

PREA Facility Audit Report: Final

Name of Facility: Minnesota Correctional Facility Red Wing

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/12/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Sharon R. Shaver	Date of Signature: 06/12/2024

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	04/21/2024
End Date of On-Site Audit:	04/23/2024

FACILITY INFORMATION	
Facility name:	Minnesota Correctional Facility Red Wing
Facility physical address:	1079 Highway 292, Red Wing , Minnesota - 55066
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director	
Name:	Shon Thieren
Email Address:	shon.thieren@state.mn.us
Telephone Number:	651-267-3686

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Kelly Classen
Email Address:	kelly.classen@state.mn.us
Telephone Number:	651-267-3684

Facility Characteristics	
Designed facility capacity:	45
Current population of facility:	42
Average daily population for the past 12 months:	40
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	25-64
Facility security levels/inmate custody levels:	Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	189
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

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

Summary of Audit Findings

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

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

Number of standards exceeded:

9

- 115.13 - Supervision and monitoring
- 115.15 - Limits to cross-gender viewing and searches
- 115.18 - Upgrades to facilities and technologies
- 115.21 - Evidence protocol and forensic medical examinations
- 115.33 - Inmate education
- 115.41 - Screening for risk of victimization and abusiveness
- 115.53 - Inmate access to outside confidential support services
- 115.65 - Coordinated response
- 115.81 - Medical and mental health screenings; history of sexual abuse

Number of standards met:

36

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:	2024-04-21
2. End date of the onsite portion of the audit:	2024-04-23

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:	Mayo Clinic-St. Mary's (FME); Hope Coalition; Just Detention International; RAINN (through resident phone test).

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	45
15. Average daily population for the past 12 months:	40
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	47
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>The men at MCF-Red Wing are transitioning from prison back into the community through work and programming. They learn trades working with plumbers, carpenters, and electricians. They can become certified in boiler, skid loader and forklift operations. The facility also has community-based employment through the Institution Community Work Crews (ICWC) and Sentence to Service (STS) programs. They learn lawn care, construction, building maintenance and recycling operations. The facility also has a garden where 75% of the produce is donated to the area food shelf - the rest is used at the facility. This population is generally within 18 -24 months of release to the community. The current population is 71% between the ages of 24-45 and 49% between 46-61; 59% White, 32% Black, 5% American Indian or Alaskan Native, 2% Asian or Pacific Islander, and 2% unknown; 100% of the population has a verified High School Diploma or GED, which is a requirement to participate in the program.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	189
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	81
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	6

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected were categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, length of time in the facility, programming, and work assignments to ensure a balanced representative number of interviewees from each of the living units.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>On the first day of arrival there were (41) residents at Red Wing based on a housing roster printed for the auditor. The auditor requested the facility provide lists of residents who met certain targeted categories based on the auditor's guide for interviewing inmates.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</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".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ 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.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

Interviews with staff indicated there were no incarcerated persons at the facility who met the criteria for this targeted category. The auditor observed IPs while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor corroborated this during interviews with the HSA and Psychological Services Director.

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:

2

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Interviews with staff indicated there were no incarcerated persons at the facility who met the criteria for this targeted category. The auditor observed IPs while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor corroborated this during interviews with the HSA and Psychological Services Director.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff indicated there were no incarcerated persons at the facility who met the criteria for this targeted category. The auditor observed IPs while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor corroborated this during interviews with the HSA and Psychological Services Director.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff indicated there were no incarcerated persons at the facility who met the criteria for this targeted category. The auditor observed IPs while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor corroborated this during interviews with the Unit Manager, HSA and Psychological Services Director.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff indicated there were no incarcerated persons at the facility who met the criteria for this targeted category. The auditor observed IPs while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor corroborated this during interviews with the Unit Manager, HSA and Psychological Services Director.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff indicated there were no incarcerated persons at the facility who met the criteria for this targeted category. The auditor observed IPs while on the housing units, during meals, during recreation, and on work details and observed nothing that would indicate otherwise. The auditor corroborated this during interviews with the HSA and Psychological Services Director.</p>

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Interviews with staff indicated there were no incarcerated persons at the facility who met the criteria for this targeted category as there were no allegations reported within the audit period. The auditor corroborated this during interviews with the HSA, Psychological Services Director, and OSI Investigator.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff indicated there were no incarcerated persons at the facility who met the criteria for this targeted category. The auditor observed there was no segregation unit and interviews with security and non-security staff confirmed that residents assigned to Knox Cottage are not subject to segregation/isolation at the facility.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>On the first day of arrival there were (41) residents at Red Wing based on a housing roster printed for the auditor. The auditor requested the facility provide lists of residents who met certain targeted categories based on the auditor's guide for interviewing inmates. The results were hearing impaired (0); vision impaired (0); physical disability (0); receiving mental health services (3); LEP (0); reported sexual abuse (0); reported prior victimization (3); LGB (0); TG/IS (0). One of the residents receiving mental health services had released from the facility recently so there were only (5) residents who met a targeted category for interviews. The auditor oversampled cognitively impaired and residents who reported prior victimization during screening to compensate for there being no individuals who met the other targeted categories. The auditor met no barriers to completing interviews and all selected participated willingly.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>30</p>

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	The Auditor considered gender, race, ethnicity, when determining staff interviews.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor met no barriers to ensuring representation of staff. The auditor selected staff randomly from the employee list and shift rosters as well as from personal encounters while on the site inspection. The auditor oversampled random interviews because Red Wing-Adult Facility and Red Wing-Juvenile Facility shares the same campus, services, and staff. All staff selected willingly participated in the interviews with the auditor.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	27

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

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	The auditor also interviewed Mailroom Staff, Grievance Coordinator, Discipline Hearing Officer, Chaplain/Volunteer Coordinator, Intern, Transitions Coordinator, Training Director, Advocate Services Coordinator (Central Office).
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>Many specialized staff interviewed hold responsibilities for multiple roles. While 27 staff were interviewed, 37 specialized questionnaires were administered. The auditor oversampled specialized staff to cover audits at both Red Wing Adult Facility and Red Wing Juvenile Facility since they share services, campus and staff.</p>
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes
☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes
☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes
☐ No

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

☒ Yes
☐ No

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

The Prison Rape Elimination Act (PREA) site review of the Minnesota Correctional Facility Red Wing (MCF-RW) was conducted April 21-23, 2024, by Sharon Ray Shaver, a Department of Justice (DOJ) certified PREA Auditor. This facility was audited through a contractual agreement between the Minnesota Department of Corrections (MN DOC) and Correctional Management & Communications Group, LLC (CMCG). This is the fourth PREA audit for MCF-RW. MCF-RW is located at 1079 Highway 292, Red Wing in Goodhue County, Minnesota. MCF-RW is an adult-male, custody level 2 (minimum) facility operated by the MN DOC. The MCF-Red Wing Campus consists of both the MCF-RW-Adult facility and the MCF-RW-Juvenile facility, separated by sight and sound.

The MCF-Red Wing-Adult facility is a 45-bed adult minimum-security unit. The men at MCF-Red Wing are transitioning from prison back into the community through work and programming. They learn trades working with plumbers, carpenters, and electricians. They can become certified in boiler, skid loader, and forklift operations. The facility also has community-based employment through the Institution Community Work Crews (ICWC) and Sentence to Service (STS) programs. They learn lawn care, construction, building maintenance, and recycling operations. The facility also has a garden where 75% of the produce is donated to the area food shelf, and the rest is used at the facility.

Medical and mental health services are provided onsite, and the sexual assault forensic medical exams are conducted at Mayo Clinic-St. Mary's in Rochester, MN. Residents are allowed to correspond with anyone by mail unless prohibited/directed by the court. Interviews with incarcerated individuals indicated that they were aware of the PREA audit and had seen the notices posted on their housing units where they could correspond with the auditor. The auditor was advised that the facility runs

three shifts (2140-0610/1st Watch; 0600-1400/2nd Watch; 1350-2150/3rd Watch). There are six formal counts and one standing ID count per day, and the auditor was provided with those times. On work nights, the individuals must be in their rooms or on their bunks from 11:30 p.m. to 05:30 a.m. and are allowed extended out-of-room hours on holidays and weekends. Meals are served three times daily, and the kitchen is available for individual access between 5:00 p.m. and 9:00 p.m. daily. The auditor interviewed staff from all shifts and observed facility operations during daytime and evening hours. The population on day one was 41 adult offenders. The facility site inspection was led by PREA Compliance Manager (PCM)/Assistant Warden of Operations (AWO) and the PCM Assistant (PCMA)/Lieutenant.

Each resident interviewed indicated they had been informed of the PREA and the file reviews contained documented evidence that the Facility Handbook, PREA brochure, and PREA training were delivered and that a risk screening was conducted. During the facility site review, all areas within the facility were inspected for sexual safety concerns, including the use of video cameras and security mirrors and the identification of any blind spots. The Complex is campus-style with multiple buildings, and the site inspection began from the administrative building and covered the whole campus. The auditor did not visit the inside of the buildings primarily dedicated to the MCF-Red Wing Juvenile during the site inspection for the adult facility audit because the adult residents do not have access to these buildings. It is important to note here that the male incarcerated individuals at MCF-Red Wing-Knox Cottage are minimum security classified and are allowed freedom of movement within the confines of their facility grounds and between designated buildings. It is also important to note that the adult and juvenile population is kept separated by sight and sound at all times.

There is only one housing unit dedicated to the adult population, Knox Cottage, which has three floors (the main floor, basement, and upper floor). The total bed capacity is 45. The main floor has the security office, telephones, common area/day room, kitchen, and dining room. The basement consists of two dorm style rooms; one side has ten beds, the other side has twelve (all double-bunked) for 22 individuals living on this floor; each side has a bathroom with showers, toilets, and laundry equipment. There is a small leisure room for general use in this area. The upper floor contains 19 rooms, (15/single and 4/double) for a total of 23 beds. The building is well-equipped with cameras. When the camera is inoperable, an emergency work order is submitted, and maintenance responds immediately to repair. Individuals are responsible for doing their own laundry.

LaSalle is the only other building on the Red Wing Campus that is dedicated to the adult population. This building has three floors and extensive camera coverage throughout the building. There is a transitions room consisting of a library/resource center, a fully equipped weight room, staff training on the second floor, offices, game room (ping pong, video games, foos ball, music equipment). The Case Manager's office is on the second floor, and it contains a plethora of resource materials, PREA handouts/brochures, advocate flyers, an iSpeak poster, and interpreter instructions. One floor is also used for staff training.

There is no official intake area at MCF-Red Wing, and the individuals are processed in the Knox Cottage. Individuals assigned to the MCF-RW have been pre-classified and have met stringent criteria to participate in this program. No individuals are admitted directly from the courts or returned from community supervision. Everyone who is assigned is transferred from an MN DOC secure facility. The PREA information is delivered, and

screening takes place generally within one hour of arrival, which was confirmed through interviews with security and health services staff as well as through interviews with the incarcerated individuals and document review. All intakes are scheduled, which allows security and health services staff to be available when new individuals arrive at the facility. The auditor observed zero-tolerance posters throughout the buildings. The auditor observed an intake process during the site visit. The auditor placed a phone call using a telephone in Knox Cottage with the assistance of an incarcerated individual. The instructions on the poster were easy to follow, and the auditor left a recorded message and within the hour, the PREA Coordinator advised the facility and the auditor that the call was received.

The auditor observed placements of PREA audit notices and found them to be posted conspicuously and prominently throughout the facility. The auditor also confirmed during resident and staff interviews that they were aware of the audit notices and their ability to correspond with the auditor. The auditor observed the agency's zero-tolerance and PREA informational posters, as well as the advocate's contact information posted prominently throughout the facility. During the inspection of the medical department, privacy screens were present in the medical examination rooms. Opposite gender announcements were made using the agency-wide "doorbell" system in the Knox Cottage upon entering, and the security staff also announced over the intercom that there was a female on the premises because the doorbell could not be heard well in some areas of the building. A corrective action was implemented on the spot to ensure that the doorbell system can be heard on all floors of the cottage. Areas inspected were well-lit, clean and organized, and in good repair. Because the Red Wing Campus houses two distinct facility operations, a separate audit

was conducted for Red Wing Adult and Red Wing Juvenile facilities. These two facilities are co-located on the Red Wing Campus, services, and staff; however, they are audited under different PREA standards. The populations are kept separate and have no interactions unless there is direct staff supervision with the juveniles. Because of the sharing of staff for these facilities the auditor conducted two separate audits back-to-back with an overlap in the middle of the week. Since the facilities share staff, the auditor conducted interviews covering both the adult and juvenile facilities during each interview where applicable. The auditor oversampled random staff and specialized and counted the interviews for both facilities. Staff interviews were conducted either in the employee's work area or in the small conference room in the Administration Building. Resident interviews were conducted in an office off the visitation room. Each facility has a distinct mission separate from the other. Because of the efficiency of the facility with interview scheduling and both facilities being on the same grounds and sharing management staff, the auditor completed the Red Wing-Knox Cottage/Adult audit in less time than originally anticipated. The auditor reviewed documents, observed operations, observed interactions among staff and incarcerated individuals, conducted interviews over the course of the three-day site visit and worked with the facility to ensure limited interruption to their operations. On day three, the auditor conducted an out-briefing with facility Leadership. The auditor did not provide the compliance findings during this meeting but were told that an analysis would be conducted of all the information collected to make a final determination. The facility was advised that additional correspondence and documentation may be necessary to aid in a comprehensive compliance review and left instructions for the documentation reviewed during the site visit to be uploaded into OAS attached to the applicable standards. During

all phases of the auditing process, the auditor experienced no barriers to completing a thorough evaluation of compliance. The auditor found agency and facility staff to be forthcoming with information. All documentation requested was provided promptly. The auditor was allowed unfettered access to all areas of the facility. All staff and inmates willingly participated in the interview process. The Warden and Management Team were extremely accommodating and communicated directly to the auditor appreciation for the feedback given during the site visit. MCF-RW appears to be a well-operated, safe and healthy environment for both incarcerated individuals and staff.

Documentation Sampling

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

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

☒ Yes

☐ No

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

The audit was conducted using the Online Audits System (OAS). Once uploads were finalized by the agency, the auditor began reviewing the PAQ and documents using the PREA Compliance Audit Instrument and the Checklist of Policies, Procedures, and other documents to create a log of additional information to be requested from the facility. A schedule for the onsite portion of the audit was established, and travel arrangements were secured directly by the auditor. As needed, written requests by email were submitted to the facility for additional documents or clarification of the documents provided. All requests for additional information 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. A web search of the facility revealed no derogatory information relevant to this audit. No relevant litigation, no DOJ involvement, no federal consent decrees, or local oversight was discovered during the search. Interviews with the PREA Coordinator and the Agency Head confirmed no consent decrees or oversight exists. The auditor reviewed relevant documents provided by the facility and on the agency website, in addition to the Pre-Audit Questionnaire (PAQ) and supporting documents. Using the PREA Compliance Audit Instrument and the Checklist of Documents during the review of the PAQ, a list was prepared for review during the onsite portion of the audit. Other documents reviewed for compliance determination will be referenced in the narrative sections under each individual standard discussion.

