

# PREA Facility Audit Report: Final

**Name of Facility:** Hennepin County Adult Corrections Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/18/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Adam T Barnett, Sr.	<b>Date of Signature:</b> 11/18/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Barnett, Adam
<b>Email:</b>	adam30906@gmail.com
<b>Start Date of On-Site Audit:</b>	10/05/2023
<b>End Date of On-Site Audit:</b>	10/06/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Hennepin County Adult Corrections Facility
<b>Facility physical address:</b>	1145 - 1355 Shenandoah Lane, Plymouth, Minnesota - 55447
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Coddy Harris
<b>Email Address:</b>	coddy.harris@hennepin.us
<b>Telephone Number:</b>	612-596-0643

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Coddy Harris
<b>Email Address:</b>	coddy.harris@hennepin.us
<b>Telephone Number:</b>	612-596-0643

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Jennifer Shaft
<b>Email Address:</b>	jshaft@TeamCenturion.com
<b>Telephone Number:</b>	612-596-0126

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	477
<b>Current population of facility:</b>	135
<b>Average daily population for the past 12 months:</b>	139
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	17-65
<b>Facility security levels/inmate custody levels:</b>	Minimum, medium and maximum
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	190
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	42
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	46

### AGENCY INFORMATION

<b>Name of agency:</b>	Hennepin County Department of Community Corrections and Rehabilitation
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	300 South Sixth Street, Minneapolis, Minnesota - 55415
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

### Agency Chief Executive Officer Information:

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Veronica Briden	<b>Email Address:</b>	veronica.briden@hennepin.us
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

45

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-05
2. End date of the onsite portion of the audit:	2023-10-06

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Justice Detention International National Sexual Violence Resource Center

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	477
15. Average daily population for the past 12 months:	235
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	145
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	15

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>10</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>190</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>46</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>42</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>12</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Auditor requested an inmate roster with geographical data and staff discussions.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Auditor requested an inmate roster with geographical data, staff discussions, onsite documents, and review of PAQ.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Auditor requested an inmate roster with geographical data, staff discussions, onsite documents, and review of PAQ.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Auditor requested an inmate roster with geographical data, staff discussions, onsite documents, and review of PAQ.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Auditor requested an inmate roster with geographical data, staff discussions, onsite documents, and review of PAQ.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>3</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Auditor requested an inmate roster with geographical data, staff discussions, onsite documents, and review of PAQ.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Auditor requested an inmate roster with geographical data, staff discussions, onsite documents, and review of PAQ.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>11</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**84. Did you have access to all areas of the facility?**

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	0
<b>Staff-on-inmate sexual abuse</b>	8	1	8	1
<b>Total</b>	10	1	10	1

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	9	0	9	0
<b>Staff-on-inmate sexual harassment</b>	4	0	4	0
<b>Total</b>	13	0	13	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	2	0	1
<b>Staff-on-inmate sexual abuse</b>	0	6	0	2
<b>Total</b>	0	8	0	2

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	7	0	2
<b>Staff-on-inmate sexual harassment</b>	0	4	0	0
<b>Total</b>	0	11	0	2

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	10
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>8</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>13</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>9</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	4
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No



<b>Non-certified Support Staff</b>	
<p><b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</b></p>	<p>1</p>
<b>AUDITING ARRANGEMENTS AND COMPENSATION</b>	
<p><b>121. Who paid you to conduct this audit?</b></p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p><b>Identify the name of the third-party auditing entity</b></p>	<p>Diversified Correctional Services, LLC</p>

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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA, Institutional Reporting ...</li> <li>• PREA Resident Receiving ...</li> <li>• Objective Classification Polic...</li> <li>• Objective Classification Proce...</li> <li>• Resident Grievance and Complaint...</li> <li>• Resident Grievance and Complaint...</li> <li>• Code of Ethics and Standards ...</li> <li>• 115.11 (s) 3 Definitions Document...</li> <li>• Agency org chart 2023.pdf</li> <li>• ACF-Org-Chart-May-23.pdf</li> <li>• DOCCR Administration Policy: Prison Rape Elimination Act (PREA)</li> <li>• DOCCR Administration Procedures: Prison Rape Elimination Act (PREA)</li> <li>• DOCCR Workplace Safety, Environment and Safety Training Unit – PREA Definitions</li> </ul>

