

**Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails**

Interim Final

Date of Report June 19, 2019

Auditor Information

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| Name: Robert Manville | Email: Robertmanville9@gmail.com |
| Company Name: Correctional Management and Communication Group | |
| Mailing Address: 168 Dogwood Drive | City, State, Zip: Milledgeville, Ga. 31061 |
| Telephone: 912-486-0004 | Date of Facility Visit: June 3, 2019 |

Agency Information

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| Name of Agency: Minnesota Department of Correction | Governing Authority or Parent Agency (If Applicable): <small>Click or tap here to enter text.</small> |
| Physical Address: 1450 Energy Park Drive, Suite 200, | City, State, Zip: St. Paul, MN 55108 |
| Mailing Address: Same | City, State, Zip: Same |
| Telephone (651) 361-7200 | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| The Agency Is: | <input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal <input type="checkbox"/> County | <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal |

Agency mission: To reduce recidivism by promoting offender change through proven strategies during safe and secure incarceration and effective community supervision

Agency Website with PREA Information: <https://mn.gov/doc/family-visitor/prea-police>

Agency Chief Executive Officer

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| | |
| Name: Paul Schnell | Title: Commissioner |
| Email: Paul.schnell@state.mn.us | Telephone: 651-361-7200 |
| Agency Wide PREA Coordinator: Deb Wienand | Title: PREA Coordinator; State Program Manager, senior |
| Email: debra.wienand@state.mn.us | Telephone: 651-361-7200 |
| PREA Coordinator Reports to: Director of Office of Special Investigations | Number of Compliance Managers who report to the PREA Coordinator 10 |

Facility Information

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|--|-----------------------------------|---|---|
| Name of Facility: Minnesota Correctional Facility- Togo | | | |
| Physical Address: 62741 CO Rd 551 Togo, MN. 55723 | | | |
| Mailing Address (if different than above): | | | |
| Telephone Number 218-376-7878 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |

Facility Mission: To reduce recidivism by promoting offender change through proven strategies during safe and secure incarceration and effective community supervision.

Facility Website with PREA Information: <https://mn.gov/doc/family-visitor/prea-policy/prea-links/>

Warden/Superintendent

| | |
|---|-------------------------------|
| Name: Gino Anselmo | Title: Warden |
| Email: gino.aselmono@state.mn.us | Telephone 218-376-7810 |

Facility PREA Compliance Manager

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|--|--------------------------------|
| PREA Compliance Officer: RJ Kruse | Title: Captain |
| Email: COGS building | Telephone: 218-376-7811 |

Facility Health Service Administrator

| | |
|--|--------------------------------|
| Name: Gabrielle Root | Title: RN Supervisor |
| Email: gabrielle.g.root@state.mn.us | Telephone: 218-485-5055 |

Facility Characteristics

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|--|---|-------------------------------|--|
| Designated Facility Capacity: 90 | Current Population of Facility: 64 | | |
| Number of inmates admitted to facility during the past 12 months | | 157 | |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | 148 | |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | 154 | |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | 0 | |
| Age Range of Population: | Youthful Inmates Under 18: 0 | Adults: 21 to 99 95 | |
| Are youthful inmates housed separately from the adult population? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | 0 | |
| Average length of stay or time under supervision: | | 1 – 12 months | |
| Facility security level/inmate custody levels: | | Minimum/Medium | |
| Number of staff currently employed by the facility who may have contact with inmates: | | 64 | |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | 5 | |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | 1 | |

| Physical Plant | |
|---|---|
| Number of Buildings: 23 | Number of Single Cell Housing Units: 0 |
| Number of Multiple Occupancy Cell Housing Units: | 0 |
| Number of Open Bay/Dorm Housing Units: | 2 |
| Number of Segregation Cells (Administrative and Disciplinary): | 0 |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Minnesota Correctional Facility – Togo employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff. | |
| Medical | |
| Type of Medical Facility: Clinic on-site. Nurse on site 8 hours a day 5 days a week. | |
| Forensic sexual assault medical exams are conducted at: Bigfork Valley Hospital | |
| Other | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 24 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 10 |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The purpose of this PREA audit is to conduct an audit of the Minnesota Correctional Facility- Togo (adult) which is operated by the Minnesota Department of Corrections (DOC). This is the facility's second PREA audit. The current audit was attained and assigned to Robert Manville a dual certified DOJ Auditor by Correctional Management and Communication Group. Prior to the on-site visit, the agency PREA coordinator and the facility PREA Compliance Manager forwarded to the auditor all policy and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, policies, brochures, staff rosters, PREA audit notices, staffing plans, training information, and other reference materials for examination prior to the on-site visit. Togo was last completed a comprehensive PREA audit in June 16, 2016. Prior to facility tour the auditor met with the Captain (PREA compliance manager), Minnesota correctional facility PREA coordinator, and two facility Lieutenants. After the in briefing a tour off all areas that available for offenders was completed.

The Minnesota Correctional facility at Togo (MCF-Togo) is operated by the Minnesota Department of Corrections (DOC). The campus was originally designed as a Juvenile Wilderness Program built in 1955 for juveniles The Togo facility houses 90 adults that are typically near the end of their term of incarceration and are preparing for re-entry into the community. The program is designed to prepare offenders for reentry in a structured boot camp program. The program is designed as a 12-month program with 3 phases with less structure provided as offender progress through the program. The program includes educational opportunities and houses a chemical dependency program that is available to all offenders.

Seven (7) correctional staff were interviewed including from each shift. Also interviewed were the Captain (PREA compliance Manager) HR Specialist, a medical staff who was providing medical services to Togo Correctional Facility from Willow River Moose Lake Correctional Facility and Substance Abuse Director who provides mental health services and coordinates for Tele psychologist or in person clinicians from Willow River Moose Lake Correctional Center, first responder, volunteers and contractor coordinator, incident review team member, case manager (intake staff), during the on-site visit. Additionally, interviews were conducted via telephone with the Warden, Nurse Supervisor, MCFDOC Commissioner of Corrections designee and Minnesota Department Corrections PREA victim advocate. Prior to the PREA audit the agency PREA coordinator and Office of Special Investigations from Willow River Moose Lake were interviewed. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

The facility population on the day of the audit was 65 offenders. There is a total of 62 staff that have direct contact with the population. The facility has 24 volunteers.

There is evidence Minnesota Department Corrections attempts in obtaining Memorandum of Understanding with community service providers to provide emotional support services, however this was unsuccessful. Minnesota Department Corrections Director of Victim Services is identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the inmates at the facility. The Bigfork Valley Hospital provides the emergency and forensic medical examinations at no financial cost to the victim. The Minnesota Department of Corrections director of victim services was interviewed via telephone and provide an overview of the program. Bigfork Valley Hospital director of nursing advised that while there is not a SANE staff on site the hospital, the hospital has a mutual aid agreement with Support Within Reach advocacy group that also provides a SANE staff to provide a qualified staff and a victim advocate staff to report to the hospital to conduct forensic examinations.

At the entrance of each building, and sleeping areas there is a PREA bulletin board with the following signs posted (in English and Spanish); Victim support services, Audit notice postings with the PREA auditors contact information, PREA Ways for Reporting, and Zero tolerance to sexual abuse or harassment. This same information is located in all areas of the facility that inmates were present during the facility tour. Offenders and visitors pass these boards multiple times during a 24-hour period moving from the dorms to work, meals, education, vocation, visitation and recreation.