Throughout the audit, an extensive document review was conducted. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental

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

102.050 PREA Data Collection, Review, and Distribution

103.006 Supervision and Monitoring

103.014 Background Checks for Applicants and Current Employees

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

103.218 Discipline Sanctions for Staff

103.220 Code of Conduct

103.225 Fact-Finding Process and Discipline Administration

103.410 In-Service Training

103.420 Pre-Service Orientation Training

106.210 Providing Access to and Protecting Government Data

107.005 Office of Special Investigations

107.007 Criminal Investigations

202.040 Offender Intake Screening and Processing

202.045 Management of Transgender/Gender Non-Confirming/Intersex Offenders/Residents

202.050 Resident Orientation

202.051 Offender Handbook Policy

202.055 RW Red Wing Operating Guideline

202.057 Sexual Abuse/Harassment

Prevention, Reporting, and Response
 203.010 Case Management Process
 203.015 Offender/Resident Risk Assessments
 203.115 Consular Notification and
 International Prisoner Transfer
 203.250 Modifications for Offenders/Residents
 with Disabilities
 204.020 Youthful Offender in Adult Facilities
 300.040 Volunteer Services Program
 300.045 Contractor Relationship to
 Department
 300.300 Incident Reports
 301.010 RW Red Wing Operating Guidelines
 Searches
 301.035 Evidence Management
 301.055 Security Rounds
 301.085 RW Red Wing Operating Guideline
 Administrative Hold
 301.055 Security Rounds
 301.147 Security Video Recording Systems/
 Photographic Images
 302.020 Mail
 303.010 RW Red Wing Operating Guideline
 Discipline Plan and Rules of Conduct
 303.100 Grievance Procedure
 500.030 Orientation Training for Health
 Services Staff
 500.050 Health Screenings and Full Health
 Appraisals
 500.100 Offender Co-Payment for Health
 Services
 500.302 Mental Health Continuity of Care
 500.303 Mental Health Assessment
 Minnesota Department of Corrections -
 Agency Organizational Charts
 Confinement Contracts

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no allegations of sexual harassment or sexual abuse reporting during the audit period. Interviews and site visit observations did not contradict the reported information.

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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 abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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 abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment or sexual abuse reporting during the audit period. Interviews and site visit observations did not contradict the reported information.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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 harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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 harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of sexual harassment or sexual abuse reporting during the audit period which was further corroborated during interviews with the PREA Coordinator and OSI Investigator.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- ☐ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☒ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Identify the name of the third-party auditing entity

Correctional Management & Communications Group, LLC

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Organizational Charts for Minnesota Department of Corrections (MN DOC), OSI, and Facility; Review of Agency's Website; PREA Coordinator Position Job Description; Personal Observations During Site Visit; Information Obtained from Interviews.</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 MN DOC. This policy applies to prisons, county jails, detentions, lockups, and residential placement facilities within the purview of the MN DOC. Formal and informal interviews with random staff indicated they are aware of the zero-tolerance policy and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p>

115.11(b): This position is an upper-level position within the agency and is a direct report to the Office of Special Investigations (OSI) Corrections Investigations Director. The PREA Coordinator's job description comprehensively outlines the incumbent's duties, responsibilities, and authority. Based on the auditor's interview with the PREA Coordinator, she dedicates her full-time efforts toward developing, implementing, and overseeing the agency's efforts to comply with the standards in all of its facilities. Based on the position status and the support received from the OSI Director and Executive Leadership, she has sufficient authority to carry out her duties; Although the OSI organization chart shows her position within the OSI unit, the agency organizational chart does not reflect a PREA Coordinator position. The PREA Coordinator's job description comprehensively outlines the incumbent's duties, responsibilities, and authority. The PREA Unit received and filled three positions, a Management Analyst 3 and two Operational Analyst. Additionally, the agency approved 10 designated positions assigned at the facility level to assist the local PCMs with overseeing efforts locally. These employees are currently undergoing training for their new roles in the PREA Unit.

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

115.11(c): Each MN DOC has a designated PREA Compliance Manager (PCM). The PREA Coordinator meets monthly with the PCMs either in person or virtually. She also communicates collectively and individually, as needed, via telephone and email correspondence. The PCM coordinates compliance at the facility level, with oversight and guidance from the agency's PREA Coordinator. The facility reports for nearly all of the reporting period they were without a permanent AWO so there were periods of time that the PCM duties were not covered. The facility recently hired Stephanie Huppert as the new AWO as of March 2024 who will also serve as the PCM. The facility's PCM reports directly to the Warden and is an executive-level team member based on the Red Wing Organizational Chart review. In addition to hiring a new AWO/PCM, the facility just (April 2024) allocated a PCM Assistant (A) position being filled by

	<p>Lieutenant Kyle Prall. Based on the interview with the Warden and AWO/PCM, this additional position will provide regular focus to PREA compliance issues and establish more consistency to the administrative investigations. Lt. Prall has been working unofficially in this capacity for the past few months to assist the facility in preparation for the audit. The PCM explained that coming into the position just before the was a huge lift in finding time to complete her other AWO duties and to ensure that the PREA standards requirements were well established at the facility, but with the addition of the PCMA, she believes that she will have sufficient time to manage her PREA related duties.</p> <p>Based on analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: 115.12 Contracts for Confinement; Information Obtained from Interviews; PREA Audit Final Reports.</p> <p>115.12(a)(b): Minnesota Department of Corrections (MN DOC) contracts with 12 facilities for the confinement of inmates. The auditor reviewed a sample of three contracts and found language requiring the private entity to comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C. 15601 et. seq.) with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. In addition to self-monitoring requirements, the MN DOC will conduct compliance monitoring, and an outside independent PREA audit is required. Each facility is required to provide a Final Report for an audit conducted by an independent PREA auditor every three years and in accordance with 115.401. The auditor found current PREA Final Reports on the contracted entities' websites for the contracts reviewed.</p> <p>An interview with the agency's contract administrator confirmed that all facilities contracted with are monitored for PREA compliance and are required to follow the standards as a condition of the contractual agreement. To determine if the contractor complies with required PREA practices. All contract facilities have or will complete and submit PREA compliance results within the contracting agency's three-year cycle. The private entities are further monitored for compliance by the Grants & Subsidies/ Inspection Enforcement Unit of the MN DOC.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.13	Supervision and monitoring
	<p data-bbox="256 185 991 219">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1453 499">Evidence Reviewed: Policy 103.006; Policy 202.057; Policy 301.055; Policy 301.147; Facility Staffing Plan with Annual Review 2024, 2023, 2022; Administrative Tour Log; Security Rounds Logs; Five-year Camera Plans for FY 23, 24 and 25; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p data-bbox="256 544 1485 1798">115.13(a): As directed by policy 103.006, the agency defines a staffing plan as an organizational chart that documents a division's approved and budgeted positions. The chart indicates each position's state classification/working title and employment condition. The organizational chart also reflects reporting relationships. Each organizational chart must indicate the number of offenders supervised, treated, or in programming. In consultation with the agency's PREA Coordinator, each appointing authority/designee must assess, determine, and document whether adjustments are needed to the staffing plan/program schedule, at least annually, to ensure the requirements of this standard. The auditor reviewed the current staffing plan and found the plan provides adequate coverage with relief-factor for incarcerated individual supervision posts. The facility runs three shifts: 1st Watch is 2140-0610; 2nd Watch is 0600-1400; 3rd Watch is 1350-2150. Documented consideration was given to all elements of provision (a) of this standard in the development of the facility's staffing plan. Since the facility's last PREA audit, the average daily number of inmates was 40, and the staffing plan was predicated on an average population of 40. The five-year camera plan plays a vital role in the facility's staffing plan. Based on a review of the facility's Five-Year Camera Plan, assessments for camera replacements and additions in designated areas are tiered out over each fiscal year. This plan is reviewed quarterly and maintained by the facility Camera Committee. This committee assesses the progress of additional technological needs of the facility. A review of the Camera Projects Report shows a dedicated effort in maintaining cameras to enhance supervision and keep incarcerated individuals and staff safe. The Camera Projects list specifically identifies areas where recommendations have been made for camera installations to enhance the facility's ability to prevent sexual abuse. The MCF-RW FY24 camera plan indicated the system was upgraded on 12/09/2021. The facility currently has 306 cameras installed. In the last two years, 148 IP cameras have been installed in various areas throughout the facility as replacements for analog cameras and one additional camera. This past year the facility replaced all analog cameras in living units with IP cameras. Red Wing facility is located on the same secure campus and shares services and staff with the Red Wing Juvenile facility.</p> <p data-bbox="256 1832 1469 2078">Interviews with the Warden and PREA Compliance Manager verified that the facility has a documented staffing plan and that adequate staffing levels to protect inmates against sexual abuse are considered in this plan. When assessing adequate staffing levels and the need for video monitoring, the facility staffing plan considers generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of</p>

inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The staffing plan is reviewed at least annually and when there are significant changes to any of the practices listed in this standard.

During the site review the auditor compared the written staffing plan against the following observations to determine whether the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, whether the facility is staffed according to the plan, as it is written, to later determine whether deviations from the plan have been documented: The auditor observed the number of staff, contractors, and volunteers and staffing patterns during every shift, including in the housing units in isolated areas like administrative/disciplinary segregation and protective custody in the programming, work, education, other areas in areas where sexual abuse is known to be more likely to occur according to the staffing plan. The auditor observed staff's line of sight and assessed whether there are blind spots. The auditor observed areas where incarcerated individuals are not allowed entry to determine whether movement in and out of that space is monitored to ensure that confined persons never enter those areas. The auditor observed the level of supervision and frequency of cell checks in housing areas where confined persons are double-celled, in dormitories, or in holding pens with more than one person. The auditor observed indirect supervision practices, including camera placement. In addition to observation of camera placement, the auditor inquired about and observed the control room/officer stations where camera monitoring occurs. The auditor's review of the staffing plan, shift rosters, logbooks, post orders, and interviews with (30) staff working all shifts and incarcerated individuals confirmed that staff maintain high visibility and sufficient supervision is provided to staffing during all shifts.

115.13(b): As directed by 103.006, the agency mandates that in circumstances where the staffing plan is not complied with, the appointing authority/designee must document in a memorandum to the AWO a justification of all deviations from the plan. The facility stated in the PAQ they had no deviations; however, during the site visit it was clarified that the facility interpreted that question as to their ability to cover all required posts. All posts were covered by using voluntary or forced overtime when a staffing shortage occurred and documented in the daily report. The auditor confirmed during interviews with the Watch Commander and review of the Watch Commander's shift reports that all deviations are documented in the daily shift reports. Interviews with the Warden, AWO, HR, and confirmed that staffing reviews are conducted on a constant basis and that the agency utilizes overtime when necessary to maintain shift coverages in accordance with the designated staffing plan.

115.13(c): The facility's staffing plan was last updated in April 2024. The staffing plan was approved by the agency PREA Coordinator. The plan noted no judicial findings of

	<p>inadequacy, no findings of inadequacy from Federal investigative agencies or internal or external oversight bodies. In addition to the Camera Committee, the facility has a Security Committee that meets on a quarterly basis to review project updates, security issues, and concerns, as well as to prioritize the needs of the facility related to the upkeep of the facility and security recommendations. The Security Committee makes recommendations to the facility Administration as well as to the Camera Committee. An interview with the PREA Coordinator verified that the facility consults with her regarding assessments of, or adjustments to, the staffing plan for this facility. The PREA Coordinator verified that staffing plans are reviewed and approved annually, which was further confirmed by her signature on the staffing plan reviews.</p> <p>115.13(d): Policy 301.055 establishes the requirement of frequent, unscheduled security rounds and well-being checks on all shifts of occupied and unoccupied areas to detect and address issues that may affect the security and control of a facility or the safety of staff and incarcerated individuals. The policy specifies identification and deterrence of sexual abuse and harassment as an element of making supervisory rounds. Supervisors are required 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. The Daily Security and Safety Logs are documented when unannounced rounds are conducted. The facility provided Administrative Tour logs for each day for the last 12 months. The Administrative Tour log provides a consistent method for staff to document unannounced rounds. The form identifies who, whether admin, supervisor or other, conducts the rounds. The auditor randomly selected documented unannounced rounds by (2) upper-level staff and corroborated these rounds through video review. It is clear that rounds are conducted. However, specific information (what was observed/safety concerns) is not documented on this form and the facility indicates the Officer of the Day does not complete a report at the end of the tour. It is recommended for staff to complete a thorough description of observations after each tour is conducted.</p> <p>Interviews with the Warden, AWO, Captain who are identified as higher-level staff, confirmed that unannounced rounds are conducted and documented in each unit's administrative 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 interviews with (12) incarcerated persons, regarding supervision practices were conducted and found both routine and unannounced rounds are made on a regular basis during business hours, all shifts, and during holidays and weekends.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. Based on the weekly staffing reviews and monthly electronic equipment monitoring by the Camera Committee the facility exceeds the requirements of provision (c).</p>
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115.14	Youthful inmates
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Information Obtained from Interviews; Offender Population Roster; Observations During Site Visit.</p> <p>115.14(a)(b)(c): MCF-Red Wing's Adult Unit does not house youthful offenders. While the facility is co-located with MCF-Red Wing-Juvenile they are two separate facilities and populations are kept separate. The agency houses incarcerated juveniles and youthful offenders sentenced as adults at designated facilities only. The auditor verified through interviews with the Warden, AWO/PCM, and PREA Coordinator, review of offender population rosters, and the facility mission declaration that individuals must be age 18 or older to be assigned to the Red Wing Adult Unit.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard through non-applicability.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 202.045; Policy 301.010; Policy 301.055; 2021 Control Tactics Training Curricula and Participation Report; Training Records Cross Gender and Control Tactics; FTO Pat Searches Training Plan; Memo Confirming No Female Population; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.15(a)(c): Policy 301.010 requires that except in exigent circumstances, a strip search shall be conducted by a staff member of the same gender as the inmate. If exigent circumstances exist and 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. The facility indicates that no cross-gender strip searches or cross-gender visual body cavity searches were conducted within the audit period and that this type of search would only occur under exigent circumstances. During interviews with (18) random security staff, the auditor verified that there were no staff involved in cross-gender unclothed body searches; this was further corroborated through interviews with (12) incarcerated individuals. All staff stated these type searches are prohibited and understand that if exigent circumstances warranted a cross-gender search, that they would be required to document the search in a report and submit it to the Watch Commander. Interviews with (3) Watch Commanders also verified that opposite-gender strip or visual body cavity searches have not occurred within the audit period.</p>

During the site visit, the auditor observed areas used to conduct unclothed body searches and determined that no opposite-gender viewing can occur, directly or through camera views. Based on interviews with female security supervisors the auditor verified that there were no incidents that required their supervision during a male unclothed body search. If an opposite-gender supervisor is required to be present during an unclothed body search, a privacy screen or other similar device is used to obstruct cross-gender viewing. Informal conversations with staff and incarcerated individuals confirmed that cross-gender searches are not conducted at this facility.

115.15(b): MCF-RW facility houses male individuals only. This provision is not applicable to this facility.

115.15(d): 301.055 requires that individuals must be allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing an offender's/resident's breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental due to routine cell checks. Staff members of the opposite gender from the offender in a housing unit must announce their presence before entering the unit as described by institution post orders and written guidelines. The facility also has a statewide doorbell system that is used to announce opposite gender staff presence. Individuals are made aware of this statewide doorbell system during intake processing, and it is found in the MN DOC handbook.

Random staff interviews (30) verified that female staff use the tone-system which announces their presence when entering a housing unit that houses residents of the opposite gender; additionally, before entering a shower or toilet area, they knock and announce if it is necessary to enter the area when these areas are being occupied by someone of the opposite gender. Interviews with (12) incarcerated individuals confirmed they are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. They denied ever being naked in full view of female staff.

During the site review, the auditor observed all areas where confined persons may be in a state of undress, such as showering, using the toilet, and/or changing their clothes to include resident rooms, restroom areas, medical department and verified that any (nonmedical) staff of the opposite gender were unable to view confined persons in a state of undress, including from different angles and via mirror placement. Cameras views were observed from the monitors at the officer's stations and control room that may have a potential view into any of the areas where a resident may be in a state of undress and found none existed where viewing is possible. Interviews with (12) verified that female officers also announce their presence when they are making rounds in the bathroom/shower areas. During the site visit the auditor observed that the doorbell system, from both entries, could not be heard on the first or third floors of Knox Cottage.

Onsite Corrective Action: When the auditor brought to the attention of the AWO/PCM and PCMA that the doorbell system could not be heard on the first or third floors of Knox Cottage a work request was initiated to install additional speakers. The auditor conducted a second walk-through of the building the following day and verified that

these speakers were added to the first and third floors so that the doorbell is audible in those areas when used to announce a female has entered the building.