- Policy Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- Agency Organizational Chart
- Facility Organizational Chart
- Resident Handbook
- PREA Brochures
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.11 (a)**

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors.
- Policy: DOCCR policy Prison Rape Elimination Act (PREA): The Hennepin County DOCCR has zero tolerance for incidents of sexual abuse, misconduct, and harassment. Reports of victimization can be made confidentially. All complaints of attempted sexual abuse, misconduct and harassment shall be reported promptly and thoroughly investigated by the appropriate authorities. Information regarding sexual abuse, misconduct or harassment shall only be disclosed to those who need to know for the purpose of investigation, decision making and/or prosecution.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.11 (b)**

An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has designated a higher-level staff to serve as PREA Coordinator. This position is reflected on the Agency's Organizational Chart and depicts the Agency

PREA Coordinator, Juvenile Services, who reports directly to the Agency Director. The PREA coordinator, who is knowledgeable of the PREA Standards, also has three PREA Compliance Managers that are experienced and knowledgeable of the PREA Standards. This was confirmed through reviewing agency policies, the agency's organizational chart and interviews and discussions with the PREA manager.

- The Agency PREA coordinator oversees two facilities that implement the PREA Standards. Each of the facilities has a PREA Compliance Manager who is connected to the PREA coordinator. The PREA coordinator has sufficient time and authority to coordinate the agency's efforts to comply with the PREA Standards.
- Interviewed Specialized Staff: The agency PREA coordinator indicated that she has enough time to manage all her PREA-related responsibilities.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.11 (c)**

Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The agency PREA coordinator indicated that she oversees two (2) facility with PREA compliance managers. The two managers are supervised by facility administration; however, they connect on any PREA topics that arise. Including but not limited to, documentation, incidents, audit preparation, and training.
- Interviewed Specialized Staff: The agency PREA Coordinator was asked, if you identify an issue with complying with a PREA standard, what actions or processes do you undertake to work toward compliance with that standard? The PREA Coordinator meets with the facilities to document findings on the PREA Incident and work with the facilities to develop any additional process or system needed.
- The facility's designated PREA Compliance Manager (PCM) is a supervisor who reports to the facility's Assistant Superintendent. This facility has taken an additional step demonstrating a commitment to PREA by having a PREA Site Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards.
- The organization chart shows the PREA compliance manager reports to the Superintendent as confirmed by staff interviews. The interview with the PREA compliance manager and observations revealed she has the time and authority to perform her PREA duties.

	<ul style="list-style-type: none"> <li>• Interviewed Specialized Staff: The agency PREA coordinator indicated that she has enough time to manage all her PREA-related responsibilities.</li> <li>• Facility Specialized Staff: Superintendent Question, has the agency identified a PREA compliance manager with enough time to manage all PREA related responsibilities? Yes, the Associate Superintendent serves as the facility PREA compliance manager.</li> <li>• Facility Specialized Staff: The facility PREA compliance manager was asked: “Do you feel that you have enough time to manage all of your PREA related responsibilities?” The PREA compliance manager indicated yes and confirmed that she has sufficient time and resources to coordinate all PREA activities. She has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• 115.312 (a)-3 Contracted Facility...</li> <li>• Copy of OHP Providers. Vetted ...</li> <li>• Hyperlink to contracts.docx</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.12 (a)</b></p> <p>A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any</p>

new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.
- The Pre-Audit Questionnaire documented that the facility has not entered or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA Audit. This was also confirmed by the agency PREA coordinator and a reviewed excel spreadsheet documenting programs housing youth within the community.
- Most of the facilities used by DOCCR for youth report have most social services referrals and are therefore not subject to DOJ Certified PREA audits.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.12 (b)**