Both medical and mental health services are provided to inmates at the facility. Correctional officers and support staff were noted interacting with inmates in all areas that inmates were located.

A total of sixteen offenders were interviewed. There were no targeted population assigned to the program to require interviews. During the audit period, there no allegations of sexual abuse or sexual harassment filed by inmates. Minnesota Department of Corrections has developed and maintains a PREA reporting system that provides incident investigations, retaliation monitoring documentations and notification of offenders of outcomes of incident investigations.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Minnesota Correctional Facility Togo is located in a wilderness setting with a long scenic driveway that leads to the facility campus. The campus includes large outdoor areas, a lake and ball fields and walking tracks. The campus consists of twenty three buildings with two (2) dedicated housing units.

The administrative building provides office space for administrative staff and includes conference room. There are cameras located throughout the administration building.

Chemical Dependency building provides classrooms that are easily supervised by staff. PREA information is prominent. Within the building, school and the health services unit are side by side. An offender library compliments this building. There are cameras located throughout this building.

The property building contains a rounds book for supervisors to document rounds. The basement provides additional storage. Both the building main floor and stairwell to the basement have cameras.

The wash garage is used to detail vehicles. There are cameras located in the work area.

The kitchen and dining room provide for meals. There is one bathroom for offenders and provides for privacy. The kitchen, dining room and food storage areas contain cameras for added supervision.

The Chapel provides space for religious services, and is used as a multi-purpose room. Visitation and training are conducted in the building. There are camera located in the chapel area.

The Maintenance and Warehouse building are have cameras for supervision of inmates. This area is also used for storage. Canteen is also prepared in this building.

There are both outside recreational areas and an indoor gymnasium. The outdoor recreational features include a ball field, two basketball courts, walking track, high ropes, and numerous Frisbee golf stations.

A Native American sweat lodge and areas for the religious practices of Asatru and Wicca are on the grounds. An indoor gymnasium provides workout equipment, basketball, and rock climbing wall.

The Chemical Dependency building provides space for the Chemical Dependency Program and health services. Health services include examination room and medical office. There are cameras located throughout this building.

The Cognitive Skills program is located in the Challenge building which is a two story building that houses high ropes course preparation area, and winter clothing/footwear storage.

The Industry building provides space for MINNCOR wood bundling and outside storage of the bundles. Offenders work cutting and bundling wood that is sold at state parks for campers.

The Challenge Incarceration Program (CIP) Offices are located in the lakes side building. This two-story building also contains a basement that is used for storage. There are two case manager, Lieutenants offices and a CIP meeting room in the lake side building. There are cameras located in the CIP meeting room and hall ways in this building.

There are two barracks that are utilized for housing inmates. These barracks house 60 and 30 offenders respectively in a dorm style setting. There is a general bathroom that contains doors on toilet stalls and a curtain. The showers are provided through individual curtains. There is a quiet room, mail room, and laundry room. There is an area with ten telephones for offender use. These phones also access the state and national hotlines, and these numbers are free for inmates to call. In barracks one also houses the central control office. This room is utilized to monitor cameras and is manned twenty four hours a day.

There is a 3rd barrack building is not utilized for housing offenders. There are 2 holding rooms located in this barrack which is utilized for short term (less than 4 hours) offenders prior to movement to another appropriate facility.

All offenders assigned to the facility are minimum security and a preparing for release from custody of Minnesota Department of Corrections supervision. The principles of the Restorative Justice Model are integrated into MCF-Togo adult program services. Offenders have access to a transition staff that assists with employee readiness skills such as interviewing skills and resume writing. The facility cooperates with the local communities to provide offenders for Community Work Crews that provide support for various recycling and maintenance tasks as another means of providing meaningful work experience. The facility also has a small Minnesota Prison Industries program that bundle firewood for the State Forestry Programs.

Minnesota Department of Corrections has revised policies, directives, contracts and operational programs to encompass the Prison Rape Elimination Act into the day to day operations and long-term planning of all correction facilities. Part of these policies and directives includes.

- Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response
- Minnesota Department of Corrections 301.055 Security Rounds
- Minnesota Department of Corrections 301.010 Searches
- Minnesota Department of Corrections 202.050 Offender/Resident Orientation
- Minnesota Department of Corrections 300.045 Contractor Relationship to Department
- Minnesota Department of Corrections 103.014 Background Checks for Applicants and Current Employees
- Minnesota Department of Corrections 107.005 "Office of Special Investigations"
- Minnesota Department of Corrections Five-year Camera Plan
- Minnesota Department of Corrections 500.030 Orientation Training for Health Services Staff
- Minnesota Department of Corrections 202.045 Evaluation, Placement of Transgender/Intersex Offenders
- Minnesota Department of Corrections 301.085 Administrative Segregation
- Minnesota Department of Corrections 302.020 Mail
- Minnesota Department of Corrections 202.040 Offender Intake Screening and Processing
- Minnesota Department of Corrections 303.100 Grievance Procedure
- Minnesota Department of Corrections 107.007 Criminal Investigations
- Minnesota Department of Corrections 103.225 Employee Investigation and Discipline Administration
- Minnesota Department of Corrections 500.100 Offender Co-Payment for Health Services

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

A close out was conducted at the end of the onsite audit with the PREA compliance manager (captain), two lieutenants, and Agency PREA coordinator. There were no standards that did not meet the standards. All staff and inmate interviews provided information to determine that staff and inmates are aware of all aspects of PREA standard. Also, staff and inmates interviews found that staff and inmates feel safe at the facility. There have been no allegation of sexual abuse or sexual harassment at the facility during the three years since the last PREA audit on June 16, 2016. The facility has added additional cameras and monitors as part of the agency's camera three year upgrade program.

Number of Standards Exceeded: 6

- Standard 115.18 Upgrades facilities and technologies
- Standard 115.31: Volunteer and contractor training
- Standard 115.33: Inmate education
- Standard 115.41: Screening for risk of victimization and abusiveness
- Standard 115.51: Inmate reporting
- Standard 115.53: Inmate access to outside confidential support services

Number of Standards Met: 39

Number of Standards Not Met:

Summary of Corrective Action (if any)

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Minnesota Department of Corrections provides supervision of prisons. The agency has several policies that mandate the agency staff, visitors, volunteers, contractor, inmates and all other persons that have any access to inmates under the agency adhere to the policy that all inmates and persons with any access to inmate abide the policy that mandates zero tolerance of sexual abuse and sexual harassment.

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response provides guidelines for the prevention, detection, response, investigations, prosecution, and tracking of inmate on inmate and staff on inmate sexual abuse and sexual harassment. This Policy also mandates the agency's zero-tolerance of sexual abuse or sexual harassment. The agency employs a full time PREA coordinator that reports to the Director of Office of Special Investigations for Minnesota Department of Corrections. There are 10 PREA Compliance Managers assigned to Minnesota Department of Correction (DOC). This information was verified through organizational charts provided by

the agency and review of Policy and through interviews with the PREA Coordinator, facility Warden, and facility PREA Compliance Manager at Togo.

The PREA coordinator indicated during interview she had sufficient time, resources and management support to manage the agency's PREA mandates. This was also verified through interviews with the facility Warden, and the PREA Compliance Manager who indicated the willingness and support they received for the agency- wide PREA Coordinator.