115.15(e): The MN DOC PREA training module prohibits physically searching an individual for purposes of determining an individual's genital status. Policy 202.045 establishes that staff are prohibited from searching or physically examining any individual for the sole purpose of determining the resident's genital status. This prohibition equally applies to transgender, gender non-conforming, or intersex individuals. If the individual's genital status must be known for treatment purposes or the individual's safety, it may be determined through conversations with the individual by reviewing medical records or, if necessary. The facility indicates there have been no transgender or intersex incarcerated individuals assigned to Red Wing-Knox Cottage; therefore, no incidents of searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status have occurred within the audit period.

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. All security staff receives training on how to conduct proper searches when they attend their basic training at the academy and then conducting proper searches is covered by the FTO when a new officer returns from the academy. The auditor reviewed the FTO curricula for "Pat Searches: Inclusive of Transgender/Non-Conforming/Intersex Offenders/Residents" and found the material to be consistent with training requirements. The auditor reviewed the curricula Control Tactics and Transgender Policy and Pat Searches and found they meet the requirements of this standard. The facility reports that 100% of the security staff has been trained in conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor reviewed the completion roster (92) for Control Tactics and determined staff had received a refresher within the last year. The facility provided the completion roster for *Transgender Policy and Pat Searches* as of April 2024 and determined staff have received the required training. Staff listed on the roster who have not completed the training are non-security staff and do not conduct searches.

An interview with the training officer confirmed that all security staff are trained on searches during the academy, upon return to the facility by the FTO, and then again periodically as needed and formally during annual inservice training. Interviews with (18) security 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. They further confirmed that they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the purpose of determining that inmate's genital status. There were no transgender or intersex individuals housed at the facility during the site visit to interview.

	A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. The facility and agency exceed provision (f) based on frequency of training covering proper search procedures.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 203.250; Policy 202.051; Policy 202.057; Interpreter-Language Line Reference Guide; Contracts for Sign Language, Spoken Language Interpretation and Written Language; Training Module 3 Curricula - Inmates with Disabilities/LEP; Sign Language Interpreting Pamphlet; Orientation Video Screenshot; Chinese, Hmong, and Spanish PREA Hotline Posters; PREA "What You Need to Know"; Federal iSpeak poster - all languages; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.16(a): Policy 202.050 requires facility staff to assess individuals during orientation to identify those with special concerns or needs. Assessment includes written assessments as needed, interviews, and observations of behavior. Facility staff must provide orientation materials for all individuals, including translations or alternative formats for those identified at intake or during orientation whose primary language is not English, who have sight and hearing barriers, or who have literacy barriers. Policy 203.250 provides a process for individuals with known physical or mental disabilities to request a modification to allow them to participate in programs, services, and activities. This policy requires, at intake, medical staff to ask newly admitted individuals if they require a modification. For individuals who respond affirmatively or where medical staff has reason to believe a disability exists, the designated staff person must follow agency policy in addressing modification needs. The agency's PREA policy 202.057 further states that a qualified interpreter is provided for individuals who have a disability that affects the individual's ability to communicate. The policy further establishes that the agency provides appropriate auxiliary aids and services, including American Sign Language (ASL) interpreters, when necessary to ensure that individuals with speech, hearing, or vision disabilities 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 a need is identified, staff must contact the agency's language interpreter specialist for assistance. Staff may solicit assistance from State Services for the Blind for individuals with vision impairments or blindness. The MN DOC Offender Handbook advises the individual that those with disabilities have a right to request reasonable modifications to ensure equitable access to programs, services, and activities by completion of the "Request for Modification Form. The form</p>

is submitted to the facility's Americans with Disabilities (ADA) Coordinator, currently the AWO/PCM, who will work with the individual to provide reasonable accommodations. Individuals may seek staff assistance in completing and submitting the form as necessary. The agency has a staff ASL interpreter and also maintains multiple contracts for sign language interpreting services, both onsite face-to-face and remote video interpreting (VRI).

The facility provided verifications of PREA training; initial and follow-up risk screenings; and living assignment history reports over the past 12 months. Interviews with medical staff regarding the intake screening process and a review of the documents used during the screening confirmed that during the intake health screening, each individual is assessed for disabilities, including being asked directly if he has ever been identified as having a disability. Staff indicated that if an individual has a disability that impedes his understanding of any information presented, all efforts will be made to ensure comprehension is reached using the resources that the department has available. The AWO is the designated ADA coordinator for the facility, and during her interview, explained that assistance methods may include obtaining ASL services, reading the information to the individual, or providing it in larger print. Cognitive issues will be addressed one on one, as necessary, by the medical, mental health, or caseworker, as deemed appropriate by the AWO. The AWO explained that to be placed at Red Wing-Knox Cottage, individuals must have no serious physical disability, including hearing and vision, due to the mission of the facility being a work facility where individuals are preparing to transition into the community. Individuals are screened thoroughly prior to transferring to Red Wing-Knox Cottage and these disabilities would potentially screen them out from the program. However, if an individual has an identified disability that does not prevent him from participating in the program, he will be provided accommodation to ensure he has full participation in the agency's PREA program. The facility provided the auditor with a list of (3) incarcerated individuals with cognitive disabilities. There were no other disabilities represented within the population at the time of the audit. The auditor verified this through conversations with medical staff, security staff, and the Case Manager who works directly with the population and personal observations and interactions with the incarcerated individuals during the site visit. The auditor's interview with the Mental Health Director found that since the facility's last audit, incarcerated individuals at Knox Cottage are afforded mental health services and treatment. Everyone at the facility is assigned to a therapist whether or not they have a diagnosed mental illness; the therapist checks in with them at least quarterly for a wellness check. She explained that the (3) individuals who were listed as having a cognitive disability would not have required any assistance or accommodation to benefit from the PREA program. One of the (3) individuals identified on the cognitive disability list had already released from the facility prior to the site visit, so the auditor interviewed the (2) remaining. These interviews informed the auditor that they needed no special assistance during the delivery of the PREA education upon arrival and that the education was presented in a manner they understood, including the written material.

115.16(b): Policy 202.050 requires staff to provide orientation materials for all

residents, including translations or alternative formats for offenders/residents identified at intake or during orientation whose primary language is not English. Staff is further required to assist offenders/residents as needed in understanding orientation and Prison Rape Elimination Act (PREA) materials. The agency's PREA policy, 202.057, states that individuals who do not speak and understand English are provided language interpretive services. The agency maintains statewide contracts with multiple vendors for spoken language interpretation services and written language translation services. The facility provided the auditor with a copy of the Language Line Instructions which provided detailed instructions on how staff can access interpreter services if needed. The MN DOC Offender Handbook, provided to individuals during intake, has been translated into Spanish and was provided for the auditor's review. The handbook contains detailed information about the facility's PREA program. Additionally, the PREA posters and Hotline posters are translated into Spanish, Hmong, and Chinese (the most common encountered in the agency) and were observed throughout the facility during the auditor's site visit inspection. There were no LEP individuals housed at the facility in the last 12 months which was verified by the auditor through informal conversations with various security and non-security staff, medical staff, and mental health staff.

The interview with the Agency Head confirmed that the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor's interview with the Agency Head confirmed that the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. During interviews with the AWO/PCM, the auditor confirmed that the Orientation Handbook and any other relevant documentation that is not already published in a language needed can be translated by contract providers into the needed language. The AWO/PCM confirms that procedures are in place to ensure that new intake individuals who are LEP will be provided the PREA education with the use of an interpreter when necessary. Conversation with the PREA Coordinator found that the PREA educational material will be submitted for translations when any other common language is identified there is a need.

There was no accommodation needed for any residents during the auditor's interviews. However, the auditor tested the facility's process for securing interpretation services on-demand by having the PCMA simulate the procedures that would be used if the facility identified an individual who was LEP or hearing disability. He explained that first he would meet with the individual to attempt to learn the exact needs and, in consultation with the AWO/PCM, would contact one of the contract providers. He produced the vendor with calling instructions. This information is also posted in the Watch Commander's office. The auditor determined that residents do not have to self-identify to access interpretation services. Outgoing calls from the housing phone offers English and Spanish translation. Interviews confirmed that interpretation services would occur in a private office; however, there has been

	<p>no use of these services within the audit period.</p> <p>Intake staff (3) interviews indicated that if an individual has a disability that impedes his understanding of any information presented, all efforts will be made to ensure comprehension is reached. Methods may include obtaining ASL services through the staff interpreter or a contract provider for a deaf individual or providing the presentation in written format for an individual who is hard of hearing, or reading the written information to an individual with low vision, or providing written material in larger print. The agency has the PREA poster and handbook translated to Braille for Braille users as needed. Cognitive issues will be addressed one on one, as necessary, by the AWO/PCM or Case Manager. Based on an interview with the Case Manager, he meets with the residents on a frequent basis and has daily contact. He is accessible and will take the time to ensure residents understand rules and procedures when needed. The MN DOC trains its employees on effective communications with individuals who are deaf or hard of hearing, who are blind or have low vision, who have intellectual disabilities, who have psychiatric disabilities, and who have speech disabilities through Staff Training PREA Module 3. The auditor determined that no resident has been assigned to Red Wing-Knox Cottage with a disability requiring modification in the PREA education delivery. Completion of orientation, receipt of the DOC Offender Handbook, receipt of the PREA handout, receipt of the oral presentation by staff, and watching the PREA video is documented by the resident's signature on the orientation form and uploaded to the individual's electronic file.</p> <p>115.16(c): Policy 202.057 prohibits the use of offender interpreters or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety. 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 who regularly work the Knox Cottage expressed to the auditor they knew of no instance where residents provided interpretation for another resident. Knox Cottage uses resident mentors who provide assistance to other residents in matters; however, they would never be used to interpret or otherwise be involved during reporting, or the investigation of a sexual abuse or harassment investigation based on interviews with Knox Cottage assigned staff.</p> <p>A systematic review and analysis of the stated evidence concluded the facility and agency meet the requirements of this standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed by Auditor: Policy 103.014; Policy 103.300; Policy 300.040; Policy 300.045; Lists of Personnel; Lists of Contractors; Personnel Records; Contractor Records; 5-Year Background Check Spreadsheet; Information Obtained from Interviews.

115.17(a)(b)(c): Policy 103.014 establishes that the department screens finalists for employment on their criminal history, associations with criminal justice-involved persons or currently/formerly incarcerated persons, employment history, including incidents of sexual harassment, and other background information, when they are being considered for initial appointment or rehire with the agency. The agency also conducts criminal history and employment history checks, including checking for incidents of sexual harassment, on a finalist for promotion. When a finalist's employment history includes a substantiated complaint of sexual harassment, the appointing authority must give additional consideration when making an employment decision. The DOC does not confirm a finalist's contingent job offer or promote anyone who a) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other public or private institution responsible for the care and custody of people; b) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c) has been civilly or administratively adjudicated to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other public or private institution responsible for the care and custody of people. The policy further outlines the extensive procedures involved in reviewing applicants for hire and promotion. Policies 103.014 and 300.020 provides consideration of any incident of sexual harassment in determining whether to enlist the services of any contractor who may have contact with incarcerated individuals. Policy 103.014 requires a background investigation to be conducted on all prospective employees. The HR staffing representative/designee reviews the employment record of a current or former state employee finalist in the state employee management system. If a finalist has been discharged from state employment or otherwise disciplined, the HR designee must provide a summary of findings to the HR manager, who analyzes the facts and determines if additional information will be requested from the regional HR or other state agency. For finalists for trainee-corrections officer positions, the HR staffing designee must review negative results from the employment history check, including any substantiated complaints by a former or current employer of sexual harassment.

The facility reports that 34 new employees were hired who may have contact with incarcerated individuals and who have had criminal records checks. The auditor randomly selected and reviewed personnel records for (19) employees consisting of (13) new hires and (5) promotions and found evidence that criminal history checks were conducted prior to employment/promotion with the agency. The auditor conducted interviews with the local HR and an HR team from the MN DOC headquarters to gather the full scope of the extensive background review conducted on all new employee candidates and existing employees using a third-party vendor for processing hiring and promotion applicants. Interviews confirmed that all vacant

positions are posted either internally or externally. Once interviews are conducted and candidate selections are made, the background packet is completed by the candidate, and the process begins. The misconduct questions stated in provision (a) are included on the Consent for Background form, where the prospective or existing employee must answer the questions and sign the attestation. Databases checked during the background check include Federal Criminal Search, National Criminal Search, Nationwide Sex Offender, County Criminal Search, Statewide Criminal Search, MN BCA, and SS Trace.

Interview with the HRD confirmed that the online application system automatically sends an email to all prior institutional employers listed on the application which asks for information about substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The auditor reviewed a sample of (4) completed Employment Background Information Requests, which verified the following questions are asked: (a) has employee ever been internally investigated; (b) was the employee found to have engaged in sexual abuse or resigned pending an investigation of sexual abuse; (c) was the employee found guilty of sexual harassment in the workplace. The interview with the HRD also confirmed the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The HRD confirmed during her interview that hiring managers reach out to prior institutional employers to obtain information on any substantiated allegations of sexual abuse and any resignations during an investigation. Interviews with the Central HR also corroborated that the prior employer reference check process was previously accomplished manually; however, the agency has implemented now uses an automated system, Skill Survey, contacts any prior institutional employer(s) by email requesting this information. Internal transfers/promotions are also checked through the agency's internal system DIGITS which shows any investigations and any disciplinary action taken at prior facilities. The local HR can also reach out directly to the prior facility to verify there is nothing current that has not been entered into the MN DOC database.

115.17(d)(e): Policy 300.04 requires background investigations to be conducted on all contractors who may have contact with inmates before enlisting services. The facility indicated (81) approved contractors have been cleared for services in the last 12 months. The facility contracts for medical services who have a daily presence the same as MN DOC employees. The facility also contracts with contractors throughout the year for various services required at the facility. The auditor requested and reviewed (12) contractor files and found they contained evidence of a current background clearance, PREA misconduct questionnaires; disclosure of offender association; and PREA policy acknowledgment forms. The facility submitted background checks for (4) medical contractors and (5) interns, confirming checks are conducted prior to employment or services rendered. An interview with the AWO/PCM confirms that MCF-RW completes background checks on direct-contact contractors, volunteers, and persons coming into the facility for tours. Interviews with the HRD also learned that contractor background checks are conducted by the Program Unit at Central Office for medical and interns and that service contractors are completed at

the local facility. During an interview with the administrative staff who manages the local service contractor files the auditor learned that service contractor's clearance expires after one year and must be conducted annually if they are a recurring service provider.

Policy 103.014 requires all current employees and contractors who may have contact with inmates to have a background investigation conducted at least every five years. A memo provided (04/09/24) with the PAQ indicates the facility could not locate records of 5-year background checks; however, during the site visit and subsequent interview with the HRD the auditor learned that these backgrounds are tracked, completed, and maintained at Central HR. Central HR Staffing Unit maintains a system of tracking background checks on employees using SmartSheet to ensure that background checks are conducted at least every five years for employees and contractors and prior to promotion for an existing employee. These background checks are conducted by American Databank. A subsequent memo (05/13/24) indicates that background checks are conducted on 1/5 of the staff annually. The auditor requested evidence that background checks for staff at Red Wing are current; the facility provided a spreadsheet of (134) employees who have been employed the facility for five years or more. The document verified that all had current background checks on file. Additionally, the auditor selected (8) random staff from the list and requested verification of the background check which was provided for review. The auditor determined that the agency and facility have a well implemented process for ensuring that background checks are conducted on employees and contractors at least every five years.