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The DOCCR does include the following statement in all their contracts with contractors and vendors; "Prison Rape Elimination Act: To the extent that the requirements are applicable to this Agreement, Contractor shall adopt and comply with the provisions of the Prison Rape Elimination Act of 2003) Public Law 108-79) (PREA) and implementing regulations. Contractor agrees to cooperate fully with the County to ensure Contractor's compliance with the PREA standards, including but not limited to, upon County's request, supplying the County with full and complete documentation relating to PREA and allowing the County access to Contractor's facilities. If there are subsequent contract renewals, evidence of PREA compliance needs to be demonstrated."
- The agency provides an example of a vender contract containing the required PREA language as well as other contracts for review. The reviewed contracts contained the required PREA Language.
- Interviewed Specialized Staff: The agency PREA coordinator indicated that for new contracts, the agency has built in PREA compliance in the Request for Proposals as an expectation that they will need to adhere to if they serve more than 50% corrections

	<p>clients and PREA language is added to the contracts, both new and renewed.</p> <ul style="list-style-type: none"> <li>• To monitor compliance, a spreadsheet of all the residential facilities used by DOCCR is maintained on the PREA share point site. Through a survey sent out to facilities, the agency updates if they are serving mostly corrections or social services clients and then record if they are PREA compliant, working toward compliance, or it is not required because most of the residents are social services referrals.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• 115.13 (d) 1 Well-Being Checks...</li> <li>• 115.13 (d) 1 Well-Being Checks...</li> <li>• MS Daily Inspection Report...</li> <li>• WS Daily Inspection Report.pdf</li> <li>• ACF 2023 Staffing Plan Assessment...</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.13 (a)</b></p> <p>The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determine the need for video monitoring, facilities shall take into consideration:</p> <ul style="list-style-type: none"> <li>• Generally accepted detention and correctional practices.</li> </ul>

- Any judicial findings of inadequacy.
- Any finding of inadequacy from Federal investigative agencies.
- Any findings of inadequacy from internal or external oversight bodies.
- Any findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated).
- The composition of the inmate population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular staff.
- Any applicable State, or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the staffing plan indicates that the facility calculating of adequate staffing levels and determine the need for video monitoring, accepted correctional practices, inmate populations, physical structure, and other relevant factors are considered.
- The agency ensures that each facility it operates develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse.
- Staffing Plan: The facility provided a "Staffing Plan Assessment (PREA) Adult. The plan has the following sections: Facility Characteristics (Designed facility capacity - 477; Age range of population; Facility security level/inmate custody levels: Medium; Number of staff assigned 190). Physical Plant: Number of buildings 2; Number of single cell housing units 457; Number of multiple occupancy cells housing units 7; Number of segregation cells - administrative and disciplinary 16). Assessment Requirements Standard 115.313 (a). Prevailing Staffing Patterns; Assessment of Video Monitoring Systems and other Monitoring Technologies; Surveillance System Details; Available Resources; and Staffing Plan Approval.
- PREA Coordinator: The PREA compliance manager was asked: when assessing adequate staffing levels and the need for video monitoring, please explain if and how the facility staffing plan considers standard requirements. The staffing plan considers all the components of the facility's physical plant to include blind spots. The composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.
- Facility Specialized Staff: The Superintendent indicated that the facility has a staffing plan, and the plan is adequate staffing levels to protect inmates against sexual abuse. Video monitoring is a part of the plan, and every housing unit has cameras which monitor common areas. The staff plan is documented and is provided and maintained by the PREA Compliance Manager and updated annually. Anytime it is updated it is sent out to the Superintendents.