Minnesota Department of Corrections Togo has a PREA Compliance Manager. An interview with the PREA Compliance Manager verifies he had the time, management support and staff resources required to coordinate the facilities efforts to comply with PREA Standards.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- 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 No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds **Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections contracts for the confinement of its inmates with private agencies or other entities including other government agencies. Presently there are 17 contracts for confinement of inmates. Any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Minnesota Department of Corrections publishes website which clearly states all new contracts, amended contracts, or contracts renewals shall include an obligation to adopt and comply with the PREA standards. Contracted providers will be subject to PREA audits and contract monitoring to ensure compliance with PREA standards. Compliance was verified through review of contracts, review of Minnesota Department of Corrections website and review of Minnesota Department of Corrections policy 300.045 Contractor Relationship to Department.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- 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 No
- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring. Minnesota Department of Corrections Policy 301.055 Security Rounds mandates compliance with standard. All facilities have developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The facility's staffing plan takes into consideration the generally accepted correctional practices in calculating adequate staffing levels and determining the need for video monitoring. The agency provided the center with PREA incidents reported including time, place and active action reports. This information is utilized to review the facility staffing plan for the upcoming fiscal year.

The facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring and Policy requires that the facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring. The facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring, and that the facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring. The Policy provides that the facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring.

The facility's staffing plan takes into consideration the programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring and the following: any applicable State or local laws, regulations, or standards in calculating adequate staffing levels; prevalence of substantiated and unsubstantiated incidents of sexual abuse; staffing levels and, any other relevant factors in calculating adequate staffing levels. The facility provided a staffing analysis for 2019 which included all areas of the Policy requirements. There have been no findings of inadequacy relevant to this standard.

All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of the facility's PREA rounds logs confirmed intermediate-level or higher-level supervisors, including shift supervisors, (and department heads at a minimum) conduct and document such visits throughout the facility also at night and on the weekends. When programs are offered, staffing is increased to provide additional supervision.

Minnesota Department of Corrections Policy: 301.055 Security Rounds requires that facility heads and facility assistants conduct unannounced rounds on each shift. It also prohibits staff from alerting other staff members that these rounds are occurring unless such announcement is related to the legitimate operational function of the facility. A review of the log books, interviews with staff and supervisor provided documentation that the shift supervisor, assistant director and facility acting superintendent make unannounced rounds in the living units on a routine basis including nights and weekends. Center provided a daily narrative log which includes PREA daily unannounced rounds of all living units. Togo adult facility's staffing pattern and shift roster for last 60 days verified the facility maintained a minimum staff as required by the facility staffing plan. An interview with the warden confirmed that he receives a daily staffing summary and there are systems in place for hold over or call in additional staff to meet the mandatory staffing plan for the facility. Compliance was determined by review of monthly staff meetings, review of policy, review of daily logbooks and PREA logs, and interviews with staff.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No 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].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No 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].)

Yes No 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].)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No 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 here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No
- 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 No

115.15 (f)

- 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 No

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections Policy: 301.010 Searches provides governance of searches at the facility. The policy establishes procedures that requires all pat searches be conducted by staff of the same gender except in exigent circumstances and then with the approval of the OIC. Males will pat search only males and female staff may pat search males with prior approval with the OIC. Gender specific staff will conduct all strip searches except for exigent and documented exigent circumstances and with the approval of the OIC. There have been no strip searches conducted by non-gender specific staff at MCF-Togo during the last several years. The facility does not house female inmates.

A tour of the facility included the facility shower and toilet areas. The facility has shower partition off from view of staff. The partition allows for staff to observe the head and feet levels of each inmate while block view of the mid-section.

All staff members are trained on gender specific guidelines. This training includes that all inmates are allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Minnesota Department of Corrections Policy: 301.055 Security Rounds addresses requirement that staff of the opposite gender announce their presence when entering an inmate housing unit. There are posters located in the day room, officers’ stations and other areas throughout the facility

that state staff must announce their presence in entering an area of the facility that houses the gender different from the staff member.

Part of the Training for initial and then yearly training also confirmed that staff are trained on the mandate that all staff of the opposite gender must announce their presence when entering a housing unit. Minnesota Department of Corrections has issued a statement that is located in all the officers' stations and on bulletin boards that includes all areas of requirements for cross gender viewing and searches by facilities. Prior to taking over, the oncoming shift announce a female is working the building and then female staff announces their presence again when they enter the living area.

Verification of the requirements was documented in the training logs, during interviews with staff and inmates and during tours throughout the facility. Minnesota Department of Corrections Policy: 301.010 Searches mandates staff will receive training and will comply with policy and that staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with inmates confirmed that they had been pat-searched by officers properly and professionally. Staff training records and staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Interviews with staff/inmates, personal observations and an examination of policy and supporting documentation confirm compliance with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No
- 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 intellectual disabilities? Yes No
- 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 No
- 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 No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response, 203.250 Modifications for Offenders/Residents with Disabilities addresses all requirements of the standard. Through policy and practice, the facility ensures that inmates with all disabilities listed in §115.16 (a) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Policy 202.040, "Offender Intake Screening and Processing, and Minnesota Department of Corrections policy 202.050 Offender/Resident Orientation address the requirements that all inmates will receive orientation and screening regardless of disabilities. The agency's training curriculum address implementation of Agency Mandates. All PREA related information, including postings, brochures and handouts are available in English and Spanish languages. Staff also may read information to inmates when necessary. Translation services are available through a contracted language service for inmates who are not English proficient for any language.

Communication services are available for inmates who use sign language. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interviews with inmates, staff and an examination of policy and supporting documentation confirmed compliance with this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 No
- 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No

- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- 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 No

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency provided a number of documents that validate policy for all areas of this standard. These include New Hiring Prohibitions, Promotion Prohibitions, New Employee Hiring Policy, Hiring Process Manual, and External Web Employee. Minnesota Department of Corrections Policy: 103.014 Background Checks for Applicants and Current Employees and Policy: 300.045 Contractor Relationship to Department codifies the requirements for this standard. All staff at Togo also receives a child protection background checks. Each of these documents require Pre-employment background checks, a minimum of background checks within five (5) years of initial employment and background checks for all promotions prior to being offered a promotion.

Minnesota Department of Corrections central personnel office completes all background checks. Ten (10) local personnel files were examined by the Auditor to ensure compliance with all aspects of this standard. One of the staff that had been promoted file contained the documentation that the facility had requested a background check be completed but had not received the completed investigation. The Human Resource requested and received documentation that the investigation had been completed prior to finishing the onsite investigation.

Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. A review of the visitors file provided update background checks. The facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse or sexual harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct may be grounds for termination.

Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed the agency provides 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. Policy provides that the facility notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of 5 personnel files including staff who had been promoted, newly hired staff and staff that have been working at the facility for more than five (5) years and volunteer files and relevant supporting documentation were reviewed and provided appropriate documentation for back ground checks as required by PREA standards. Interviews included the personnel manager and volunteer coordinator which confirm compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Minnesota Department of Corrections has developed camera enhancement program that includes to upgrade in camera technology and recording capabilities. Changes were to enhance the safety of the inmates and staff. The mixture of digital IP and analog encodes tapes are retained for a period of twenty-one (21) days. The facility has upgraded cameras throughout the facility. There are not cameras in the bathroom areas. Compliance was determined by review of cameras and the agencies Camera Plan.

