nor for services provided after a report of an alleged sexual assault, abuse, or harassment. Based on interviews with medical staff 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.</p> <p>115.83(h): The auditor's interviews with mental health staff and the AWO/PCM confirmed these procedures are in place and that referrals would be treated as required.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.86	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Reviewed: Policy 202.057; Case Files; Allegations Tracking Spreadsheet; Information Obtained from Interviews; Observations During Site Visit.</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 (19) incident reviews were conducted in the last 12 months. The facility provided (18) completed SAIRs for the Auditor's review, confirming reviews are conducted for sexual abuse incidents.</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</p>

	<p>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 health practitioners.</p> <p>115.86(e): The AWO advised that recommendations from the incident review team are sent to the Warden for consideration. An interview with the Acting Warden/AWO/PCM confirmed reviews of all recommendations of the review team and implements where the recommendations are feasible.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.87</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Policies 102.050 and 202.057; 2021 Annual Report; 2022 Annual Report (Draft); 2022 SSV; 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>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: 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-Shakopee 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 2022 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 <a href="https://mn.gov/doc/data-publications/data-practices/">https://mn.gov/doc/data-publications/data-practices/</a>. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.</p>



	A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: 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 <a href="https://mn.gov/doc/data-publications/datapractices/">https://mn.gov/doc/data-publications/datapractices/</a>. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.</p> <p>115.89(d): Minnesota Records Retention Schedules were provided for the auditor's review. 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>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<p>Evidence Reviewed: Observations During Site Visit; Date Stamped Photographs of Postings; Agency's Website; Interviews; Agency's Projected PREA Audit Schedule.</p> <p>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.</p> <p>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 for having at least one-third of facilities audited each year. A review of the agency's website and prior PREA audit reports found the agency consistent and systematic with ensuring audits are completed and posted to their public website promptly. The facility was last audited June 28, 2021.</p> <p>115.401(h)(i): The auditor was allowed access to all areas of the facility and staff 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.</p> <p>15.401(m): The auditor was allowed unimpeded access to all incarcerated individuals and allowed to conduct private interviews.</p> <p>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. The auditor was provided photographs of the posting by email verifying they were displayed within the appropriate amount of time prior to the audit. During interviews, individuals stated they were aware of the audit, and all of them said they had seen the audit notices posted. An interview with mailroom staff confirmed that incarcerated individuals could send mail to the PREA auditor according to the same rules applied to special correspondence.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	115.403(f): The auditor's review of the agency's public website found Final Audit Reports for all facilities posted with links to view the reports. Prior reports from the first two cycles are also posted and available to view.
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**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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

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

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

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



	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

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

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

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

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

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



	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

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

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

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

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



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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

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

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

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

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

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

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

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



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

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

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

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

(f)	
	<div data-bbox="322 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>