- Facility Specialized Staff: The Superintendent indicated when assessing adequate staffing levels and the need for video monitoring, the institutions are given the staffing plans from the Division of Operations. The facility does not decrease the staffing level based on video cameras. They are an addition to the staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.13 (b)**

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility PREA compliance manager ensures that in the event the staffing plan is unable to be maintained during exigent circumstances will be documented. These deviations from the staffing plan include, but are not limited to, reasons for the deviation, corrective action plan, and a determination on whether the change is permanent or temporary.
- The facility reports staff shortages with its security staff. However, the agency/facility has been working to recruit individuals to work at the facility. The facility and agency are recruiting daily by ads, signs outside of the facility, etc.
- Facility Specialized Staff: Superintendent question, how do you check for compliance with the staffing plan. The Superintendent indicated that compliance of the staffing plan is checked by scheduling records, data on absenteeism, incident reports, daily shift schedule, and master schedule.
- Facility Specialized Staff: The PREA compliance manager question, who reviews and follows up on deviations from the staffing plan? In situations in which a deviation is made from the staffing plan, written justification for such deviation is documented and sent to the Superintendent and PREA compliance manager by the facility supervisors.
- Facility Specialized Staff: Superintendent Question, does the facility document all instances of non-compliance with the staffing plan? Yes, the facility does document all instances of non-compliance with the staffing plan.

### **115.13 (C)**

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by standard 115.13, the agency shall assess, determine, and document whether adjustments are needed to:

- The staffing plan was established pursuant to paragraph (a) of this section.
- The facility's deployment of video monitoring systems and other monitoring

technologies; and

- The resources the facility has available to ensure adherence to the staffing plan.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has cameras located in and around the facility that are always monitored. The cameras in the facility cover the inside of the visiting room, rear, front, and administration building inside front lobby, recreation areas, etc. There are no cameras in general inmate's population rooms.
- The facility has identified blind spots within the institution that are accessible to inmates. To ensure the safety of the inmates in the areas of the blind spots, officers are directed to be observant of those areas and are not allowed to have one on one contact outside of the camera's view. Officers are briefed on the locations of all blind spots and those identified areas are checked during supervisory security checks and unannounced rounds.
- Agency PREA Coordinator: Question, are you consulted regarding any assessments of, or adjustments to, the staffing plan for this facility? How often do these assessments happen? Yes, and yearly (annually). The facility has a Staffing Plan Assessment (PREA) – Adult which has all the requirements and approval by Superintendent, Corrections Institutional Supervisor (CIS), Division Manager and the PREA Compliance Manager.
- Facility Specialized Staff: PREA compliance manager question, if the staffing plan for the facility is reviewed at least once every year, are you consulted regarding any necessary adjustments? The staffing plan is reviewed annually. Yes, per protocol, the PREA compliance manager would be notified in advance if there were any adjustments made to the plan.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.13 (D)**

Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility implement 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. The practice is implemented for

	<p>night shifts as well as day shifts.</p> <ul style="list-style-type: none"> <li>• Agency/facility practices include staff not alerting other employees that supervisory rounds are occurring unless such an announcement is related to the legitimate operational function of the facility.</li> <li>• Facility Specialized Staff: Higher-level staff who conducted unannounced rounds were asked, have you conducted unannounced rounds? Staff indicated yes that they have made several every day. The staff also indicated they prevent staff from alerting other staff when conducting unannounced rounds is easy for him because he has keys to all areas.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision:</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Youthful Inmates.docx</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.14 (a)</b></p> <p>A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• On Site Inspection/Observations: Youthful offenders were not observed during the</li> </ul>

tour of the facility. Nor were youthful offenders among the randomly selected or special category inmates who were interviewed.

- Management staff were asked, if youthful offenders arrive at the facility for a few hours or day, what will be the facility process for handling the youthful offender? Staff indicated that the youthful inmate under the age of 18 will be separated for inmates 18 or older. Youthful inmates will remain out of sight and sound of other inmates until transferred. Staff decisions and documentation indicated that no youthful inmates were housed at this facility during the audit period.

- Facility Specialized Staff: The PREA compliance manager question, “does this facility house youthful inmates?” The facility does not house youthful offenders. If the facility house youthful offenders they will not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.14 (b)**

In areas outside of housing units, agencies shall either:

- Maintain sight and sound separation between youthful inmates and adult inmates, or
- Provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not house any inmates under the age of 18 years old (youthful inmate).

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.14 (c)**

Agencies should make their best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legal required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not house any inmates under the age of 18 years old (youthful inmate).