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| RESPONSIVE PLANNING |
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Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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 No NA

115.21 (c)

- 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 evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC Policy 107.007 Criminal Investigation states that the Office of Special Investigations (OSI) investigates allegations of felony level criminal activity by offenders and assists law enforcement agencies with conducting criminal investigations involving employees, volunteers, contractors, and visitors within the department. Completed investigations are forwarded to the appropriate assistant or deputy commissioner for referral to the appropriate county attorney's office for criminal prosecution. Any investigative data revealing criminal activity outside of the department is referred to the appropriate law enforcement agency. DOC has a Memorandum of Agreement with Togo Police department to conduct law enforcement investigations. This was confirmed in an interview with the assigned facility investigator. Criminal Investigation policy mandates that persons conducting investigations must be aware of PREA standards and follow appropriate Sex Abuse investigations protocol.

Policy 500.100 Offender Co Pay for Health Services clearly states that no co-payment is required for health services provided subsequent to allegations of sexual assault, abuse, or harassment. No forensic exams were conducted during the prior 12 months.

MCF-Togo has documented evidence of an attempt to engage the services of a community service provider. In lieu of securing a service provider the Agency has established a division to provide victim services including counseling, supporting including accompanying victims through hospital forensic services and consulting with community agencies for additional supporting services. A master's level trained sexual abuse advocate manages this division to provide victim assistance and advocacy for victims of sexual assault. The director has extensive experience and training in victim advocacy. Her

contact information is posted in all housing units. Interview with victim advocate director and with Bigfork Valley Hospital of Togo confirmed that the hospital's have community volunteers to agree to escort victims going through a victim's forensic examination and access to a SANE staff to conduct forensic examinations. Most of the offenders interviewed confirmed they knew how to contact her. Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response - Inmate Sexual Abuse and Sexual Harassment establishes the requirements for first responders, investigators and medical staff to secure the crime scene including the areas of the offense, the victim, and alleged abuser for the preservation of usable evidence. The Policy mandates that persons responsible for investigating allegations of sexual abuse follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

Investigators are trained and follow appropriate curriculum for a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Minnesota Department Correction investigations utilizes Department of Justice "National Protocol for Sexual Assault Medical Forensic Examination, Adults / Adolescents for all investigations.

The facility has developed and trained staff on a Coordinated Response Plan. The facility also has trained all PREA Support Person roles and responsibilities to assist in coordinated responses of sexual abuse. The facility uses the services at Bigfork Valley Hospital that have access to a Sexual Assault Nurse Examiner.

Compliance was confirmed by review of policies, documents including investigative files, interviews with investigator, PREA compliance manager, PREA Coordinator, Bigfork Valley Hospital staff, and review of an interview with Victim advocate.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No

- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The agency has ten (10) investigators that have completed investigator training offered by Minnesota Department of Corrections. One of these investigators is assigned to Togo correctional facility. The facility investigators also provide any information requested by the Police Department investigators.

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response requires a preliminary investigation when any allegation may meet the level of a PREA violation and an investigation for all PREA allegations. MDOC Policy 107.007 Criminal Investigation

mandate when information is learned from a non-DOC agency the Office of Special Investigations will notify the non-DOC agency within 72 hours of learning of any Sexual abuse or harassment allegations. When the information is learned from other agencies or third party reporting the Office of Special Investigations will begin an investigation within 24 hours. The information will be entered into PREA data base relying on the information that is provided and through the Office of Special Investigations. Compliance was determining through review of <https://mn.gov/doc> website and interview with Sexual Abuse investigator assigned to Minnesota Correctional Facility Willow River Moose Lake MCR WRML

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- 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 No
- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Then Minnesota Department of Corrections Policy 202.057 states that staff, contractors, volunteers, and others deemed necessary by administration must receive training on sexual abuse/harassment/staff sexual misconduct prevention, detection, and the DOC's response plan. New employee's policy 103.420 Pre-Service and Orientation Training requires new staff to receive forty (40) hours of training. This training curriculum includes all elements of PREA training noted above. Related education is provided annually during refresher training. The review of lesson plans, training logs and PREA power point presentations confirmed that the provided training also addresses all elements identified in the standard.

Employees have PREA information noted on posters available to them and located throughout the facility. They are provided a PREA Brochure developed by the PREA office and all carry a PREA reference card. Staff annual training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated they received the required PREA training initially and annually.

The agency maintains a Learning Management System for employees which contains a staff sign in and completion of course records. In order to show completion of the training, staff must first receive the training and pass a test. Staff members are required to use their personal information to enter the course and indicate they have received and meet the minimum test requirements. The extensive training provided and staff knowledge of PREA requirements confirmed that the facility is compliant with this standard. All staff members interviewed were aware of all aspects of the training and each interviewed indicated they had received training in the previous year. Compliance was confirmed by reviewing policies, five (5) training records and interviews with facility staff.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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
 No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a person assigned to provide the management of volunteers. Volunteers are managed in accordance with agency policy 300.040 Volunteer Services Program. Part of this policy and new volunteer program orientation includes training on PREA. All volunteers participate in yearly PREA training and document this information on their Volunteer files.

The medical administrator manages medical contractor staff. Policy 300.045 Contractor Relationship to Department requires contracting staff must attend facility orientation and training for ten-day at the training academy at central office, prior to working independently in any assignment involving direct and on-going contact with offenders/residents.

A review of the PREA training rosters signed by contract staff, a review of the volunteer and training files confirmed all information required to document training. All background checks are maintained in the administrative offices and were reviewed and found up to date. All volunteer or contract staff receives copies of a PREA updates. These updates were noted in the file and were verified through an interview with volunteer coordinator and medical administrator.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.050 Offender/Resident Orientation require that newly committed offenders receive orientation regarding sexual abuse/harassment and reporting. Prior to being assigned to this facility each inmate goes through a diagnostic program or processing center. Offenders receive written and verbal information in a language easily understood by the offender, regarding:

- a) The DOC zero-tolerance policy on sexual abuse/harassment;
- b) How to avoid sexual contact in prison;
- c) The risks and potential consequences of engaging in any type of sexual activity while incarcerated, which may include criminal sanctions and/or offender discipline;
- d) How to identify and report an incident of sexual abuse/harassment or staff sexual misconduct;
- e) What defines a false accusation and the consequences for making a false accusation; and
- f) How to obtain counseling services and/or medical assistance if victimized.

During in-processing procedures at Togo, a staff member conducts an education program regarding the PREA, and each inmate is provided a pamphlet describing the agency's PREA compliance program. The information identifies the key elements of the program and informs them of the zero-tolerance policy regarding sexual abuse and sexual harassment and multiple ways to report sexual abuse or sexual harassment. The information also informs the inmates they will be free from retaliation for reporting an incident and that both male and female staff members routinely work in and monitor the housing units. The information is available in English and Spanish languages.

Telephonic translation services are available to inmates who are not proficient in English or are otherwise unable to communicate (deaf, blind, mentally impaired etc.).