115.17(f)(g): The agency advises all employees that failure to disclose or attempts to withhold criminal history information will be grounds to disqualify an employee for hiring consideration through policy, during orientation, and in writing on the background check consent form. The application process is completed online and as part of the application process the applicant must attest to providing complete and truthful information and understanding that material omissions or the provision of materially false information is grounds for termination. Prior to using Skillpath in the application process, each applicant signed a misconduct form so some files contained a signed paper copy where the applicant was asked directly the three misconduct questions addressed in provision (a); however, with implementation of the new system through the third party vendor, each applicant is asked these misconduct questions as part of the application process which must be answered before submitting the application. An interview with the HRD and Central HR further verified that this information that the misconduct questionnaire is built into the system now and all new applicants and current employees applying for promotions will complete it online. The auditor randomly selected (13) employees that were hired within the past 12 months and reviewed their personnel file documents. All contained the attestation about omission of information and the questionnaire about prior misconduct. The interview with the HRD explained that all employees have a continuing duty to report misconduct and that this is covered with the employee upon hire and during training. Random staff (30) interviews confirmed that employees are aware of the continuing duty to report misconduct and that material omissions or false information can result

	<p>in termination. Interviews with the HRD confirmed that any sexual misconduct disclosed or found during the application process would disqualify a candidate from being employed.</p> <p>115.17(h): The HRD advised the auditor that responses are provided to any requests for substantiated allegations on prior employees when requested by an institutional employer; however, there had been no requests for this information outside MN DOC during the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed by Auditor: Policy 301.147; DOC Camera Technical Standards and Priorities; Five-Year Camera Plans for FY21-FY25; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.18(a): The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. Interviews with the Agency Head and Warden confirmed there were no newly acquired facilities nor any substantial modifications to this facility in the prior 12 months and further explained that design and planning of construction projects must consider the ability to protect or potential to hinder the protection of incarcerated individuals. They further explained that design and planning of construction projects must consider the ability to assist or potential to hinder the protection of incarcerated individuals.</p> <p>115.18(b): Policy 301.147 requires that when changes, additions, and/or enhancements are made to any portion of a facility video recording system, the PREA guidelines must be considered in the system design and construction. Facilities must create and maintain a five-year camera plan that details system design, operational goals, budget needs, and areas of concern. The camera plan must be updated annually and submitted to the deputy commissioner of facility services for approval at the beginning of each fiscal year. The camera plan must be retained at the facility and at the DOC central office according to retention schedules. Based on a review of the facility's Five-Year Camera Plan, assessments for camera replacements and additions in designated areas are tiered out over each fiscal year. This plan is reviewed quarterly and maintained by the facility Camera Committee. This committee assesses the progress of additional technological needs of the facility. A review of the Camera Projects Report shows a dedicated effort in maintaining cameras to enhance supervision and keep incarcerated individuals and staff safe. The Camera Projects list specifically identifies areas where recommendations have been made for camera</p>

	<p>installations to enhance the facility's ability to prevent sexual abuse. The MCF-RW FY24 camera plan indicated the system was upgraded on 12/09/2021. The facility currently has (306) cameras installed. In the last two years, (148) cameras have been installed in various areas throughout the facility as replacements of analog cameras and one additional camera. This past year the facility replaced all analog cameras in living units with IP cameras. The Camera Projects list specifically identifies areas where recommendations can be made for camera installations to enhance the facility's ability to prevent sexual abuse. The documented Five-Year Camera Plan and DOC Camera Technical Standards indicate priorities are reviewed regularly. New camera placement requires consideration of PREA standards 115.13, 115.18, and 115.86. Interviews with the Warden and AWO/PCM confirmed that when a camera goes down, an emergency work order is submitted for immediate repair; additionally, camera needs and placements are included in the administration team's discussions and the staffing plan reviews. The auditor's interview with the Agency Head confirmed that the agency supports use of monitoring technology to enhance the protection of incarcerated individuals from sexual abuse, among other safety concerns; additionally, the video recording system aids in the prevention efforts and as an investigative tool.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility exceed the provisions of this standard due to frequency of assessing the facility's technology needs and monitoring of the progress of projects.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed by Auditor: Policy 107.007; Policy 202.057; Policy 301.035; Policy 500.100; Health Services Sexual Abuse Response Checklist Template; First Responder Sexual Abuse Checklist; A National Protocol for Sexual Assault Medical Forensic Examinations; Qualified Staff Member (Advocacy) Resume; Community Victim Advocate Programs Information/Contact Sheet; MOU HOPE Coalition; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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</p>

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. Interview with the OSI Investigator confirmed that allegations with a criminal element are referred to Red Wing Police Department. There have been no incidents forwarded to outside agencies for investigation within the past 12 months. Interviews with (18) random security staff determined that staff knows and understands 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. Interviews with (3) facility investigators confirmed that all allegations of sexual abuse and sexual harassment are investigated, that abuse allegations and harassment allegations involving staff will be conducted by OSI.

115.21(c): Policy 202.057 requires that alleged victims undergo a sexual assault forensic examination at a designated emergency room, where a SANE/SAFE must be utilized. The victim is to be provided an option to access a sexual abuse community advocate during the process. Policy 500.100 states that forensic medical examinations (FME) are offered without financial cost to the victim. In the last 12 months, the facility had no SANE referrals. Interviews with medical staff and the HSA confirmed that victims of sexual abuse would be taken to the nearest emergency room (Mayo Clinic Red Wing) for medical treatment and FMEs. The HSA explained that they would first attempt the emergency room at Mayo Clinic Health System - Red Wing Hospital, but if they did not have a SANE available within a reasonable timeframe, they would transport the victim to the Mayo Clinic in Rochester. The auditor verified with a call to the Mayo Clinic System Red Wing who confirmed via telephone call that they have SANE services available on call but not full time. The Mayo Clinic in Rochester confirmed that they would have SAFE/SANE staff available to conduct a forensic medical examination.

115.21(d)(e): Policy 202.057 requires the alleged victim the option to access a sexual abuse community advocate. The policy further outlines a step-by-step process for sexual abuse advocacy, whether the offender consents or does not consent to a SANE exam. The agency has secured MOUs and/or contracts with 20 organizations across the state for advocacy response services. An incarcerated victim may be connected with services from any of these organizations, generally the one closest to the facility or closest to the person's home to ensure continuum of services are available upon release. These agreements include response to requests from the DOC to provide advocacy when incarcerated survivors are transported to the first available SANE for a sexual assault forensic exam. Additional services provided include: acting as an outside responding agency and having a 24-hour phone line accessible; responding to requests to provide advocacy when an incarcerated survivor requests community-based sexual assault advocacy (investigatory, follow-up interviews, and follow-up advocacy); assisting in coordinating on-going contact with a survivor who is incarcerated in a MN DOC facility. The agency provides qualified, internal advocates through the agency's Victim Services Unit when a community-based advocate is unavailable. These services are available via 651-361-7666 (free call) or by mail at

	<p>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. Upon request of the victim, an advocate will be provided during the forensic medical examination and during the interviews. This interview also verified that the 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. The local advocate contact information is provided to incarcerated individuals: Hope Center 1003 7th Street NW, Red Wing, MN 55066. An interview with the Case Manager and the PCMA confirmed that calls between the advocate and incarcerated individual will be treated confidential and conducted using an office phone or the "legal" phone which are not monitored. An interview with a representative of the Hope Center found that they are available to provide the services outlined in the MOU; however, there has been no request for services within the audit period.</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. 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>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, based on the agency having agreements or contracts for statewide support services the facility exceeds provision (d) of this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 107.005; Policy 107.007; Policy 202.057; MOU Red Wing Red Wing Police Department (PD); MN DOC Public Website; Information Obtained from Interviews.</p> <p>115.22(a)(b)(c): Policy 202.057 requires an investigation for all reports or allegations regarding incidents of sexual harassment or staff sexual misconduct. The policy states that allegations without criminal components will be investigated administratively, and allegations containing criminal behavior will be criminally investigated. An individual's sexual allegation against a staff person, volunteer, or visitor is reviewed by the agency's Office of Special Investigations (OSI) for any criminal violations. The PREA Coordinator reviews and determines if an investigation is warranted. Policy 202.057 requires an investigation for all reports or allegations</p>

	<p>regarding sexual harassment or staff sexual misconduct. The policy states that allegations without criminal components will be investigated administratively, and allegations that appear to have a criminal element will be criminally investigated. Policy 107.007 outlines the procedure for conducting a criminal investigation. The facility indicates on the PAQ that no allegations were referred for criminal investigation. The Allegations Tracking Spreadsheet reflected (0) allegations were reported and investigated within the audit period. The facility provided an MOU between MCF-RW and Red Wing PD for cooperation in investigating and prosecuting criminal allegations and confirming that Red Wing PD acknowledges and understands PREA standards and requirements. The agency's investigative policies describe the investigative responsibilities as required by this standard. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency's public website at https://policy.doc.mn.gov/DocPolicy/.</p> <p>During the auditor's interview with the Agency Head, he confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and explained the scope of the facility staff responsibilities as well as that of the OSI, to ensure that appropriate investigation is completed and documented. The auditor discovered during interviews with the AWO/PCM, Warden, and (3) Watch Commanders that allegations are reported directly to the facility Warden, OSI, and/or the AWO through a Confidential Incident report by the shift commander. Once received, it is assigned for investigation, and decisions are made on where the case goes from there and entered into the Agency's PREA database. The OSI Investigator provided the auditor with an explanation of the local procedures that would be followed during a criminal investigation and confirmed that no criminal or administrative investigations had occurred in the past 12 months. The OSI Investigator confirmed during the interview that all criminal investigation referrals would be documented. The auditor conducted interviews with the Warden, AWO/PCM, OSI Investigator, PREA Coordinator, and Watch Commanders. All parties interviewed explained that all allegations are referred for investigation and that OSI either conducts or oversees the investigation. When criminal behavior is involved, the OSI Investigator is the point of contact for the external law enforcement entity. After analysis and evaluation of the stated evidence, the agency and facility have demonstrated compliance with all provisions of this standard.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: Policy 103.420; Policy 103.420; Policy 202.057; FY23 RW Training Matrix; Staff PREA Training Acknowledgements (33); 2023 and 2024 PREA Refresher Training Roster; Sexual Orientation and Gender Based Needs Training Roster; Academy Schedule; PREA Brochure; PREA Training Modules 1-3; Annual Training Plan; PREA Online Refresher Report; Observations During Site Visit; Information Obtained from Interviews.

115.31(a)(b)(c)(d): Policy 202.057 requires staff, volunteers, contractors, or any other individuals who have direct contact with offenders to receive information regarding sexual abuse, harassment, misconduct, and the potential consequences for engaging in prohibited conduct with an offender. All DOC staff are trained to recognize the signs of offender sexual victimization and understand their responsibilities in the detection, prevention, prohibition, reporting, and consequences of sexual abuse and sexual harassment. The policy further states that staff must not engage in any form of retaliation against an offender who makes an allegation of sexual abuse or sexual harassment. Policy 103.410 establishes that all staff must adhere to the MN 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 participants' classifications and which categories of individuals need to take a particular course. The training plan is located on the employee development iShare site and includes a requirement that Prison Rape Elimination Act (PREA) refresher training must be completed annually. Policy 103.420 establishes that all facility, field services, MINNCOR, and must attend the orientation program which includes Preventing harassment and discrimination and PREA information; these job classes include corrections officers, non-corrections staff with offender contact, and all supervisory or managerial staff. The auditor's review of the FY23 Training Matrix further corroborates that PREA: The Standards training curriculum and Preventing Sexual Harassment was required as a refresher for facility staff, interns and contractors, and non-facility staff.

The auditor reviewed the training curricula PREA Training Modules 1-3 and found the material to contain the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with incarcerated individuals, how to communicate effectively with LGBTI and gender-nonconforming individuals and on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The online PREA modules contain individual sections regarding the dynamics of both male and female individuals, as well as a section on juvenile dynamics. All staff is trained on both male and female gender-specific information regardless of the gender of the facility that they are assigned to. An interview with the Training Coordinator confirmed that employees who transfer in from another type of facility receive a facility-specific orientation which includes a gender refresher. Policy 103.420 requires employee training to include gender-specific topics. The

auditor reviewed the training curricula and determined that the agency and facility meet the standard by providing gender-specific training to all employees. All new employees and contract employees receive PREA training during Pre-Service and then PREA online refresher training every year. The auditor reviewed two training rosters provided by the facility. The 2023 refresher training roster indicated that all staff had completed the required PREA refresher except for (11) staff who were confirmed to be on extended leave from the facility. The staff listed who are not enrolled, have no resident contact, and are not required to complete the training annually. The 2024 refresher training roster indicates that all staff who are required to complete the refresher are either enrolled or have already taken the course. The training coordinator provided a copy of the staff sign-in roster with staff signatures for all except the (11) staff on leave. An interview with the training coordinator corroborated the training schedules and verified that she monitors training statistics throughout the year to ensure that all employees who are enrolled in classes complete the training. She explained that she runs an exception report monthly, and weekly as the fiscal year begins to close and anyone who has not completed the required training is notified by an email reminder and a copy to the employee's supervisor. Any staff who are on extended leave will be enrolled upon their return to work.

The auditor interviewed (30) random staff using the Random Staff Interview Protocol. The auditor oversampled staff interviews because Red Wing facility shares the same campus, services, and staff as Red Wing-Juvenile facility. All staff were able to explain to the auditor the PREA training that they received during training at the academy as well as the annual refresher training. When asked if they were trained on the (10) topics delineated in provision (a) they all responded yes. They were all knowledgeable about what the zero-tolerance policy for sexual abuse and sexual harassment means and how they can comply with the policy. They all knew how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. They understood the inmates' rights to be free from sexual abuse and sexual harassment and that there is no such thing as consensual sexual contact with an incarcerated individual. They understood that retaliation for reporting sexual abuse and sexual harassment and participating in an investigation is prohibited. Most all of them were able to explain most of the dynamics of sexual abuse and sexual harassment in confinement and the common reactions of sexual abuse and sexual harassment victims. They were all well aware of how to detect and respond to signs of threatened and actual sexual abuse. All staff explained how to avoid inappropriate relationships with incarcerated individuals by setting professional boundaries and how to communicate effectively and professionally with all incarcerated individuals including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. Lastly, they were informed on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

115.31(d): Training is recorded either through the computer-based training system or through sign-in rosters when conducted in person. Based on an interview with the Training Coordinator, training that is conducted in person is also entered into the

	<p>employee's electronic training record. The auditor reviewed the PREA Refresher completion page that advises the staff of their completion of the training and includes a digital certification with an acknowledgment of completion and understanding of the information provided. The auditor randomly selected and reviewed (33) staff records to review their signed training acknowledgment forms indicating staff understand the training they received.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, the agency exceeds this standard by requirement PREA training annually.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 300.40; Policy 300.045; DOC Volunteer Training PowerPoint; Signed Acknowledgement Forms; PREA Brochure; PREA Training Modules 1-3; List of (11) Contractors and (10) Volunteers; (30) Contractor Training Acknowledgements; Volunteer Orientation PowerPoint; (1) Volunteer Packet.; Information Obtained from Interviews.</p> <p>115.32(a)(b)(c): 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 (21) 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.</p> <p>The auditor reviewed (30) acknowledgment statements for contractors and (1) volunteer packet provided with the PAQ indicating they have received and understood the training on the agency's zero tolerance policy. Based on the auditor's interview with the AWO/PCM, service contractors are advised of the law, the zero-tolerance policy, and how/to whom to make a report; provide them with the sexual misconduct pamphlet and have them sign the acknowledgment statement. The auditor interviewed the staff member responsible for covering the training with contractors and she demonstrated how she delivers the training. Additionally, the auditor interviewed the volunteer coordinator who explained all volunteers must take the volunteer training annually before being allowed entry and contact with incarcerated persons. 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</p>

	<p>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.</p> <p>During the onsite audit, the auditor randomly selected and reviewed (9) contractor files for review and found evidence that all had completed the required training and signed corresponding acknowledgment forms. The auditor interviewed (1) contractor during the site visit who was aware of the zero-tolerance policy, his responsibilities, and to whom to make a report if he becomes aware of an incident. The auditor interviewed (1) volunteer by phone and confirmed that he had received the required training as well.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed by Auditor: Policy 202.050; Policy 202.057; Intake Training Form Template; Hotline Posters (English/Spanish/Hmong/Chinese-Mandarin); Zero Tolerance Brochures (English/Spanish/Hmong/Chinese-Mandarin); Zero Tolerance Posters (English/Spanish/Hmong/Chinese-Mandarin); Sexual Abuse Prevention and Intervention Guide (English & Spanish); TTY Instruction Form; Training Video; Contracts for Sign Language, Spoken Language Interpretation and Written Language; Federal iSpeak Poster; Observations Made During Site Visit; Information Obtained During Interviews.</p> <p>115.33(a)(b)(c): 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 1) policy 202.057; 2) prevention/intervention; 3) self-protection; 4) notification of the prohibition of sexual abuse/harassment, how to identify and report sexual abuse/harassment, and information on what defines a false accusation and the penalties for making a false accusation. 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</p>

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 differs from those of the previous facility. The facility reported on the PAQ that (43) 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 (42) completions within the last 12 months.