	<p><b>Overall Findings:</b>  The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Searches Policy.doc</li> <li>• Searches Procedures.doc</li> <li>• Well-Being Checks Procedures'...</li> </ul> <p>Well-Being Checks Policy.doc</p> <ul style="list-style-type: none"> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.15 (a)</b></p> <p>The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• All staff reported that they are not allowed to conduct cross-gender pat down searches. When probed most of the interviewed staff could articulate that they are to search in a professional and respectful manner and that they receive training that is conducted in-service.</li> <li>• Transgender and intersex inmates are allowed to indicate in writing which gender they feel most comfortable being searched by to include frisk (pat) searches. This preference is recorded in the inmate's individualized accommodation plan and classification screen as well as intake documentation if the preference is expressed at that time. Absent exigent circumstances, this preference will be accommodated when possible, considering employee, security, and safety concerns and consistent of the Prison Rape Elimination Act.</li> </ul>

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, males, and females. They were asked: Have you received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs? Nineteen inmates said yes, and one said no.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.15 (b)**

As of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. The female inmates were asked: have you been unable to participate in activities outside of your cell because female staff was unavailable to conduct pat down searches? All five female inmates said no, there is a female officer on every shift.

- The facility documents all cross-gender strip searches and cross-gender visual body cavity searches.
- PAQ: The number of pat-down searches of female inmates that were conducted by male staff: 0.
- PAQ: The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance (s): 0.
- The facility only housed male inmates.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.15 (c)**

The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility documents all cross-gender strip searches and cross-gender visual body

cavity searches.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.15 (d)**

The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Onsite Review/Observations: 1. During the site review, the auditor observed the facility critical function of cross-gender viewing. Areas where confined persons may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing units, medical, intake cells/showers and recreation areas. 2. The auditor observed the facility critical function of cross-gender announcements. The auditor observes staff announcing their present when entering housing unit/living areas of the opposite gender. The phrase most used by staff is “female or male in the unit”; “female or male staff in dorm”. 3. The auditor observed the facility critical function of cross-gender viewing. The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show people in confinement naked, using the showers or toilets on camera monitors. The auditor requested that the control room operator zoom in on randomly selected living units focusing on the showers and toilets. There were no inmates’ midsections being viewed on monitors. 4. The auditor observed the facility critical function of the physical storage area of any information/documentation collected and maintained as hard copy.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked Are inmates able to dress, shower, and toilet without being viewed by staff of the opposite gender. One hundred percent of staff interviewed stated that inmates are allowed to dress, shower, use the toilet without being viewed by staff of the opposite gender.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: “Do you or other officers announce your presence when entering a housing unit that houses residents of the opposite gender (from yourself)?” Twelve staff reported that opposite gender staff announce their presence when entering the housing unit. The staff reported that they will make announcement by saying “female on deck” or “female on the unit”.

- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: Do female staff announce their presence when entering your housing area? Fifteen reported that female staff announce their presence, by saying “something like female staff on the floor”. Five said sometimes or they may be in the back of the living unit and do not the officers.

- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: Are you and other inmates ever naked in full view of female staff (not including medical staff such as doctors, nurses)? Twenty inmates reported that they are never naked in full view of female staff while showering, dressing, or while using the restroom.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.15 (e)**

The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility prohibits search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined 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.

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: “Are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining that inmate’s genital status?” All staff reported yes that they were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining the inmate’s genital status. Some staff were able to further articulate that such a determination would be addressed to medical staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.15 (f)**

The agency shall train security staff in how to conduct cross-gender pat down searches, and searches of transgender and intersex inmates, in a professional and



	<p>respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Facility security staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex resident in a professional and respectful manner. If warrant the facility will make a case-by-case determination of the most appropriate staff member to conduct the search is necessary and take into consideration the gender expression of the resident.</li> <li>• The facility also has a policy prohibiting cross-gender strip searches and cross-gender visual body cavity searches. Again, if an exigent circumstance occurs the facility will document the process.</li> <li>• Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: Have you received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs? All staff reported that they are not allowed to conduct cross-gender pat down searches. When probed most of the interviewed staff could articulate that they are to search in a professional and respectful manner and that they receive training that is conducted every year during in-service.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• HS00000029 Contract.pdf</li> <li>• HS00000029 Amendment #1.pdf</li> </ul>