Inmate interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third-party reporting, the zero-tolerance policy and their right to be free from retaliation. The tour of the Facility confirmed that several PREA education posters were prominently displayed in all housing units, the visiting rooms and common/program areas. Each time an Inmate receives training it is documented in his computerized institutional record, which includes an Education Program Search Screen. Interviews with staff and inmates; visual observations of posters/notices; examination of policy and other documentation; review of institutional files; and observation of intake procedures confirmed the facility is in compliance with this standard. The facility provided inmate orientation during initial intake during the first several hours at the facility and then in a formal education program during the first 30 days at the facility. Inmate interviewed also said they are provided additional training during case manager meetings and almost daily by staff. All inmates were transferred to the facility from other correctional facilities where they stated they had received PREA training several times prior to arriving at the facility.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 have received 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 No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- 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 No NA
- 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 No NA

115.34 (c)

- 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 No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 107.005 Office of Special Investigations addresses this standard. All investigators have received training relevant to PREA. The facility utilizes the Office of Special Investigator from MFC WRML. The investigator at MFC WRML was previously interviewed and was able to explain in detail the process and procedures required during a PREA-related investigation. The PREA compliance manager and warden were able to articulate the process that is utilized to conduct investigations of sexual assault and sexual harassment. There have been no allegations of sexual abuse and sexual harassment at the facility.

A review of the training curriculum included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In addition, the agency investigators correspond with each other and discuss investigations and serve as a resource to ensure all investigations are complete. A review of the training records confirmed completion of required specialized training in conducting sexual abuse investigations in confinement settings. The investigator was extremely knowledgeable of sexual abuse or sexual harassment.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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? Yes No
- 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? Yes No
- 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? Yes No

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must

be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response mandates all staff receive PREA training. Health Services Policy 500.030 Orientation Training for Health Services Staff requires all nursing staff, and full and part-time medical and mental health practitioners in health services, receive specialized training on: a) How to detect and assess signs of sexual abuse and harassment; b) How to preserve physical evidence of sexual abuse; c) How to respond effectively and professionally to victims of sexual abuse and harassment; and d) How and to whom to report allegations or suspicions of sexual abuse and harassment; All medical and mental health staff have received training in all requirements of the standard. All staff have received training in Sexual Abuse and Sexual Harassment as mandated for all staff. A review of the training files indicated they have all received training within the last 12 months.

Compliance was verified through the review of training curriculum, review of policies, contractor training files, DOC training files and interviews with Medical staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 No
- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
 Yes No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- 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 No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response addresses all components of this standard for screening new and transferring inmates. Policy 202.040 Offender Intake Screening and Processing provides all requirements mandated in Minnesota Department of Corrections Policy 202.057. Policy requires health services staff must screen offenders for potential vulnerability to sexual assault and/or tendencies to act out with sexually aggressive behavior using the MN DOC PREA screening. Staff reviews daily Corrections Operational Management System (COMS) for PREA follows up 30-day reviews and behavior or additional information that would mandate further follow up. The facility associate warden of operations (AWO) and facility sexual abuse response team (SART) use the Screening Tool Follow-up Matrix as a guide to identify the appropriate follow-up response and case-by-case decision making. PREA screenings must be completed in the Corrections Operation Management System (COMS) Obligation. All follow-up responses are documented in COMS Offenders must not be disciplined for refusing to answer, or for not disclosing complete information, when screened by health services staff completing the MN DOC PREA Screening.

Policy 203.010 Case Management Process require case managers to review screening within first 30 days of arrival at facility. All diagnostic records are confidential and only available on a need to know basis. A review of the screening instrument contains all requirements identified in the standard. The system is pass word protected for need to know staff. When transferred to another facility, the inmate receives a screening review by the medical staff within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs within a few hours on the first day of arrival to the facility. This system is computerized on the statewide Minnesota DOC Prison Obligation Dashboard which automatically sends a message to the respective specialized staff whenever a positive response is given. This notification provides a time-frame for the specialized staff to take action, and changes to a red icon, if the response is not timely made, allowing management to immediately take action to ensure the offender receives proper and appropriate services. The review of screening documents by the Auditor confirmed that inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment. Staff also reviews records or other information and information from other facilities. The Clinical Director of the Substance Abuse program provides as a resource for offenders with history of sexual victimization. The Director advised that she has conducted follow up with offenders of past history and also provided coordination with Tele psychology services or psychology services from MFC WRML.

The inmate tracking system contains all information in computerized inmate files. Information received during the screening process is confidential and only available to staff with a need to-know and never to other inmates. Staff and inmate interviews, a review of policy/documentation (including screening documents and inmate tracking system) and observations of the intake process confirmed compliance with this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- 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 No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

- 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 No

115.42 (e)

- 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 No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- 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? Yes No
- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response, and 202.040 Offender Intake Screening and Processing requires risk screening information is used to determine housing, bed, work, education, and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials. Policy 202.045 addresses the evaluation and placement of transgender and intersex offenders. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. The DOC does not place lesbian, bisexual, transgender, and gender variant, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. The DOC evaluates and places offenders who claim to be undergoing transgender or transsexual-related treatment, offenders who appear to be gender-variant, or offenders having other clinical conditions in which the gender assignment is unclear in a similar manner. The agency has developed and implemented a transgender committee (TC) – comprised of the health services director, department medical director, intake/security representative, director of behavioral health, health services administrator from intake facility, department director of nursing, warden of the facility where the offender is currently housed, and any other department employee deemed necessary to make a decision. The offender's own views regarding his or her own safety are considered in placements and job assignments. The agency working with Office of Health and Mental Health Services and through a multi-disciplinary review panel decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. Policy mandates placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months.

The facility shower areas are modified to establish privacy from staff of the other gender. Inmates are also allowed to dress and complete bodily functions without being in view of person of the other gender. There are no transgender offenders housed at Togo adult facility.

Overall compliance of the standard was verified through review of policies, interviews with PREA Compliance Manager, Case Managers, Warden, and, other correctional staff, inmates and tour of the facility.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 No
- 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 No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- 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 No
- 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 No
- 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 No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No

- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Minnesota Department of Corrections Policy 202.057 mandates inmates at high risk for sexual victimization shall 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 is no available alternative means of separation from likely abusers. Minnesota Department of Corrections Policy 301.085 Administrative Segregation requires that the use of administrative segregation reviews of placement on administrative segregation: each facility must develop an instruction for the administrative and behavioral health review of offenders on administrative segregation status. Facility instructions must meet the following minimum standards: 1. Staff must notify mental health personnel whenever an offender is placed on administrative segregation status due to medical/mental health issues; 2. The initial administrative review must occur within 24 hours of placement; 3. An administrative review occurs every seven days for the first 60 days after the initial administrative review; 4. An administrative review occurs every 30 days after 60 days placement on administrative segregation; 5. A behavioral health review must be conducted upon completion of 30 days on administrative segregation and conducted thereafter every 90 days; and 6. Behavioral health reviews must be recorded in the offender's behavioral health record and retained accordingly. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

There are no segregation or single cell rooms located at Togo. Interviews with Warden indicated that if segregation was required the inmate would be moved to another correctional facility.

Compliance was determined by review of the agency policy, interviews with PREA compliance manager and Warden.

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| REPORTING |
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Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- 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? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 202.057 affords offenders multiple ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for making a report, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy 302.020 Mail mandates correspondence to or from those state and federal officials 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 offender's presence. Staff interviews reflected a similar understanding of the means allowed, including an understanding that offenders can make reports verbally, as well as in writing, and all staff indicated that their first responsibility was to protect offenders who make such reports.