All residents assigned to Red Wing are transferred directly from another MN DOC facility. Incoming residents received the comprehensive education when they were newly committed to the MN DOC. Each time the individual is transferred from one MN DOC facility to another they receive a refresher PREA education based on the same topics. When a new intake is transferred to Red Wing he is educated regarding his right 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, and to whom a PREA complaint can be made. This education takes place within a couple of hours, but not more than 24 hours after the resident's arrival at the facility. Intake occurs in Knox Cottage immediately after the individual arrives. Arrivals are scheduled, and facility staff is waiting to receive the resident for intake processing as soon as they arrive. Once the individual arrives, the shift officer is responsible for the delivery of the orientation to the facility and PREA education to the individual which occurs during intake within the first few hours of arrival. The facility had (1) new resident admitted to the facility during the site visit so the auditor was able to observe the intake process. The resident was brought into the unit and the Shift Lieutenant (LT), and shift officer introduced themselves and explained the procedures that were about to take place. The resident was pat searched, then an unclothed body search was conducted. Next the resident's property was inventoried. Then the officer explained the facility's zero tolerance for sexual abuse and sexual harassment policy and covered all bullets on the "Offender/Resident Prison Rape Elimination Act Intake Training" form. The officer explained that there are community advocacy resources available for victims of sexual abuse and pointed out the signage on the wall. Once the training was presented the officer provided the new resident with the Facility Handbook, Rule Book, Housing Conditions and Expectations, and the PREA brochure in English and asked if he had any questions and the resident stated no, that he had been educated on PREA several times at other facilities. The officer then asked the resident to sign the form indicating he understood the education. Afterwards he was escorted to the medical department for his intake screening. After returning from the medical department to the the Knox Cottage, the new resident was shown the PREA "What you Need to Know" video. The LT reviewed the information obtained during the screening and then made a bed assignment for the new resident.

On the first day of arrival there were (41) residents at Red Wing based on a housing roster printed for the auditor. The auditor requested the facility provide lists of residents who met certain targeted categories based on the auditor's guide for

interviewing inmates. The results were hearing impaired (0); vision impaired (0); physical disability (0); receiving mental health services (3); LEP (0); reported sexual abuse (0); reported prior victimization (3); LGB (0); TG/IS (0). One of the residents receiving mental health services had released from the facility recently so there were only (5) residents who met a targeted category for interviews. Based on the auditor's observations during the site visit, informal conversations with staff and residents during the site visit, the mission of the facility, and a review of the demographics noted on the roster, the auditor found no evidence to contradict the targeted categories listed as none. For interviews, the auditor randomly selected (6) residents from various demographics, age, and length of stay at facility for interviews; and selected (5) residents from the targeted categories (2-cognitive disability; 3-reported prior sexual victimization). The auditor utilized questions from the Random Inmate Survey found on the PRC website when conducting these interviews and documented them on a modified questionnaire form. Individuals interviewed indicated they were aware of the PREA and that they received comprehensive PREA training at their initial intake facility. They also explained that every time they moved to another facility, they had received information about PREA. Interviews confirmed that they were provided the PREA brochure, saw the video, and that the 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 and that LT (PCMA) is the person to go to if they were to have any problems.

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. There were no individuals at Red Wing who were physically disabled, visually impaired, or hearing impaired. There were (3) individuals who were cognitively impaired during the last 12 months. The auditor interviewed (2) cognitively impaired, and both explained they were able to understand the education delivered by the officer at intake with no additional assistance and were able to read the PREA brochure in the format provided. The AWO is the designated ADA Coordinator and stated during her interview that there were no individuals who had required language assistance or ADA assistance within the prior 12 months. Interviews with (30) random staff verified they are aware of the contracts for language interpreting services and that they would contact the Watch Commander if they had a situation where an interpreter was needed. The auditor interviewed (3) Watch Commanders and all provided the auditor with the information on how to reach an interpreter; however, they explained that there have been no residents at Red Wing who have needed an interpreter during the audit period. The auditor interviewed security staff who regularly work Knox Cottage and the Case Worker who all explained that if a resident arrives and needs assistance understanding the PREA education, accommodation will be made with guidance from the AWO/PCM-ADA Coordinator. They all explained there have been no disabled residents assigned to Red Wing.

	<p>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 Offender/Resident Prison Rape Elimination Act Intake Training" forms for (18) residents and found they received the orientation/comprehensive training on the same day they arrived at Red Wing.</p> <p>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 and victim advocacy posters prominently posted on bulletin boards and walls on all three floors of Knox Cottage, in all common areas, recreation and work areas, as well as the living units. The signage posted was large and colorful and posted at a level that most people of average height could see from a distance. 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.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. The facility consistently delivers comprehensive education to new residents on the same day of arrival (generally within 2 hours) exceeding the requirements of this standard being 72 hours.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Policy 107.005; List of Investigators; Special Investigation Training Records; Sexual Harassment Training Certificates; Information Obtained from Interviews.</p> <p>-</p> <p>115.34(a)(b)(c): Policy 107.005 requires that OSI Investigators with specialized training in sexual abuse investigations in confinement settings must conduct sexual assault investigations. All sexual abuse allegations are reported initially to the facility's assigned OSI Investigator. If the case is sexual harassment, the OSI Investigator will provide direction to a facility investigator who has specialized training in conducting sexual harassment investigations. The trained OSI Investigator will complete sexual abuse allegations. Training certificates were provided for (5)</p>

	<p>facility investigators who completed the PRC 115.34 Specialized Training: and Sexual Harassment training.</p> <p>The auditor reviewed the curriculum for the training and found that the Investigations training met all criteria required in provision (b).</p> <p>The auditor interviewed (3) facility investigators, including the newly appointed PCMA. They each explained they received the training for investigating sexual harassment in a confinement setting and were able to explain investigative protocol. Their training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, and sexual abuse evidence collection in confinement settings. Additionally, they were all able to articulate to the auditor the criteria and evidence required to substantiate a case for administrative action. The auditor also interviewed the OSI Investigator assigned to Red Wing who will conduct sexual abuse allegations and assist facility investigators with sexual harassment investigations and learned that he has just been assigned to this position and is currently "working out of class". He has not conducted a PREA investigation yet since he has not completed the specialized training. The auditor found that he is knowledgeable about investigative procedures, evidence protocols, investigative interviewing and report writing. He is aware that he cannot conduct a PREA investigation until he has completed the specialized training. The previous facility OSI Investigator had been assigned to Red Wing for over 20 years and conducted most all of the facility's investigations prior to retirement. She received training on conducting investigations in confinement settings. An interview with the Warden and AWO/PCM verified that until the assigned facility OSI Investigator completes his training, any sexual abuse allegations will be investigated by another trained OSI Investigator from another facility. Sexual harassment can be investigated by a trained facility investigator but will still be reviewed by OSI. There were no allegations of sexual abuse reported at Red Wing since the last audit so there have been no investigations required.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed by Auditor: Policy 202.057; Policy 500.030; Staff Training Records; Contractor Training Records; Training Roster and Certificates for Specialized Training; FY2024 MN DOC Training Matrix; FY2024 Red Wing Training Plan; Information Obtained During Interviews.</p> <p>115.35(a)(c)(d): Policy 500.030 requires that nursing staff, and full and part-time medical and mental health practitioners in health services, receive specialized training on how to detect and assess signs of sexual abuse and harassment, how to</p>

	<p>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. Staff must take the NIC Training PREA 201 for Medical and Mental Health Practitioners. Medical and mental health practitioners are also required to receive the same basic PREA training as all employees as discussed in the auditor's narrative in 115.31; contracted providers comply with requirements of 115.32. Training curriculum for medical and mental health staff includes the basic training topics as well as specialized for this class of employees. Training records confirmed both specialized and basic PREA training was completed by all staff. A review of the FY2024 Red Wing Training Plan found that all staff is required to complete the Sexual Abuse & Assault Policy Review and annual in-service which includes a PREA module refresher. The facility provided a training roster and corresponding training certificates for (5) medical staff, (10) mental health staff, (1) contract CNA, and (3) contract mental health practitioners who completed the NIC training as well as as training records for basic training.</p> <p>Interviews with (2) medical staff, (2) behavioral health staff, and (1) contract psychiatrist verified they have received specialized training regarding sexual abuse and sexual harassment and explained the training covers topics such as how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. They also explained that they complete annual in-service which always includes a PREA refresher module.</p> <p>115.35(b): Policy 202.057 establishes that facility staff do not conduct sexual assault forensic examinations; therefore, this provision is not applicable.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.41 Screening for risk of victimization and abusiveness	
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.040; Policy 202.057; Policy 203.010; Policy 500.050; Completed Initial Risk Screening Tools; Completed 30-day Review Examples; COMS Intake Screenshots; Screening Tool Matrix; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.41(a)(b): Policy 202.057 requires for all new commitments, release violator, department transfer, jail delegation, or non-department admission, a qualified staff person completes a PREA Intake Screening Tool in COMS, screens the offender's available file information, and interviews the offender to assess his/her potential</p>

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. Health services staff conduct the initial risk screening on all individuals during intake. The facility indicated on the PAQ during the prior 12 months, 43 (100%) of new arrivals received an initial PREA risk screening within 24 hours of arrival. The auditor randomly selected and reviewed (26) intake risk screenings and found all initial screenings were conducted within 24 hours of arrival to Red Wing, which exceeds the requirements of provision (b) of this standard. Based on interviews with the HSA and nursing staff, the case worker, (12) residents, and security staff who work the unit, and a review of (26) intake risk screenings, the PREA risk screenings occur generally within two hours but no later than 24 hours after the new resident's arrival to the facility.

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. Red Wing 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. The facility provided (5) examples of email communication between Red Wing and Moose Lake (the referring facility) to indicate the stringent placement screening process for determining if an incarcerated individual is suited for Red Wing due to the mission. Red Wing is a work facility and residents are preparing to transition back to the community within the next 18 months. Based on knowledge of this information the auditor understands this is the basis for so few residents who meet the targeted categories.

115.41(f)(g): 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 entered "0" as the number 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 and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. The facility clarified the PAQ entry was an error, and the number is actually (43) during the site visit and followed up with a memorandum. The auditor reviewed 30-day reassessments (documented on the last page of the same form as the initial), for (26) residents with finding that (22) were completed within 30 days and (4) were completed but beyond 30 days. The Case Manager for Knox Cottage was identified as the designated staff who conducts the 30-day screening reassessment. During an interview with the Case

	<p>Manager, he explained that he has been in his current position since February 2024 when the position was suddenly vacated by his predecessor. Upon assuming the duties, he reviewed records for all current residents and discovered that (2) were past due on their 30-day assessment which he immediately completed. Since that time, he has consistently completed the reassessments within 30 days, which was corroborated by the auditor's review of the 30-day assessment documents. He explained that COMS notifies him electronically at 25 days that the 30-day reassessment is coming due and he makes a note on his calendar to meet with the resident privately to discuss the reassessment and see how the resident is adjusting to being at the facility. Interviews with (12) residents confirmed that they were asked the screening questions by the Case Manager something within a month after they arrived, except for the (1) who just arrived during the site visit.</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 only to those who need to know. This was further confirmed through interviews with the HSA, Psychological Services Director, and the AWO/PCM.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.and the facility has demonstrated they exceed provision (b) in conducting all risk screenings within 24 hours of the individual's arrival at the facility.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.040; Policy 202.045; Policy 202.057; Data Privacy Monitoring Notice; Memo regarding pre-transfer screenings; Memo: No transgender population; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.42(a)(b): Policy 202.057 establishes that information obtained from the intake screening will be used to inform housing, bed, program, and work assignment decisions with the goal of keeping separate those offenders who are at risk for sexual victimization from those who are prone to sexual aggression. Based on interviews with the Warden, AWO/PCM, and PREA Coordinator, Red Wing has a unique mission in</p>

that it is a minimum security re-entry housing facility. All residents are rigorously screened prior to being accepted into the program and have to meet stringent criteria. Residents are expected remain employed and display positive, rule-abiding behavior. These residents have substantial freedom to travel to and from designated areas unescorted and see this placement as a first step toward returning to the community. The facility's housing arrangement consists of single and two-person rooms on the third floor and two-open dormitory style housing rooms on the first floor. The facility offers no programming or education as these requirements must be completed as part of the condition for assignment to Red Wing. Single rooms are assigned by seniority, and general bed space is assigned based on availability during intake.

MCF-RW has one building where all individuals participating in the program are housed. Single rooms are assigned by seniority, and general bed space is assigned based on availability during intake. Housing arrangements include single rooms, double rooms, and open dorm-style. Interviews confirmed that the Unit Lieutenant, Case Manager, Sergeant, and Officer meet regularly to discuss current issues that require special attention going on at the unit. Any safety concerns for an individual would be discussed during these routine meetings, and decisions would be made in the interest of keeping the individual safe when making bed assignments. Job assignments are assigned by individuals bidding on postings and seniority unless there are special needs or concerns regarding the individual. Anyone identified as being sexually aggressive would be removed from the program and returned to a prison environment.

The auditor's review of the risk screening instruments for (26) residents found well-documented notes when the respondent answered yes to any of the questions that may increase a person's risk for vulnerability or propensity for sexual abuse. This response entered into the database triggers a follow-up meeting with the LT. The LT discusses the response with the resident and checks with the resident about any adjustment issues since arriving at Red Wing. The AWO/PCM, Case Manager, and Unit Supervisor explained that the facility uses information obtained from the risk screening along with other known information to determine bed and work assignments with the goal of keeping separate individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. Observations during the site visit, interviews with (12) incarcerated individuals, interviews with staff and supervisors who work the Knox Cottage, and review of (26) residents' risk screening documents, and the facility's history of having no sexual abuse or harassment allegations since the last audit conclude that none of residents assigned appeared to be at high risk for being sexually victimized or to be sexual predators and that facility and bed assignments have been made appropriately.