- HS00000535 Contract.pdf
- HS00000023 Amendment #1.pdf
- Reception and Admission - Work...
- Women Section Handbook April ...
- Men Section Handbook April 20...
- Reception and Admission - Work...
- DOCCR Adult Corrections Facility Policy: Reception and Admission – Men’s Policy
- DOCCR Adult Corrections Facility Policy: Reception and Admission – Women’s Policy
- Men’s Section & Women’s Section Information and Guidelines for all Residents (Handbook English)
- Men’s Section & Women’s Section Information and Guidelines for all Residents Handbook Spanish)
- MOU Surd Interpreting & Translation
- MOU A-Z Friendly Languages, Inc.
- MOU Global Language Connections
- MOU A-2300 Government Center
- MOU Middle English Inc.
- MOU University Language Center Inc.
- MOU American Sign Language Interpretation
- MOU Telephone Interpretive Service Contract with Language Line
- DOCCR Policy, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act
- Staff ADA & LEP Training
- DOCCR Policy: PREA: Resident Receiving and Orientation, Institutions
- End the Silence Brochure translated into six Languages.
- Master Training Roster/Limited English Proficiency Plan
- We Are a Zero Terrance Facility! Power Point
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.16 (a)**

The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

In addition, the agency shall 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, limited reading skill, or who are blind or have low vision. An agency is not required to take actions that it can demonstrated would result in a fundamental alteration in a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A GED Teacher/Literacy Remedial Teacher and staff are available to ensure that inmates with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff would read the PREA information to the inmate upon admission and additionally, PREA Education is provided through the PREA Video and orally to clarify any issues. Language Line is available for telephone interpretive services, video interpretive services and on-site services and for translation services.
- The auditor requested a list of inmate disabilities and LEP inmates at the facility. They provided the auditor with the requested information. The agency and the facility appear to be committed to ensuring inmates with disabilities, including inmates who are deaf/hard of hearing, blind or low vision, intellectually disabled, psychiatrically disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. They also appear to be committed to ensuring inmates with limited English proficiency have access to interpretive services.
- Interviewed Specialized Staff: Interviewed agency head indicated that the agency established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She stated that all written PREA information is translated into multiple languages including those most common among our population - Spanish and Somali. Individuals with disabilities are provided PREA information in a manner consistent with ADA. Intake officers check for understanding upon admittance to the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.16 (b)**

The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The inmate stated that he did receive sexual abuse and sexual harassment from the facility when he arrived. The inmates also indicated that they received information from staff regarding their rights in this facility. Officers and counselors help with the understanding of facility rules.
- In addition to the education, facility will ensure that key information, including information about the right to be free from sexual abuse and sexual harassment, and how to make a report, is continuously and readily available or visible to inmates through posters and other written formats.
- PREA Spanish posters are in the housing units so that inmates who were LEP and Spanish speaking would have information available in their own language. The agency provided a copy for the "language line" contract that provides translation services when needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.16 (c)**

The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 standard, or the investigation of the inmate's allegations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 or the investigation of the inmates' allegations. Interviewed staff indicated that they would document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistant are used.
- PAQ: In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmates' safety, the performance of first-response duties under 115.64, or the investigation of the inmate's allegations: 0.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked does the agency ever allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities who are limited English