Inmates are provided training on reporting during their initial PREA orientation and are provided a form documenting they are aware of ways to report. All staff interviewed clearly understood that they can privately report sexual abuse and sexual harassment of offenders without fear of agency disciplinary action.

Inmates have unimpeded access to telephones and can call the Minnesota PREA Hotline or any law enforcement agency of their choosing. They can also report to a third party, who can make the report for them. Reporting to third party is provided on a PREA information posters that provides any party can call the agency Sexual Assault Helpline or write a letter on behalf of an offender to make a report of sexual abuse and harassment. This information can be found on the agency website. Also, most of the staff and offenders interviewed stated that they knew that reports could be made by 3rd parties. Compliance was

confirmed through review of Posters, Department Of Correctional website <https://mn.gov/doc/family-visitor/prea-policy/prea-links/>

The facility does not hold individuals for civil immigration purposes. Sexual abuse and sexual harassment can be reported in writing, anonymously, privately, and from a third party. Staff documents all allegations. Staff members are trained to immediately report and document any sexual abuse or sexual harassment allegation. There are posters and other documents on display throughout the facility that also explain reporting methods. The facility provides a posting explaining at least one way for inmates to report sexual abuse or sexual harassment to an entity that is not part of the agency.

Minnesota has attempted to develop a Memorandum of Understanding (MOU) with Victims Advocate. In order to establish a victim advocate program Minnesota Department of Corrections has employed staff to coordinate with victim advocate services and provide victim support when needed. There are phone numbers posted on all PREA posting areas and next to telephones for inmates to contact PREA Hotline and a Victim Advocate services. Minnesota provides staff with a brochure that provides multiple ways for staff to report allegations of sexual abuse or sexual harassment. Interviews with staff and inmates; observations of posters addressing reporting methods; and an examination of policies, documentation, and interviews with inmates and staff confirmed compliance with this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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 No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- 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.) Yes No 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.)
 Yes No 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.) Yes No NA

115.52 (e)

- 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.) Yes No 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.) Yes No 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.)
 Yes No NA

115.52 (f)

- 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.) Yes No 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.).

Yes No 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.) Yes No 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.)
 Yes No 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.) Yes No NA
- Does the initial response document the agency's action(s) take in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) take in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 303.100 Grievance Procedure precludes the use of Grievance System for PREA. Inmates may not file facility grievances about issue for which there is a separate review or appeal process that is identified

as the “final decision,” including Policy 202.057, “Sexual Abuse/Harassment Prevention, Reporting, and Response.” Verification was determined by review of policy and interview with PREA coordinator.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Minnesota Department of Corrections policy 107.007 Criminal Investigations requires if the investigation is of an alleged sexual assault, the special investigator must offer the victim the right to have a victim advocate present during any stage of the investigation. The PREA coordinator provided a memo detailing attempts to secure the services of rape crisis centers. The agency has established a victim advocacy office to provide victim services including private reporting. This information is on Posters located next to telephones and on bulletin boards throughout the facility. The advocacy office will reach out to community-based rape crisis centers or provide sexual assault advocacy services when requested. The advocacy staff is trained in conducting advocacy services and would accompany inmates during forensic testing if requested. The advocacy division has worked with other rape crisis centers and SANE staff at local hospitals to provide advocates to work with victims if requested by victimized inmates. The service provider has provided referral forms that provide information to inmates on victim services and reporting requirements. Inmates interviewed were aware of the program and how to get in contact with advocacy programs by confidential phone calls. Compliance was confirmed by review of department personnel action establishing position including a job description and minimum qualifications of staff assigned to these duties and review of interviews with staff providing this service.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The agency has developed several ways for third-party reporting of sexual abuse or harassment. Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response." Includes offenders may report sexual abuse/harassment/staff sexual misconduct to an outside agency directly or through a third party. Any party can call the agency Sexual Assault Helpline or write a letter on behalf of an offender to make a report of sexual abuse and harassment. This information can be found on the agency website. Also, most of the staff and offenders interviewed stated that they knew that reports could be made by 3rd parties. Compliance was confirmed through review of Posters, Department Of Correctional website <https://mn.gov/doc/family-visitor/prea-policy/prea-links/> and interviews with correctional staff.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 No
- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response mandates that all staff, contractors, and volunteers are required to immediately report any information regarding sexual abuse or sexual harassment or any staff neglect, action or violation that may contribute to an incident or an act of retaliation. The reporting is ordinarily made to the OIC but could also be made privately or to a third-party.

Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff who need-to-know because of their involvement with the victim's welfare and/or the investigation of the incident. Medical and Mental Health staff were aware of their responsibilities to report allegation of sexual abuse or sexual harassment. Interviews with staff, and volunteers confirmed they were aware of their reporting duties. The facility has a check list for staff and supervisors to utilize to be certain that all information is private when an allegation of abuse or harassment is received by an inmate. Additional compliance with all aspects of the standard was verified through document and policy review. All inmates that were interviewed indicated they felt comfortable reporting information to any correctional staff. The facility does not house inmates under the age of 18.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Policies 202.057 clearly state that if the DOC learns that an offender is subject to a substantial risk of imminent sexual abuse, it must take immediate action to protect the offender. This understanding was strongly stated and supported by all staff who were interviewed. Most stated that the protection of offenders was their highest priority. Most of the offenders interviewed that they had a great deal of trust in the staff to keep them safe. Staff interviewed stated their duties and responsibilities if they were aware of an inmate being subject to substantial risk. Staff stated they would act immediately to protect the inmate, including separating the inmates and alerting other staff of the situation. Additionally, staff provided steps they would take if they thought an inmate had been sexually abused such as separate inmates, secure the scene, protect possible evidence, not allow inmates to destroy possible evidence and contact their supervisor and medical staff. MFC – Togo does not have a segregation unit and two

barrack type housing units. Inmates at imminent danger of any abuse would be interviewed by supervisor and held one on one in a holding room located in close proximity of control room. Togo would coordinate with Willow River-Moose Lake for moving offender to MCF – Willow river program which is the same program as the Togo program and would not be punitive to offenders and would allow inmates to continue to participate in the release reentry program until investigation was completed and appropriate action to address the predator and victim which created the substantiated risk.

In the previous 12 months there no inmate being subject to substantial risk of imminent sexual abuse. Compliance with this standard was verified through review of Policy, and interview with staff and PREA Compliance Manager and Warden. There has been no inmate found to be at a substantial risk within the last 12 months.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Superintendent will notify the head of the facility or appropriate office of the agency or facility where the sexual abuse allegedly occurred. Policy requires such notification will occur as soon as possible and no later than 72 hours of receiving the allegation. Documentation is required of any such notification.

There has been no allegation of an inmate being sexually abused while confined at another facility during the previous 12 months.

Compliance with this standard was verified by reviewing Policy, and interview with Intake staff, Togo PREA compliance manager and facility Warden.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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The facility operates under the MFC policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response." The Policy outlines duties, procedures and actions for first responders to an allegation of sexual abuse. The agency has developed a checklist to be utilized by staff to document first responder's duties. The PREA training lesson plan outlines the duties and responsibilities for first responders and medical staff in the event an inmate is sexually abused. Inmates may report acts of sexual assault abuse, or harassment to any employee, contract employee, or volunteer.