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. Additionally, this policy provides guidance and procedures for determining the placement of transgender, gender non-conforming, or intersex individuals upon intake screening. The statewide Transgender Committee will evaluate, on a case-by-case basis,

	<p>whether placement in a male or female facility would ensure the individual's health and safety and whether placement would present management or security problems. The facility has never had a known to have a transgender or intersex individual at the facility based on interviews with the AWO/PCM, HSA, and Psychological Services Director.</p> <p>The agency or facility has no dedicated wings of this nature. Interviews with the AWO/PCM, Unit Manager, intake officer, and Case Manager confirmed that residents are not housed according to their sexual orientation or gender identification. The facility staff determine the preliminary placement of a new arrival based on bed space availability and where they feel the best placement will be taking information from the risk screening instrument into consideration. During the site visit there were no residents who identified as lesbian, gay, bisexual, transgender, or intersex.</p> <p>115.42(d)(e): Policy 202.045 directs that placement and programming assignments for each transgender, gender non-conforming, or intersex incarcerated person must be reassessed at least twice each year to review any threats to safety experienced by the individual. These assessments will be conducted using the follow-up screening process in the facility's database. The PREA risk screening instrument includes a direct question regarding the individual's own perception of vulnerability, which extends to and includes transgender and intersex residents. Staff interviews confirmed that they have a clear understanding of the signs and behaviors of an individual who may be vulnerable, and any overt or covert expression of vulnerability is taken seriously. Necessary actions are taken to maintain safety for all individuals. An interview with the Statewide Medical Director confirmed that the Transgender Committee takes the transgender/intersex individual's own perception of vulnerability into serious consideration. Interviews with (30) random staff and supervisors verified that staff listen to resident's concerns treat them with respect and dignity.</p> <p>115.42(f): Policy 202.045 states that the Transgender Committee makes recommendations regarding facility placement and other matters that it deems necessary to maintain the resident's safety such as assignment to a single room or provide shower restrictions. Policy 202.045 also establishes that transgender, gender non-conforming, and intersex individuals must be allowed to shower separately from other individuals if deemed appropriate by the transgender committee. The facility has no transgender or intersex individuals assigned to Red Wing-Knox Cottage.</p> <p>115.42(g): Red Wing has no dedicated units or wings solely for individuals identified as LGBTI. An interview with the PREA Coordinator confirmed that the agency has no dedicated wings solely for LGBTI individuals and that they are placed throughout the state. She stated that she periodically monitors this data and has not observed any particular trends.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.43	Protective Custody
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Protective Custody Memo; Administrative Segregation Review Form; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.43(a)(b)(c)(d)(e): Policy 202.057 states that offenders 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 available alternative means of separation from likely abusers. Agency policy is compliant with all requirements of provision (b). However, Red Wing-Knox Cottage does not have a segregation unit for adults. If an incarcerated individual were identified as being at high risk for sexual victimization, the facility management staff would meet with the individual and determine the best possible housing situation to ensure the safety of the individual, which may include transfer to another facility. The facility indicated on the PAQ and during interviews with the Warden, AWO/PCM, PCMA, Knox Cottage Case Manager, and security staff who regularly work Knox Cottage that no individuals at high risk of sexual victimization were identified within the audit period. As Red Wing-Knox Cottage does not have segregated housing or status, there were no staff who work segregation to interview.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 103.420; Policy 202.057; Policy 203.115; Policy 300.300; Policy 302.020; Resident Handbook; PREA Hotline Posters; Zero-Tolerance Posters; PREA Brochure; I-Speak Poster; Ombudsman Information; Website; Resident Handbook; Intake Packet; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.51(a)(b): Policy 202.057 establishes that MN DOC offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously. Options include calling the Rape, Abuse, and Incest National Network (RAINN); reporting to any staff, volunteer, contractor, or medical or mental health staff; submitting a grievance or sick call slip; reporting to the PREA Coordinator or PCM; Telling a third-party to report at 651-603-6798; using the DOC public website, or contacting the Ombuds' Office. Incarcerated individuals are also informed that they may make a report on behalf of someone else. The hotline can be reached by dialing a speed dial</p>

number (instructions posted next to the phones) which is monitored by the agency's PREA Coordinator, who retrieves the calls and forwards calls to the appropriate investigator upon receipt. A systems test was conducted from a randomly selected telephone in Knox Cottage dayroom, and calls were successfully placed to RAINN and the DOC Hotline. The Sexual Abuse Prevention and Intervention Guide is provided to every incarcerated individual upon arrival to the facility; this publication explains individuals are to report abuse to any staff member or supervisor. 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 and establishes that correspondence to or from those state federal officials, using the business address of the state or federal official, designated by the department mail committee. The destination or return address must clearly indicate it is to or from one of these sources in order to be treated as special mail. Special mail does not need to be logged as legal mail and is opened only in the individual's presence. This policy further directs that outgoing special/legal mail must be submitted unsealed. The Special Mail List identifies those state and federal officials that may be corresponded with through the Special Mail procedures. Policy 203.115 establishes that individuals may arrange calls with consular officers, honorary consuls, and diplomatic officers in the same manner as attorney phone calls, and instructions for consular notifications are provided in the Offender Handbook. The Office of the Ombudsman for Corrections is a separate and independent agency and has the authority to take and investigate complaints from IPs. The facility provided a flyer for the Minnesota Office of the Ombudsman for Corrections (OBFC), which is a neutral and independent investigator of complaints regarding state correctional agencies. The OBFC is a separate agency that acts independently 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. Additionally, individuals can report to the National Sexual Assault Hotline, Available 24 hours at 1-800-656-4673 (RAINN); notices are posted in the living unit with the contact information for both of these external entities. The agency also provides Consular notification and International Prisoner Transfer information if a noncitizen is sentenced to MN DOC custody.

The auditor verified during interviews with (12) incarcerated individuals that they were aware of the multiple methods by which a report of sexual abuse or sexual harassment could be made. When asked directly about the method they would use to make a report of sexual abuse or sexual harassment, (11) stated they would tell a staff member and (1) said he wouldn't report and handle it himself. They all knew that they could make a report anonymously by writing medical, the AWO or LT, or the Warden or they could have someone on the outside file a complaint on their behalf. None of the individuals interviewed had made a report of sexual abuse or sexual harassment at the facility. Interviews with (30) random staff verified they are aware of the various methods that an incarcerated individual can make a report and their responsibilities if a report is made directly to them either in person or in writing. All were aware that 3rd party, and anonymous reports should be handled according to the same reporting procedures as other methods of reporting.

The agency publishes and distributes a PREA brochure titled "End the Silence". This brochure notifies of the following reporting methods: "Telephone: Rape, Abuse, and Incest National Network (RAINN) *77; Report to any staff, volunteer, contractor, or medical or mental health staff; Submit a grievance or sick call slip; Report to the PREA Coordinator or the facility PREA Compliance Manager; Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling the DOC Sexual Abuse Helpline at 651-603-6798; You also can submit a report on someone's behalf, or someone at the facility can report for you." This brochure was observed in the dayroom and the Case Worker's office. The agency publishes and distributes an oversized Zero Tolerance for Sexual Abuse and Sexual Harassment poster with the following message: "MN DOC offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously; Call Rape, Abuse, and Incest National Network (RAINN) Dial *77. FREE Call; Report to any staff, volunteer, contractor, or medical or mental health staff; Submit a grievance or a sick call slip; Report to the PREA coordinator or PREA compliance manager; Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 651-603-6798; You also can submit a report on someone's behalf; Use the DOC public website- anonymously; Contact the Ombudsman's Office." Additionally, the MN DOC Victim Services information is included on these posters which advise there are staff available for support services. "Victim Services can provide survivors of sexual abuse with emotional support services. To access these services, call 651-361-7666 or send a letter to: Victim Services at 1450 Energy Park Drive, St. Paul, MN 55108."The agency publishes and distributes an 8.5x11 color print poster for the PREA hotline that goes directly to the PREA Coordinator's office titled Do Not Live in Darkness and Fear. During the site review, the auditor observed the above referenced signage posted throughout the facility in recreation areas, work areas, common areas and living areas, including audit notices and access to outside victim emotional support services. The information provided on this signage was found to be readable and accessible, and placed throughout the facility to convey vital sexual safety information specific to the facility. All PREA signage is approved at the agency level, so it is consistent throughout all facilities within the MN DOC. The message is clear and easy to understand. Signage is provided in English and translated for Spanish, Hmong, Chinese which are the most commonly spoken in the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. In some areas, signage has been painted on the walls where it is not easily removed. The information on the signage was found to be accurate and aligned with the information used by the auditor to conduct the internal systems testing. The auditor also observed notices for both of the external reporting entities prominently displayed in the common areas with the contact information for both of these external entities. The facility also has posted on the bulletin board the Consular notification and International Prisoner Transfer information in the event a non-citizen is sentenced to MN DOC custody; although there have been none assigned to the facility within the audit period.

115.51(c): Policy 202.057 lists methods of reporting which include anonymous and third-party reporting. Once notified, staff must immediately report all third-party

	<p>reports in a confidential incident report to the watch commander who must then notify OSI. OSI will determine whether, and how, and investigation will proceed. Random staff (30) interviewed were knowledgeable about their responsibility to accept reports of sexual abuse and harassment if made verbally, in writing, anonymously, or by a third party. Staff were also aware of the multiple ways an individual may make a report, and this information is provided during pre-service and in-service training. No reports of sexual abuse or sexual harassment were received by line staff during the past 12 months. The policy also states that staff must report any communication, including rumors from staff or offenders that may indicate sexual abuse. The agency requires staff to accept reports verbally and in writing and complete an incident report promptly.</p> <p>115.51(d): Policy 202.057 states that anyone, including staff, may contact the sexual abuse helpline by dialing 651-603-6798 and following the prompts. Policy 300.300 establishes that staff can utilize a “Confidential report” to report staff misconduct information; however, this method does not necessarily ensure privacy. The auditor’s interview with the PREA Coordinator revealed that the agency has two options for reporting. The internal method is a link on iShare “Report Potential Employee Misconduct,” to which all staff have access; the external method is a link on the agency’s public website “Submit a Complaint about a[n] MN Correctional Facility,” which is directed to the Office of the Ombuds for Corrections. This office is a separate and independent agency and has the authority to take and investigate complaints from or about any MN DOC staff or facility. Staff revealed during interviews that they were aware they could go outside of their chain of command to report sexual harassment or abuse of individuals if they felt it was necessary and knew of the various methods, including contacting OSI directly. The agency also publishes and distributes a brochure titled Sexual Misconduct with Offenders and provides the Employee Assistance Program number to speak with a consultant at 651-259-3840 or 800-657-3719, or by visiting www.mylifematters.com. These brochures are distributed during new employee orientation and are also made available through the AWO/PCM.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Policy 303.100; Information Obtained During Interviews.</p> <p>115.52(a): Based on the auditor's review of policies 202.057 and 303.100 and interviews with the PREA Coordinator and AWO/PCM, the agency does not have administrative procedures to address sexual abuse grievances. Therefore, the</p>

	remaining provisions (b-g) are not applicable. The facility meets this standard through non-applicability.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 107.007; Policy 202.057; Policy 203.115; Offender Handbook; PREA Brochures with Victim Advocate Phone Number (English, Spanish, Hmong, Chinese) Advocacy Services Fact Sheet; MOU MN Indian Women's Resource Center; MOU Hope Center; MOU Rape Crisis Services Center; MOU Family Pathways; MOU: Hope Coalition; MOU: PAVSA; MOU: Sexual Violence Center; MOU: Southern Valley Alliance; MOU: Outfront MN; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.53 (a)(c): Based on the auditor's interview with the PREA Coordinator, the MN DOC Victim Services & Restorative Justice (VSRJ) unit coordinates victim survivor advocacy services for incarcerated individuals. A Victim Services Specialist may be reached at 651-361-7666 (free call) or by mail at Victim Services, 1450 Energy Park Drive, St. Paul, MN 55108. The unit has secured either MOUs or contracts with 20 advocacy centers across the state who are able to provide services to incarcerated individuals. Based on the auditor's interview with the Victim Services Specialist, once she receives a referral for services or a request from an individual, she will make contact, usually within 24 hours, to assess the need. If available, she will connect the resident with outside community services, and if these are not available for the area, she will provide the advocacy directly. The Victim Services and Restorative Justice (VSRJ) unit holds MOUs and/or contracts with the programs listed below for the purpose of providing victim survivor advocacy services to those who are incarcerated or on supervised release with the DOC. Each request for services is reviewed by 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> <p>The local victim advocate for Red Wing is Hope Coalition which was confirmed during a phone call with a local representative at the center. She explained that they are available to assist sexual abuse victims whether at Red Wing whether or not the abuse occurred in confinement. Services provided include counseling, education, support, and referrals as well as sexual assault advocacy and investigatory</p>

	<p>interviews. Additionally, counselors at Hope Coalition shall maintain confidentiality of communications with survivors who are living in a DOC facility following the Center's and DOC's policies and procedures. Information containing the phone number and mailing address of Hope Coalition was observed on the dayroom bulletin board.</p> <p>Interview with the AWO/PCM and facility investigator confirmed that the facility provides individuals at Red Wing with access to outside victim advocates for emotional support services related to sexual abuse and that requests to be connected with these services are handled as confidentially as possible. The auditor interviewed the Victim Services Specialist and learned that in addition to ensuring individual assistance is provided to incarcerated victims and that they are connected with the services they require, she is qualified to provide interim advocacy until the individual can be connected with the appropriate community advocate. Posted throughout the facility is the Victim Advocate Services information poster that includes the address and phone number for Victim's Services and the address and phone number of National Sexual Violence Resource Center; and the speed dial number *77 f or the Rape, Abuse, and Incest National Network (RAINN) which is an option for the incarcerated individuals. The auditor observed signage by the phones in Knox Cottage advising that all calls may be monitored or recorded. The Victim Services Specialist explained that calls between the advocate and incarcerated individual are scheduled and conducted on a telephone outside the dormitory, generally in the same area that a legal call would be made, to protect the sensitive nature of the call and to allow the call to be private and unmonitored.</p> <p>115.53(b): The Victim Advocate Services poster advises individuals that MN DOC does not guarantee the confidentiality of communication to the outside party when placed from the housing unit phones; any communication from the facility is subject to normal communication monitoring unless otherwise noted. The Data Privacy/Monitoring notice advises the resident that all offender communications (including mail, telephone, and person-to-person) are subject to monitoring.</p> <p>Based on analysis and evaluation of the evidence reviewed, the facility and agency have demonstrated compliance with this standard; additionally, the agency exceeds by having a dedicated agency victim advocacy unit to ensure individual assistance is provided to incarcerated victims of sexual abuse.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Ombuds Information; Hotline Posters; PREA Brochures (Multiple Languages); Agency Website Review; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.54(a): Policy 202.057 establishes that staff may receive an anonymous kite, hear</p>

	<p>a rumor, or other third-party information (including from an offender's family or friend) that an offender has been the victim of sexual abuse/harassment/staff sexual misconduct at which time they must immediately report all information in a confidential incident report to the watch commander/duty officer. Based on the auditor's interview with the PREA Coordinator and AWO/PCM, family, friends, or any other person can report sexual abuse/harassment to any MN DOC staff at any time. The agency has established a method to receive third-party reports of sexual abuse and sexual harassment by providing a toll-free PREA Hotline at 1-651-603-6798, and callers may remain anonymous. This information is posted on the agency's public website which also contains a link to email the PREA Coordinator directly. 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 callback 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 the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 202.057; Minnesota Legislation Regarding Mandatory Reporting; Information Obtained During Interviews.</p> <p>115.61(a)(b)(c): Policy 202.057 establishes the requirement for all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, or retaliation, or staff neglect or violation of responsibilities contributing to an incident that occurred at a facility. 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 trained on</p>

	<p>the required reporting procedures and are instructed to maintain the confidentiality of any information known regarding sexual abuse/harassment allegations outside of their responsibility to report the incident and aid the investigation or treatment or for security and management decisions as deemed necessary.</p> <p>Random staff interviews (30) confirmed that they are aware of this duty to protect the confidentiality of sensitive information. The auditor reviewed the Confidential Incident Report Routing Guideline Matrix and found that the first level routing includes notification to the OSI investigator for Sexual Abuse/Assault and Sexual Harassment incidents perpetrated by staff or another incarcerated person. Review of case files, SART Response Checklists, and Confidential Incident Reports confirms that staff immediately report any allegation received, regardless of the origin of the report. An interview with the facility investigator confirmed that the facility Watch Commander contacts her for notification purposes and further guidance when warranted any time that a PREA allegation is made. Medical and mental health staff interviewed by the auditor confirmed that the mandatory reporting of incidents of sexual abuse and sexual harassment that occur during incarceration is a requirement and is not affected by any Federal, State, or local law to be withheld for confidentiality purposes. During the interviews with medical and mental health staff it was explained that they inform incarcerated individuals of the limitations of confidentiality before delivery of services and that they would forward information about sexual abuse or sexual harassment that occurred at the facility immediately for investigation. The facility provided the auditor with a copy of the Mental Health Informed Consent form for review.</p> <p>115.61(d): According to MN state statutes, staff in a licensed facility are legally required or mandated to report if there is reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency. There are no individuals under the age of 18 housed at Red Wing-Knox Cottage. Based on the auditor's interview with the PREA Coordinator, Warden and the auditor's research, abuse of vulnerable adults in a correctional facility must be reported to local law enforcement for a criminal investigation.</p> <p>115.61(e): There were no allegations reported at the facility within the audit period; however, interviews with the Warden, AWO/PCM and PCMA confirmed that all allegations of sexual abuse and sexual harassment received are forwarded to an investigation for an administrative or criminal investigation, as required.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: Policy 202.057; Information Obtained from Interviews; Personal Observations.</p> <p>115.62(a): Policy 202.057 states that if the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, it must take immediate action to protect the offender. The facility reports 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 (30) random staff interviews confirmed that they would ensure the individual remained in direct presence of staff in a safe location and would contact the Watch Commander immediately. The auditor's interviews with (3) Watch Commanders verified that they would take whatever action is required to ensure the safety of the individual and would consult with the AWO/PCM, Warden, and OSI Investigator for assistance with determining the next steps if necessary. The Warden explained that if a report is made that an individual is subject to a substantial risk of imminent sexual abuse, they will immediately review the individual's placement, check-in with the individual to conduct an assessment, and take into consideration the individual's views of the situation, then make a decision based on the information available. Interviews with the PREA Coordinator and agency head further confirmed that individuals who are subject to a substantial risk to imminents sexual abuse are to be protected immediately and separated from the threat which may involve a transfer to another facility. Staff interviews confirmed that staff have been educated on the requirement to protect individuals at substantial risk of imminent sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 107.007; Policy 202.057; Memo confirming no reports; Information Obtained During Interviews;</p> <p>115.63(a)(b)(c): Policy 202.057 states that upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency, where the alleged abuse occurred. Presumptively, valid recipients are the facility head, the facility's PREA Compliance Manager, the agency's PREA Coordinator, or the Office of the Agency Head. Such notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation and must be documented. In addition, the OSI Investigator is to receive notification of the allegation. The Warden and AWO/PCM confirmed during interviews that there</p>