	<p>proficient when making an allegation of sexual abuse or sexual harassment? Twelve random staff reported that inmate interpreters are not allowed; nor have inmate interpreters, inmate readers, or other type of inmate assistants been used in relation to allegations of sexual abuse or sexual harassment.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision:</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.17	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA, Staffing Patterns and Re...</li> <li>• PREA, Staffing Patterns and Re...</li> <li>• HR Rules and Law.pdf</li> <li>• Criminal Record Checks (Policy...</li> <li>• Criminal Record Checks (Policy...</li> <li>• Criminal Record Checks (Policy...</li> <li>• PREA, Staffing Patterns and Re...</li> <li>• PREA, Staffing Patterns and Re...</li> <li>• DOCCR Adult Corrections Facility Policy; Staff Code of Ethics and Standards of Conduct Policy</li> <li>• DOCCR Administration Policy: Criminal Records Check</li> <li>• DOCCR Administration Policy: PREA, Staffing Patterns and Resident Supervision</li> <li>• Minnesota Government Data Practices Act 13.01</li> <li>• Background Checks - Newly Hire Staff</li> <li>• Background Checks - Regular Staff</li> <li>• Five Year Background Checks - Regular</li> <li>• Background Checks - Contractors</li> <li>• Five Year Background Checks - Contractors</li> <li>• Background Checks - Volunteers</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p>

## **Compliance Determination by Provisions and Corrective Action:**

### **115.17 (a)**

The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the 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)
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency requires the facility not to 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 as listed in this standard to include the above provisions.
- Administrative (Human Resources) Staff: Question, does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions? Do you do this for any contractor who may have contact with inmates as well? Staff indicated yes, all of DOCCR new hires undergo a full background study which consists of a fingerprint based criminal record check conducted by the FBI/BCA using an individual's fingerprints, must successfully pass a Minnesota Department of Human Services (DHS) background study which is required for any individual working in a juvenile facility who will be providing direct care/contact with a resident, and a PREA check is completed during the employment check of previous employers.  
DOCCR prohibits the hiring or promotion of anyone who has: 1. Engaged in sexual abuse in an institutional setting; and/or 2. Conviction(s) for engaging in sexual abuse in the community facilitated by force, the threat of force, or coercion; and/or 3. Civil or administrative adjudications for having engaged in such activity.
- When an existing employee is considered for promotion, a criminal record check is completed, a review of employee file is completed and PREA questions to current manager/supervisor are completed.
- All contractors undergo a fingerprint record check who will have unescorted access which is conducted by the FBI/BCA using an individual's fingerprints and must successfully pass a Minnesota Department of Human Services (DHS) background

study which is required for any individual working in a juvenile facility who will be providing direct care/contact with a resident, and a PREA check is completed during the employment check of previous employers.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.17 (b)**

The agency shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Administrative (Human Resources) Staff: Question, does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Staff indicated yes, the Hennepin County DOCCR has zero tolerance for incidents of sexual abuse, misconduct, and harassment. DOCCR prohibits the hiring or promotion of anyone who has: 1. Engaged in sexual abuse in an institutional setting; and/or 2.

Conviction(s) for engaging in sexual abuse in the community facilitated by force, the threat of force, or coercion; and/or 3. Civil or administrative adjudications for having engaged in such activity.

- The agency/facility indicated any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview with the HR staff was in alignment with the standard. The interview questions for employment also address previous misconduct. The facility indicated the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist these services of any contractor, who may have contact with inmates. Based on the review of the documents provided during the pre-audit, and interview with the HR staff, the facility follows the provisions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.17 (c)**

Before hiring new employees, who may have contact with inmates, the agency shall:

- Perform a criminal background records check; and
- 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Administrative (Human Resources) Staff: Question, what system does the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates? Are these background checks conducted at least once every five years? A re-check of a current employees' criminal record is completed every 5 years by the Office of Administrative Services (OAS). A name query only record check is completed through the FBI/BCA's Criminal Justice Information System (CJIS). A re-check of a current contractor's criminal record is completed every 3 years by OAS. A name query only record check is completed through the FBI/BCA's Criminal Justice Information System (CJIS).

- PAQ: In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 190.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.17 (d)**

The agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Administrative (Human Resources) Staff: Question, Does the facility ask all applicants and employees who may have contact with inmates about previous misconduct described in section (a)\* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees? Staff indicated yes, a new hire going through a background study is asked about previous misconduct on the Authorization for Record Access (which is the release allowing us to conduct a criminal record check) and in the background study questionnaire. It is also reviewed and discussed during the background interview with their assigned investigator. Current employees who may be up for a promotion must answer questions regarding previous misconduct on the Authorization for Record Access.