Upon learning of an allegation that an inmate was sexually abused, if the responder is a correctional officer or other staff (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 to ensure that the victim does not wash, shower, change clothes, or otherwise compromise physical evidence on his/her body prior to examination. (3) With the exception of 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. 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.

During the last 12 months there have been no allegations of sexual abuse reported to correctional staff. Compliance was verified through review of policy, training plan, first responder checklist and interviews with correctional and non-correctional staff.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MCF Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response addresses requirements for a coordinated response plan. MCF WRMC has created a Sexual Abuse Response Team Guide that includes all PREA related requirements for a proper Coordinated Response Plan. Each facility is provided this template which directs that their facility specific information be included in the plan and thereafter published to facility staff. This plan addresses first responder duties, leadership duties, investigator duties, PREA compliance manager duties, PREA support persons duties, medical staff and mental health and aftercare duties, and retaliation duties.

Interviews with staff and a review of Policy, coordinated response plan, and the facility's training plan confirmed compliance with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 limits 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 No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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The agency's master contract with AFSCME contains a provision allowing the agency to reassign any staff or place staff on administrative leave for up to twelve months pending the outcome of an investigation. The same provisions are applied for middle management, Nurses Association, State Residential Schools Education Association State Union 208. The Minnesota Association of Professional Employees requires agency notify staff and association of the reason after placement on administrative leave for more than thirty (30) days. Compliance was confirmed by review of updated Commissioner's labor plan through June 30, 2019.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response addresses the requirements of this standard. The policy specifically prohibits any type of retaliation to any inmate or staff member who has reported sexual abuse, sexual harassment or has cooperated with such investigations. Minnesota Department of Corrections has developed a computerized tracking system to provide documentation of staff being assigned to monitor for retaliation. The Shift Supervisor interviews all inmates involved in sexual abuse, harassment or reporting to determine their safety and provides documentation of interview. The facility has designated PREA Retaliation monitor that monitors the conduct or treatment of inmates who have reported sexual abuse to insure any type of retaliation does not occur.

When interviewed, the Retaliation monitor stated they would document and follow up on all potential cases to ensure policy is being enforced. They will conduct periodic status checks on the frequency of incident reports, housing reassignments, program changes, any negative consequences for reporting abuse and negative performance reviews/staff job reassignments (all steps required of 115.67c). If there was a concern that there was the potential for possible retaliation, the PSP stated they would monitor the situation indefinitely. The monitoring of any type of retaliation will be done for at least 90 days or as long as needed to make sure the inmate is safe from retaliation or the inmate is transferred.

Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. Minnesota Department of Corrections has developed a designated form to be used when retaliation is being monitored. This document maintains all of the requirements established in the standard for agency protection against retaliation. A review of the policy, and interviews with retaliation monitors substantiated compliance with this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MFC policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response." mandates that the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Following notice of activation, the facility SART leader must promptly take any action deemed necessary for the immediate safety needs of the alleged victim. The facility does

not have a segregation or single cell room to house inmates that need protection. Staff interviewed advised they would maintain constant supervision of the offender and contact local facilities to management the inmate until investigations could determine the appropriate remedy to protect the victim or offender retaliation monitoring. Compliance was confirmed by review of policy, and interview with case manager PREA compliance manager shift supervisor and Warden.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- 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 No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- 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 No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- 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 No

115.71 (j)

- 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 No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response and Minnesota Department of Corrections 107.005 Office of Special Investigations mandates that all PREA incidents are promptly, thoroughly and objectively investigated. The Office of Special Investigations (OSI) investigates allegations of felony level criminal activity by offenders and assists law enforcement agencies with conducting criminal investigations involving employees, volunteers, contractors, and visitors within the department. When the facility conducts investigations, the agency uses investigators who have received specialized training in conducting sexual abuse investigations in a confinement setting. The facility warden discussed that due to the wilderness programs location in a rural area, the facility maintains a working relationship with Itasca county sheriff's office.

Administrative investigations address staff actions, credibility and a review of fact and findings of the criminal investigation (if applicable). All interviews are conducted as approved by the Office of Special Investigations and Compliance. Both criminal and administrative investigations are well documented and maintained in the files. Files reviewed included a copy of the law enforcement report, if they conducted a criminal investigation, statements of victim, alleged abuser (if identified) and witnesses, and statements by the PSP and Investigator as to the steps they took during the investigation.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and any other possible witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The agency only conducts compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not

determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation.

All administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are 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. Criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The agency does 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. When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. There have been no allegation of sexual abuse or sexual harassment at Togo. However, the investigator, compliance manager and warden were aware of all requirements of this standard. Compliance was determined by review of policy, training plans, and interviews with investigator compliance manager and warden.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections policy 103.225 Employee Investigation and Discipline Administration, policy 107.005 Office of Special Investigations and Investigator training mandates 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.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- 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 posted within the inmate's unit? Yes No
- 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 No
- 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 No
- 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 No

115.73 (d)

- 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 No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Minnesota Department of Corrections policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response requires OSI to inform the offender of the findings of the investigation. Policy requires the OSI or Assistant Warden of Operations must notify the alleged victim of the outcome (once it has been determined), whether the allegations are substantiated, unsubstantiated, or unfounded.

Following an inmate's allegation that a staff member has committed sexual abuse against him, unless the agency has determined that the allegation is unfounded or unless the inmate has been released from custody, the agency subsequently informs the inmate whenever the staff member is no longer posted within the inmate's unit or the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility. Following an inmate's allegation that a staff member has committed sexual abuse, unless the agency has determined that the allegation is unfounded or unless the inmate has been released from custody, the agency subsequently informs the inmate whenever the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation of sexual abuse by another inmate, the agency will 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. The agency documents all such notifications or attempted notifications through the use of computerized PREA Coordinators' office has developed to provide on time documentation of all PREA related incidents, investigations, retaliation monitoring, notifications and review committee incident reviews. Compliance with this standard was verified through the review of Policy and interviews with PREA support staff and PREA compliance manager.

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| DISCIPLINE |
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Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

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 No

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Minnesota Department of Corrections website provides all employees, contractors, and volunteers are expected to have a clear understanding that the department strictly prohibits any type of sexual relationship with an individual under the department's supervision and considers such a relationship a breach of the employee code of conduct. These relationships will not be tolerated. Mandatory staff training and offender education is provided to convey the expectation.

Minnesota Department of Corrections policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response mandate 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/harassment/staff sexual misconduct of an offender. A violation of this policy may result in termination from the DOC.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) is 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. 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, will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Compliance with the standard was verified by review of appropriate policies, interviews with PREA Compliance Manager and Warden, and review of the Department's website that includes related PREA information.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Minnesota Department of Corrections policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response mandates in compliance with the Prison Rape Elimination Act (PREA) standards, any contractor, physical plant contractor, or design team consultant who engages in sexual abuse must be prohibited from contact with offenders/residents. 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 offenders/residents, in the case of any other violation of agency

sexual abuse or sexual harassment policies. Further, this information is provided to volunteers and contractors through the Volunteer and Contractor Training modules.