	<p>were no allegations received within the audit period that allegedly occurred at another facility; however, they are both aware of the requirements to report to the other facility head within 72 hours. An interview with the facility's OSI investigator found that he would initiate an investigation to the extent possible and share the information with the external investigators if requested.</p> <p>115.63(d): Policy 202.057 requires that the facility head or agency office that receives such notification must ensure that the allegation is investigated in accordance with the standards. Interviews with the Warden, AWO/PCM, and OSI Investigator confirmed that any report received of this nature would be investigated according to the same protocols noted in 115.22. The facility received no reports of sexual abuse or sexual harassment from another facility within the audit period. 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 the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; First Responder: Sexual Abuse Response Checklist Template; Health Services Response Checklist Template; Information Obtained from Interviews.</p> <p>115.64(a)(b): Policy 202.057 identifies a step-by-step process for first responder protocols as 1) Separate the alleged perpetrator and victim so that neither one can hear or see the other. 2) Remain with the victim to provide safety and support and ensure that the victim does not wash, shower, change clothes, or otherwise compromise physical evidence on the individual's body before the examination. 3) Except for health services staff and the watch commander, the staff receiving the report must initiate the First Responder Sexual Abuse Response Checklist. 4) Inform the watch commander/designee of the alleged sexual abuse. 5) Secure the crime scene and take photographs as needed. 6) Complete a confidential incident report. 7) Forward the First Responder Sexual Abuse Response Checklist and confidential incident report to the watch commander. The completed First Responder Sexual Abuse Response Checklist is retained in the investigative file. 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</p>

	<p>steps of the response to a sexual abuse allegation are completed and documented. The facility reports no incidents of sexual abuse during the audit period.</p> <p>Interviews with (18) security staff learned they were well trained in their first responder duties and responsibilities. They verified actions include separating the alleged victim and abuser; preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence; requesting that the alleged victim not take any actions that could destroy physical evidence (such as 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; ensuring that the alleged abuser does not take any of the above actions that could destroy physical evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence; and immediately notifying medical and mental health practitioners. They also explained that they would contact the Watch Commander right away. Non-security staff (12) interviewed explained the same procedures as security staff except they would contact security to protect the crime scene and to escort the victim to medical. All staff were aware of the First Responder Checklist that must be completed by the person who first learns of a sexual abuse incident. There were no allegations of abuse that during the audit period; therefore, no incarcerated individuals to interview who reported sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.65 Coordinated response	
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; SART Guide; First Responder Sexual Abuse Response Checklists; Health Services Sexual Abuse Response Checklist; Watch Commander Sexual Abuse Checklist; Coordinated Response Plan, Information Obtained from Interviews.</p> <p>115.65(a): Policy 202.057 outlines the agency's expectations regarding a sexual abuse coordinated response plan which includes instructions on separating the alleged victim and abuser, protecting the crime scene for collection of evidence, advising both the alleged victim and alleged aggressor not to take any actions that could destroy physical evidence. Form 202.057C Sexual Abuse Response Checklist is required to be completed by the first responder upon notification of a sexual abuse allegation; Form 202.057E Health Services Sexual Abuse Response Checklist is to be completed by medical upon notification of a sexual abuse allegation; Form 202.057D Watch Commander Sexual Abuse Response Checklist is required to be completed by the Watch Commander upon notification of a sexual abuse allegation. These forms</p>

	<p>provide guidance for SART members to ensure that all steps of the response to a sexual abuse allegation are completed and documented. The Sexual Abuse Response Team Guide (202.057G) is completed to track relevant information that will be used to ensure all steps have been taken and to aid the SART in conducting the incident review once the investigation is completed. In addition to policy language and the sexual abuse response checklist, the facility has a documented Coordinated Response Plan that is signed by all designated SART members. The auditor interviewed (7) SART members and the PREA Coordinator and found that they are all knowledgeable of the Coordinated Response Plan requirements and their specific duties while working together as a cooperative team. While there have been no incidents at Red Wing, they communicate regularly over PREA compliance and stay abreast of their duties through training and policy review.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard. The agency and facility exceed the minimum requirements by supplementing the Facility's Coordinated Response Plan with checklists for First Responders, Health Services, and Watch Commander and the requirement to have the Coordinated Response Plan signed by all designated SART members.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: 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; Unit 208 Council Agreement; Facility Memo: No Incidents; Information Obtained During Interviews</p> <p>115.66(a): Based on interviews with the Commissioner and Warden and review of the labor agreements in place with the agency, it is determined that 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 the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057; Information Obtained from Interviews.</p> <p>115.67(a-f): Policy 202.057 requires that staff must not engage in any form of retaliation against an individual who makes an allegation of sexual abuse/ harassment. The policy also dictates that the SART leader must ensure that staff or incarcerated individual reporters of abuse are protected from retaliation from anyone, including staff or incarcerated individuals. The SART leader must follow up with the reporters and witnesses at 30, 60, and 90 days from the date of the alleged incident. Anyone who cooperates with an investigation is also protected from retaliation. If the allegation is determined to be unfounded, the obligation to follow up ends. All retaliation follow-ups must be documented in the PREA Incident Management System. The facility provided an example of documented retaliation monitoring that was conducted on a prior case that occurred during the previous audit period to demonstrate implementation of procedures to meet this standard.</p> <p>An interview with the Warden and Agency Head confirmed that retaliation against an incarcerated person or any other person who participates in an investigation is prohibited. Multiple measures may be taken to protect an individual from retaliation such as temporary or permanent reassignments (as necessary), housing changes, job changes, facility transfer. Any staff or incarcerated individual who is found to commit retaliation will be disciplined, as appropriate to the situation. Emotional support services are available for staff through the agency's employee assistance program. The AWO/PCM and PCMA described the steps they would take in monitoring an incarcerated individual or staff for retaliation which were found to be in alignment with the requirements found in provision (c). The facility reports no allegations during the audit period; therefore, no retaliation monitoring was required.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057 and 301.085; Memo Regarding Protective Custody; Information Obtained from Interviews; Observations During Site Visit.</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). While agency policy is compliant with this standard, as noted in 115.43 and based on interviews with the AWO/PCM and Warden, Red Wing-Knox Cottage does not have segregated housing or status. If an incarcerated individual cannot live safely in Red Wing-Knox Cottage then a transfer to another facility would be warranted. There have been no incidents that warranted an incarcerated individual to transfer to another facility for protection after an incident of sexual abuse within the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 103.225; Policy 107.005; Policy 107.007; Policy 202.057; Investigator Training Records; Information Obtained from Interviews</p> <p>115.71(a): Policy 202.057 states that the agency investigates all matters of sexual abuse and harassment, including third-party and anonymous reports, vigorously through OSI, the facility discipline unit, facility supervisory staff, and outside law enforcement, as directed by the incident. Policy 107.005 establishes that criminal investigations must be conducted by OSI, including violations of the PREA, involving incarcerated individuals. This policy also states that OSI must investigate allegations of serious employee, volunteer, and contractor misconduct that may involve criminal behavior or have significant security concerns. Policy 107.007 requires that investigators gather and preserve evidence, including any available physical and DNA evidence. Interviews with the AWO/PCM, OSI Investigator and (3) facility investigators confirmed that following an allegation (including anonymous or third-party reports) of sexual abuse or sexual harassment an investigation would be initiated immediately.</p> <p>115.71(b): Policy 107.005 establishes the scope of OSI as the investigating entity and states that OSI Investigators with specialized training in sexual abuse investigations in confinement settings must conduct sexual assault investigations. The auditor reviewed training records for (5) designated PREA investigators Red Wing and found they have received the required specialized training. There were no case files to review as there were no allegations made since the last audit.</p> <p>115.71(c)(e)(f)(g): Policy 202.057 establishes the requirement for investigations to be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations that result in a substantiated case of sexual abuse is to include an effort to determine whether staff actions or failures to</p>

act contributed to the abuse. The OSI Investigator confirmed during an interview that the credibility of an alleged victim, suspect, or witness is based individually and not determined by the person's status. An individual who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. Interview with the OSI investigator and (3) facility investigators confirmed that the investigative written reports will include, when applicable, documentation of DNA evidence, anything of evidentiary value from the crime scene or personal property, photographs of injuries, crime scene photographs, video recordings, interview recordings, telephonic recordings, financial statements, mail, or electronic mail, written statements from victims, witnesses, or perpetrators, staff documentation or incident reports, prior incident documentation, medical records, SANE exam or forensic evidence. Interview with the Warden and the OSI Investigator confirmed that cases are reviewed to identify if any staff actions or inactions contributed to abuse findings. Additionally, these interviews found that the credibility of an alleged victim, suspect, or witness is based individually and not determined by the person's status. An individual who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation.

115.71(d)(h)(I): Policy 107.007 directs criminal investigations and establishes that substantiated sexual abuse allegations will be presented to the appropriate county attorney's office for criminal prosecution. The facility indicated there have been no substantiated criminal allegations in the last 10 years. Therefore, no cases have been referred for criminal prosecution from this facility. Based on the interview with the OSI Investigator, when the quality of evidence appears to support criminal prosecution and in consultation with OSI Director, he would consult with and work closely with prosecutors prior to conducting compelled interviews. He is trained in Garrity but will consult prosecuting agencies when and if a case supports criminal prosecution. He further explained that all substantiated allegations of conduct that appears to be criminal will be referred for prosecution. The OSI Investigator assigned to Red Wing confirmed that he is the point of contact who would work with the external law enforcement entity, Red Wing PD on criminal cases and would work collaboratively to stay abreast of developments and informed about the status of any on-going case.

115.71(i): Policy 202.057 requires that all documentation related to sexual abuse/harassment is retained in the individual's confidential file and aggressor/alleged perpetrator's confidential file. If the aggressor/alleged perpetrator is a staff member, documentation must be retained as directed by human resources and/or OSI. Policy 107.007 requires that the agency must 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

	<p>years. These investigations are retained accordingly based on the interview with the PREA Coordinator.</p> <p>115.71(j): Policy 103.225 states that resignations submitted by employees under active investigation must not be accepted without review by the agency human resource manager and the appropriate deputy/assistant commissioners. Interviews also confirmed that departure of the alleged abuse or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews with the OSI investigator and Warden confirmed that a thorough investigation will be completed regardless of whether the staff member is still employed, or the individual is incarcerated or released.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 103.225; 202.057; Information Obtained from Interviews.</p> <p>115.72(a): Policy 103.225 states that for violations of PREA Policy 202.057, no standard higher than the preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the OSI Investigator, (3) facility investigators, AWO/PCM and the PREA Coordinator confirmed the facility uses no standard higher than the preponderance of the evidence in substantiating a case of sexual abuse or sexual harassment. There were no allegations of sexual abuse or sexual harassment, therefore no case files were available for review.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed by Auditor: Policy 202.057; Offender Notification and Investigation Form; Information Obtained from Interviews.</p> <p>115.73 (a)(b)(c)(d)(e): Policy 202.057 states that OSI or the AWO must notify the</p>

	<p>alleged victim of the outcome of an investigation once it has been determined whether the allegations are substantiated, unsubstantiated, or unfounded. OSI provides the alleged victim relevant information if another agency conducted the investigation. OSI also informs the alleged victim regarding actions taken as a result of an allegation against another offender or staff when the staff/offender is indicted on a related charge; If/when the staff/offender is convicted on a related charge; If/when the offender has received disciplinary sanctions. The AWO must notify the alleged victim regarding actions taken as a result of an allegation against staff when the staff is no longer in the unit and staff is no longer employed at the facility. The agency's obligation to report to the incarcerated individual terminates if/when the allegation is unfounded, or the offender is released from custody. The facility reports no allegations of sexual abuse were reported or investigated within the audit period. The facility provided an example of a notification that was made during the prior audit period to indicate they are aware of the requirement and have implemented procedures. The auditor interviewed the OSI Investigator and AWO/PCM who both verified they understanding their responsibility to notify the victim of the outcome of the investigation and any subsequent action taken against the perpetrator in accordance with agency policy and 115.73.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 103.218, Discipline Sanctions for Staff; Policy 103.219, Employee Misconduct Investigation and Discipline; Policy 103.220, Code of Conduct; Policy 202.057; 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 harassment of an offender. Agency policy further establishes that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. No standard higher than a preponderance of the evidence is used to determine whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>115.76(c): 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</p>

	<p>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. Red Wing reports no sexual abuse, nor sexual harassment allegations within the audit period.</p> <p>115.76(d): Based on an interview with the Agency Head, OSI Investigator, PREA Coordinator, and Warden, 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.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 300.040; Policy 300.045; Volunteer Suspension Guidelines; Information Obtained from Interviews.</p> <p>115.77(a)(b): Policy 300.040 states that, in compliance with the PREA standards, any volunteer who engages in sexual abuse must be prohibited from contact with offenders. The individual must also be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. The DOC also considers incidents of sexual harassment in determining whether to enlist or terminate the services of a volunteer who may have contact with offenders. Policy 300.045 establishes that any contractor, physical plant contractor, or design team consultant who engages in sexual abuse must be prohibited from contact with incarcerated individuals. The individual must also be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. Designated facility staff must also take appropriate remedial measures and consider whether to prohibit an individual from further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies.</p> <p>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 Warden verified that he has the authority to remove a contractor or volunteer from contact with incarcerated</p>

	<p>individuals during the investigation. Interviews with the Warden 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 the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.057; Policy 301.085, Administrative Segregation; Offender Discipline Rules; Information Obtained from Interviews</p> <p>115.78(a)(b)(c)(d)(g): 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. Policy 202.057 establishes that disciplinary sanctions will be commensurate with the nature and circumstances of the act committed, the individual's disciplinary history, and a review of the sanctions imposed for comparable offenses by other individuals with similar histories. Policy 303.010 establishes that if discipline staff question whether the offender's misconduct was affected by mental illness, an assessment by mental health staff must be requested, 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 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. The facility had no allegations of sexual abuse or sexual harassment during the audit period. Additionally, the Warden explained that any individual found to have perpetrated sexual abuse would be terminated from the program and returned to a higher security facility. It was further confirmed through policy review and interviews that consensual sexual contact is prohibited.</p> <p>115.78(e): Online PREA training Module 2 states, "where an offender is found to have</p>

	<p>engaged in sexual contact with a staff member, the offender may be disciplined only when the staff member did not consent.” Code 490 of the Offender Discipline Handbook is Sexual Abuse/Contact of Staff, a prohibited Level 5 Violation. Individuals are only charged with this if it is found during the investigation that the employee did not consent, as explained during the interview with the Warden, facility OSI Investigator, and PCM/AWO. An interview with the Warden also confirmed that residents are not to be disciplined for contact with staff, volunteers, or contractors unless the investigation reveals that the staff, volunteer, or contractor did not consent to the contact.</p> <p>115.78(f): Policy 202.057 establishes if the investigation reveals that an offender has made a false accusation that the offender, in good faith, could not have believed to be true, the facility may take disciplinary action against the offender through all means available. The AWO/PCM, PCMA and DHO confirmed during interviews that no individual has been disciplined for making a false accusation.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 202.040; Policy 202.057; Policy 500.302; Policy 500.303; Admission Mental Health Screening; Sexual Abuse History; Completed PREA Risk Screening Instruments; Mental Health Informed Consent; Information Obtained from Interviews.</p> <p>115.81(a)(b)(c): Policy 500.302 requires within 24 hours of admission, a corrections officer and a qualified health services staff person to interview individuals to determine urgent mental health needs and existing mental health treatment. The qualified health services staff person completes the sexual violence prevention (PREA) checklist and notifies the behavioral health staff of existing treatment and any urgent mental health concerns and must offer a referral for mental health services for an offender with a potential sexual violence vulnerability or an affirmative response to any checklist question. Additionally, Policy 202.057 states if staff learns information that indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the offender is offered a follow-up meeting with a behavioral health practitioner within 14 days of the intake screening. The PREA Risk Screening is performed by medical staff during intake and interviews with the HSA and medical staff confirmed that any individual who discloses prior sexual victimization is offered a follow-up meeting with a behavioral health practitioner. The Psychological Services Director confirmed in her interview that while they have 14 days per policy to see an individual on a referral,</p>

their standard is to see them within 5 days. There were (2) individuals who disclosed prior victimization that occurred prior to incarceration who were offered a follow-up with behavioral health practitioner; both declined. The auditor interviewed these (2) individuals and verified that they were offered a follow-up meeting with a behavioral health practitioner but declined. The interview with the Behavioral Health Director also found that each new arrival meets with a behavioral health therapist upon arrival at the facility for a screening and is placed on a caseload whether they indicate a mental health need or not. This is offered as a wellness benefit for the participants in the program at Red Wing to ensure positive adjustment at the new facility and during their pending transition back to the community. The auditor's review of the risk screening instruments found follow-up documentation that indicated the individuals had previously reported the abuse at prior facilities.