Contractors and volunteers sign a directive entitled Prison Rape Elimination Act of 2003 Acknowledgement Form. Compliance of this standard was confirmed through review of the Policy, training records of volunteers and contractors, review of volunteer files containing acknowledgement statements, and interviews with volunteer coordinator.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

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 No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- 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 No

115.78 (d)

- 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 No

115.78 (e)

- 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 No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response address offender disciplinary. Minnesota Department of Corrections published an Inmate Disciplinary Procedures that address the standard for compliance with PREA disciplinary sanctions for offenders. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Disciplinary handbook states that No offender shall request, solicit, or engage in consensual sexual or consensual sexual contact, or be in a situation that gives evidence of such action. Sexual behavior includes, but is not limited to, kissing, embracing, hand holding, touching the intimate parts of another person, exposing one's intimate parts to another, and inappropriate masturbation. "Intimate part" means breast, penis, anus, buttocks, scrotum, or vaginal area, whether clothed or unclothed. No offender shall have nonconsensual sexual contact with another offender. This rule prohibits sexual contact if the victim does not consent, is coerced into such act by overt or implied threatening behavior, or is unable to consent or refuse. Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators, PREA compliance manager and review of policy confirmed compliance with this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Policy 202.057 states that if through the screening process or a subsequent disclosure, staff learns information that indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Once OSI is contacted, OSI meets with the victim within 72 hours and explains the investigation options.

The policy also states that any information related to prior sexual victimization or abuse that occurred in an institutional setting must be limited to medical and mental health practitioners, OSI, and other staff, as necessary, to inform treatment plans, security, and management decisions, including such examples as housing, bed, work, education, and program assignments. The evaluation and treatment of a victim of prior sexual abuse/harassment or sexual misconduct includes 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. When appropriate, staff refers the offender to appropriate community services such as a crisis center, support groups, mental health treatment, victim advocate services, and area law enforcement.

Minnesota Department of Corrections Behavioral Health Services has developed computerized screening, rescreening and an informed consent which requires inmate signing that they are aware of informed consent, unless the offender is under the age of 18.

Interviews with Mental Health and Medical administrator provided a seamless system for the treatment of inmates with history of victimization. Both medical and mental health information is shared from the time inmates enter into the Minnesota Department of Corrections, during screening upon arrival at Togo, after any referral from staff or OSI. The Mental Health staff provide follow-up meeting and develop a treatment plan as needed.

Compliance was confirmed through review of Mental Health referral documents, interviews with mental health and medical staff and facility staff.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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Policy 202.057 states that if health services and mental health staff are not on duty, security staff or other first responders are required to first ensure the protection of the offender and then call the on-call medical provider, as soon as possible.

The security staff first responders will immediately notify the appropriate medical and mental health practitioners. Where medically appropriate the facility will ensure victims are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Policy 500.100 Offender Co-Payment for Health Services provides all treatment services will be 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.

Bigfork Valley Hospital provides medical care as required. Verification was confirmed by review of Policy, interviews with medical and clinical director of dependency program staff, and telephone conversations with the representative from the Bigfork Valley Hospital.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- 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.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Minnesota Department of Corrections Behavioral Health Services has developed computerized screening, rescreening and an informed consent which requires inmate signing that they are aware of informed consent, unless the offender is under the age of 18.

Interviews with Mental Health and Medical administrator provided a seamless system for the treatment of inmates who have been victimized. The Mental Health staff provide follow-up meetings and develop a treatment plan as needed. Mental Health staff would continue to provide treatment and follow-up services as required including providing information to mental health services and victim advocates if the inmate is released or transferred from the facility.

Minnesota Department of Corrections has created a division for victim advocates that has education and training requirements to provide additional counseling and intervention when requested by an inmate who has been victimized.

Victims of sexual abuse at Minnesota Correctional Facility at Togo would be moved to Minnesota Correctional Facility Willow River program which is in proximity of Togo and the same reentry program and has a mental health program that would provide services for offenders and allow offenders to complete their program.

Compliance was confirmed through review of Mental Health referral documents, interviews with mental health and medical staff and facility staff.

Compliance to the Standard was verified through review of policy, interviews with Nursing Supervisor, clinical director of the chemical dependency program, the PREA compliance manager and Warden.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response addresses this standard and requires that each facility conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PREA agency office has developed and implemented an incident report tracking system. Each person responsible for a review of incidents provides a response to determine each area identified in this standard. The area in the facility where an incident allegedly occurred is assessed by the incident review team as to whether physical barriers in the area may enable abuse. Additionally, the review team assesses the adequacy of staffing levels in the area of the facility where a sexual abuse incident allegedly occurred, during different shifts. The review team also assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff on each incident. A written report of the incident review team's findings, including any recommendations for improvement is developed and submitted to the Warden and PREA coordinator.

The incident review team provided documentation of incident reviews, completed investigative information, findings of Incident Reports and documentation supporting implementations or reasons for not implementing recommendations. Compliance with this standard was determined through interviews with a review team members, and a review of policy.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- 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 No

115.87 (d)

- 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 No

115.87 (e)

- 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 No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections policy 102.050 Prison Rape Elimination Act - Data Collection, Review, and Distribution provides requirement that the PREA Office collects accurate, uniform data for every allegation of sexual abuse at facilities under the agency's direct control using a standardized instrument and set of definitions. The PREA Office aggregates the incident-based sexual abuse data annually. The incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The PREA Office maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Office aggregated data from every other facility with which it contracts for the confinement of inmates. Upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30. The facility PREA Compliance Manager provided copy of Annual PREA Report dated January 2019. Compliance with this standard was also determined by a review of Annual Report dated January 2019, policy and staff interviews.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 No
- 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 No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Minnesota Department of Corrections policy 102.050 "Prison Rape Elimination Act - Data Collection, Review, and Distribution address all requirement of data collection and use of data. The PREA Office reviews data collected and aggregated in order to assess and improve the effectiveness of sexual abuse prevention, detection, policies, practices, and training. The review of data encompasses identifying problem areas and taking corrective action on an ongoing basis. The agency has an annual report, including corrective actions for the facilities.

The agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The agency's annual report is approved by the agency head and made readily available to the public through the agency's website. The agency identifies 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. Minnesota PREA website was reviewed. PREA coordinator provided a copy of PREA Audit Report for 2019. Compliance with this standard was also determined by a review of policy/documentation and staff interviews.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA Office, is responsible for collecting and maintaining this data. The agency makes 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. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. The agency maintains 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.

| |
|---------------------------------------|
| AUDITING AND CORRECTIVE ACTION |
|---------------------------------------|

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) Yes 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 No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All Minnesota Correctional facilities have received at least one PREA audit since August 20, 2012. At least one-third of all Minnesota Correctional facilities were audited during the one-year period after August 20, 2012. During the course of the facility audit, the Auditor toured the entire facility, was allowed to interview inmates and staff privately and was provided supporting documentation before and during the audit. Notifications of the audit were posted throughout the facility permitting inmates to send confidential letters to the Auditor prior to the audit. A picture of several of the posting on April 24, 2019 sent to the auditor on April 25, 2019. There were no correspondences from offenders received by the PREA auditor.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.403 (f)

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No
 NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All PREA Audit Reports are maintained on the Agency’s website. This was verified through reviewing the website. The website can be reviewed through <https://mn.gov/doc/family-visitor/prea-policy>

AUDITOR CERTIFICATION

I certify that:

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

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

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville

June 15, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.