115.81(d): Policy 202.057 requires the dissemination of information related to and resulting from the assessment to be controlled and limited to staff necessary to inform treatment plans and to make security and management decisions regarding housing, beds, work, education, and program assignments. Interviews with the AWO/PCM, HSA, and Psychological Services Director confirmed that the information collected related to sexual victimization or abusiveness that occurred in an institutional setting is used only to inform treatment plans and security management decisions. Information related to sexual victimization or abusiveness that occurred in an institutional setting disclosed during the risk screening is shared with the OSI Investigator and facility administration through the agency's database to inform management decisions, treatment plans, housing, bed, work, education, and program assignments.

115.81(e): Policy 500.303 establishes that the individual is asked to provide informed consent for the assessment at the initial assessment meeting. Based on the Informed Consent Form reviewed by the auditor, incarcerated individuals are informed about their health care information privacy. The medical/mental health professional explains to them that their healthcare information cannot be given out without their consent and information that must be released based on laws/rules/regulations, which informs them of the limitations of confidentiality. Based on interviews with medical and mental health staff, information related to prior sexual victimization that happened outside of a confinement facility requires the individual's written consent to be released. Individuals are notified of this when services are provided. Interviews with the HSA and Psychological Services Director confirmed that upon arrival as a new admission to the MN DOC, all individuals are informed of the limitations of confidentiality of information obtained while they are incarcerated. Prior to providing services, individuals are informed that their mental health information must be released where required by laws, rules, or regulations. Two circumstances specifically listed are reported misconduct by health care staff and previously unreported sexual victimization in a correctional or other institutional setting. Information disclosed about prior sexual victimization that did not occur in an institutional setting cannot be reported without the individual's informed consent.

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

	exceeds by having procedures that each new resident meets with a behavioral health therapist upon arrival at the facility for a screening and is placed on a caseload whether they indicate a past or present mental health need.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Policy 500.100; Health Services Sexual Abuse Response Checklist; Information Obtained from Interviews.</p> <p>115.82(a): Policy 202.057 states that an offender who alleges sexual abuse is offered access to psychological services, medical services, and a sexual abuse advocate. If health services staff are on duty, they must be immediately notified. If health services are not on duty, the on-call provider must be notified; if necessary, the designated health care facility or local ER will be notified of the need for a sexual assault forensic exam; and the facility will transport the offender to a health care facility. If behavioral health staff are present, they must be notified. After hours, staff must notify the on-call behavioral health staff, pursuant to 500.303. During interviews with the HSA, AWO/PCM, and PCMA the auditor verified that the MCF-Red Wing utilizes Mayo Clinic Hospital - St. Mary's for Sexual Assault Nursing Exams (SANE). Mayo Clinic Hospital - St. Mary's has (17) certified SANE nurses. MCF-Red Wing Health Services staff or the Watch Commander would contact the St. Mary's Admission Transfer Center and a time of arrival will be coordinated. The auditor contacted the coordinator at St. Mary's and verified that services would be provided to incarcerated individuals from MCF-Red Wing. The auditor additionally learned from an interview with the Psychological Services Director that all incarcerated individuals are assigned a therapist upon arrival to MCF-Red Wing whether they have a history of mental illness or not. She further explained that following a PREA allegation a confidential incident report is written and distributed to her attention, typically on the next day. This information is provided to the primary therapist of the victim. The assigned therapist offers mental health services. If a SART is activated, she will assign the victim to the member of the mental health team who is trained to respond to a SART activation.</p> <p>The facility reports there have been no incidents that emergency medical or mental health services to a victim of sexual abuse has been necessary within the audit period, which was corroborated during interviews with the HSA and Psychological Services Director. The HSA and Psychological Services Director are both SART members and were well informed on the Coordinated Response Plan and all procedures that would be followed in the event a sexual abuse incident occurred. Medical and behavioral health staff explained that they would use the Health Services Sexual Abuse Response Checklist to document all actions and notifications and track the specific steps taken to ensure unimpeded access to emergency medical</p>

	<p>treatment and crisis intervention services. 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.</p> <p>115.82(b): Policy 202.057 states that in the event of a sexual abuse incident, alleged victims are separated from the alleged perpetrator and all individuals involved in the incident will be kept under constant observation, and a psychological referral will be submitted to the mental health provider by the shift supervisor with details of the incident. Interviews with (30) random staff indicated they were well-trained on the requirement to separate the victim and perpetrator and to ensure the appropriate medical and mental health practitioners are notified immediately in the event of a sexual abuse incident.</p> <p>115.82(c): Policy 202.057 states that staff must offer the alleged victim support and explain the options related to the SANE exam. The offender must be examined for injuries, sexually transmitted infections (STI), and biological specimens are collected. The offender must be provided with education on the risk of STIs and the availability of STI testing. The Health Services - Sexual Abuse Response Checklist confirms that (with consent) the victim undergoes a sexual assault forensic exam, including checks for injuries, STIs, and biological specimen collection. During an interview with the HSA she explained 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; additionally, any orders from an attending physician would be carried out upon return to the facility.</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, or 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>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
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<p>Auditor Overall Determination: Meets Standard</p>
<p>Auditor Discussion</p>
<p>Evidence Reviewed: Policy 202.057; Policy 202.051; Memo Regarding Ongoing Medical and Mental Health Care; Information Obtained from Interviews.</p> <p>115.83(a)(b)(c): MCF-RW offers medical and mental health evaluation and, as appropriate, treatment to all individuals who have been victimized by sexual abuse, regardless of where the abuse occurred. Policy 202.057 requires the evaluation and treatment of a victim of sexual abuse/harassment and includes appropriate follow-up services, a treatment plan, and referral for continued care following transfer to/ placement in another facility. Referrals may also be provided when the offender is released from custody. The auditor additionally learned from an interview with the Psychological Services Director that all incarcerated individuals are assigned a therapist upon arrival to MCF-Red Wing whether they have a history of mental illness or not. She further explained that following a PREA allegation a confidential incident report is written and distributed to her attention, typically on the next day. This information is provided to the primary therapist of the victim. The assigned therapist offers mental health services. If a SART is activated, she will assign the victim to the member of the mental health team who is trained to respond to a SART activation. Based on interviews with medical and mental health staff, interviews with incarcerated individuals, and a review of protocols, services provided to individuals at MCF-RW are consistent with the community level of care.</p> <p>115.83(d)(e): MCF-RW houses only male individuals; therefore, these provisions are not applicable.</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 MCF-Red Wing medical department, as indicated by the medical provider. This procedure was confirmed during an interview with the HSA.</p> <p>115.83(g): Policy 500.100 establishes that individuals are not charged a co-pay for initial testing, treatment, and follow-up for reportable communicable diseases; nor for services provided after a report of an alleged sexual assault, abuse, or harassment. Based on interviews with medical staff, individuals receive these services at no cost, whether or not they cooperate with the investigation.</p> <p>115.83(h): Policy 202.057 requires that a sexual abuse risk assessment will be conducted upon being informed that an incarcerated individual perpetrator has been identified and the allegation has been substantiated. As deemed appropriate, this assessment includes psychological testing, scoring of actuarial tools, and information regarding possible interventions, including the appropriateness of sex abuse-specific mental health treatment, as available at the facility. The risk assessment report is provided to the AWO and Psychological Services Director at the facility housing the</p>

	<p>alleged perpetrator within 60 days of the initial report. The auditor's interviews with the Psychological Services Director and the AWO/PCM confirmed there have been no evaluations of inmate-on-inmate abusers, as none have been known and there have been no reported /substantiated allegations. However, if known, a mental health evaluation will be attempted within 60 days of learning of such abuse history and treatment will be offered when deemed appropriate by the practitioner. The auditor additionally learned from an interview with the Psychological Services Director that following a PREA allegation a confidential incident report is written and distributed to her attention, typically on the next day. This information is provided to the primary therapist of the victim and aggressor. The assigned therapists offer mental health services to both. If a SART is activated, she will assign the victim and aggressor to the member of the mental health team who is trained to respond to a SART activation.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.86 Sexual abuse incident reviews	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 202.057; Sexual Abuse Incident Review (SAIR) Report Template; Information Obtained from Interviews.</p> <p>115.86(a)(b): Policy 202.057 requires an incident review to be conducted at the conclusion of sexual abuse investigations within 30 days of the conclusion of an investigation unless the incident is deemed unfounded. The AWO/PCM provided the auditor with a list of review team members and confirmed during her interview that the review team conducts an incident review on all incidents that are substantiated or unsubstantiated within 30 days after the conclusion of an investigation. Reviews are completed on both sexual abuse and sexual harassment allegations which is above and beyond the requirements of this standard.</p> <p>115.86(c): The review team consists of the Warden, AWO, OSI Investigator, Captain, and Health Services Administrator. Policy 202.057 further requires the team to consider during this review, any needed policy changes; motives which may include such examples as race, ethnicity, gender identity, LGBTI, gang affiliation, or whether the incident was motivated or otherwise caused by group dynamics; assess the physical area where the abuse occurred; assess staffing levels; assess needs for monitoring technology; document information in the PREA Incident Management System under Incident Panel. The auditor interviewed members of the review team and the Warden regarding the review team's responsibilities, and each member was knowledgeable about the purpose and importance of the incident reviews. They were able to walk the auditor through the steps the team uses to conduct review and demonstrated a multi-disciplinary team approach.</p>

	<p>115.86(d): Policy 202.057 requires the review team must prepare a report of its findings and any recommendations for improvement and submit the report to the Warden and PCM, and for the facility to implement the recommendations from the review or document the reason(s) for not making the recommended changes. The agency has created a form for the review team to complete when conducting a review. This form is comprehensive and covers every element required to be considered in provision (c), which prompts the team to cover all areas. The completed form is distributed to the Warden, PCM, and PREA Coordinator. The auditor reviewed the Sexual Abuse Incident Review Template, as there were no allegations during the reporting period; therefore, no incident reviews were required. The Warden explained during this interview that he would implement any recommendations made by the review team provided they were feasible and budgetarily supported.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policies 102.050 and 202.057; 2022 Annual Report (Draft); 2021 Annual Report; 2022 SSV; Change in Confidential Report Processing Memo; Confidential Incident Report Routing Procedure; MDOC Website; Interviews with the PREA Coordinator.</p> <p>115.87(a)(b)(d)(e): Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The DOC also collects data provided by contracted community partners. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored in the DOC central office communications unit. The DOC aggregates incident-based sexual abuse data annually. Incident-based data collected includes the data necessary to answer all of the questions from the DOJ SSV. The agency's PREA Coordinator aggregates 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</p>

	<p>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 DOJ deadline.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 102.050; Annual Report; Review of MN DOC's Website; Interviews with PREA Coordinator and Agency Head</p> <p>115.88(a)(b)(c)(d): Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The agency also collects data provided by contracted community partners. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored in the agency's central office communications unit. The agency aggregates incident-based sexual abuse data annually. Incident-based data collected includes the data necessary to answer all of the questions from the DOJ SSV. The policy further requires that the local SART at each facility review data and aggregate it to assess and improve the effectiveness of sexual abuse prevention, detection, and response in policies, practices, and training throughout the department. The SART review includes identifying problem areas, detailing corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. Information from this meeting is also presented for review, if relevant, to the Security and Camera Committee for consideration.</p> <p>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</p>

	<p>annual report developed by the PREA Coordinator and approves it for publication. Once approved, the annual report is electronically stored in the agency's central office communications unit and made available to the public through the agency's public website. The agency may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Additionally, the agency provides on its public website instructions for "Requesting Government Data" at the link https://mn.gov/doc/data-publications/data-practices/. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policies 102.050, 107.007, 106.300; 202.057; 301.035; 106.210; Minnesota Records Retention Schedule; Information Obtained from Interviews; Agency's Website Search; Annual Report.</p> <p>115.89(a): Policy 102.050 requires that the MN DOC retains sexual abuse data in the MN DOC central office communications unit as established in the OSI-PREA retention schedule. The auditor's interview with the PREA Coordinator confirms that this data is collected electronically in the PREA database managed by her office and is securely retained.</p> <p>115.89(b)(c): Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The DOC also collects data provided by contracted community partners. The data is collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored in the DOC central office communications unit. Additionally, the agency provides on its public website instructions for "Requesting Government Data" at the link https://mn.gov/doc/data-publications/datapractices/. The interview with the PREA Coordinator confirmed the practices are followed as outlined in the agency's policy.</p> <p>115.89(d): Minnesota Records Retention Schedules were provided for the auditor's review. Additionally, the DOJ SSV; OSI Investigative Files; OSI Evidence Management; OSI PREA Standard Violations (E-files); Human Resources Reports and Documents 1/2/3 involving allegations of sexual assault and harassment are retained in electronic format for as long as the alleged abuser is incarcerated or employed, plus five years.</p> <p>A systematic review and analysis of the evidence concluded the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1442 421">Evidence Reviewed: Observations During Site Visit; Date Stamped Photographs of Postings; Agency's Website; Interviews; Agency's Projected PREA Audit Schedule.</p> <p data-bbox="279 454 1461 656">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 data-bbox="279 689 1476 1104">115.401(b): MN DOC is in the second year of the current audit cycle. During an interview with the agency's PREA Coordinator, the auditor confirmed that audits are scheduled following the requirements of §115.401, to include those entities under contract with the agency. The projected audit schedule provided to the auditor indicates consistent scheduling of 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 April 24-26, 2022. The facility was not due for an audit until the third year of the current cycle, but the PREA Coordinator realigned the audit schedule for logistical reasons.</p> <p data-bbox="279 1137 1466 1261">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 data-bbox="279 1294 1329 1373">15.401(m): The auditor was allowed unimpeded access to all incarcerated individuals and allowed to conduct private interviews.</p> <p data-bbox="279 1406 1461 2033">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 provided the notices on March 15, 2022, and received verification of posting March 22, 2024, via photographs. As this was four weeks prior to the audit, the audit requested that the signs remain posted until the Final Report is issued to allow ample time for anyone to correspond with the auditor if they desire. 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 data-bbox="279 2067 1461 2101">A systematic review and analysis of the evidence concluded the facility and agency</p>

	have demonstrated compliance with all provisions of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f): The auditor's review of the agency's public website 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, which exceeds the requirement of this standard.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f)	
	<div data-bbox="322 188 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1305 188 1356 224">yes</div>