- The policy requires background checks to occur prior to inmates receiving services from contractors and volunteers and confirmed by staff. Additionally, best efforts are made to contact all prior facility employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

- Staff indicated that the system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates to include every five years are the OAS. Central HR reviews existing employee background checks. NCIC reports for background checks and fingerprints are done using OAS system.



- Staff also indicated that all third-party contractors have a background check run, or proven criminal history cleared, prior to authority to report inside one of the facilities.
- PAQ: In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 5.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.17 (e)**

The agency shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The policy is aligned with the requirements of the provisions of the standard and provides background checks occur prior to employment and every five years thereafter. Initial background checks and five-year checks were reviewed. This was confirmed by staff interviews.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.17 (f)**

The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Administrative (Human Resources) Staff: Question, does the facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct? Staff indicated yes, it is written in the DOCCR PREA policy that Employees, volunteers, and/or contractors must report any incidents of sexual abuse, sexual misconduct, or sexual harassment immediately.
- Administrative (Human Resources) Staff: Question, when a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual

harassment involving the former employee, unless prohibited by law? (Probe for information about laws that would prohibit such information transfer.) Staff indicated yes, per DOCCR PREA policy: Report all terminations for violations of DOCCR sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation to law enforcement agencies and any relevant licensing bodies. Information and reporting regarding sexual abuse or sexual misconduct/harassment must follow data practices legislation and DOCCR Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse.

- According to policy, all applicants are asked about any prior misconduct involving any sexual activity. In addition, the facility will not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means.

Corrective Action:

N/A. There are no corrective actions for this provision.

### **115.17 (g)**

The standard states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Compliance Determination:

This facility has demonstrated compliance with provision of the standard because:

- The facility policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.17 (h)**

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff interview confirmed the facility would provide the above information if requested to do so. Policy indicates the information would be provided when requested unless it is prohibited by law to provide the information.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility

	practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.18 (a)</b></p> <p>When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The staff interview revealed that the agency/facility has not acquired any new facilities since the last PREA audit.</li> <li>• Interviewed Specialized Staff: The agency head indicated that resident safety is the primary concern in any physical facility modifications. This includes protecting residents from sexual assault. Facility modifications that do not meet standards for resident safety are not pursued.</li> <li>• The agency has not made any substantial modifications to the facility since the last PREA Audit.</li> <li>• Facility Specialized Staff: Superintendent question, when designing, acquiring, or planning substantial modifications to facilities, how does the agency consider the effects of such changes on its ability to protect residents from sexual abuse? The facility’s approach is to strategically prioritize locations to cover blind spots, common areas, two-way voice communication, etc. in addition, the facility is currently expanding technology that will provide us better measures of tracking residents</li> </ul>

	<p>whereabouts withing the facility, furthermore, the facility is currently progressing through the installation of higher performance video monitoring system that is inclusive of additional cameras.</p> <p>Corrective Actions: N/A. There are no corrective actions:</p> <p><b>115.18 (b)</b></p> <p>When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The staff interview revealed that the agency/facility has not had any major updated surveillance technology since the last PREA audit.</li> <li>• Interviewed Specialized Staff: The agency head indicated That the facility is equipped with multiple CCTV cameras, affording staff the ability to remotely monitor residents and staff activity while still providing for appropriate levels of resident privacy. The facility also recently added Body Worn Cameras to our JCO classification.</li> <li>• The facility has installed additional cameras within the facility.</li> <li>• Facility Specialized Staff: Superintendent question, how does the agency use monitoring technology to enhance the protection of residents from incidents of sexual abuse? There has not been any expansion or modification to the building.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p>

- SO MOU.pdf
- MOU Sexual Violence Center
- Duty Supervisor ...
- SARs Brochure...
- HCSO 904 PRISON...
- Professional Standards and Con...
- Office of Administrative Servi...
- PREA card 9-6-2023.pdf
- Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR 2020
- Hennepin County Sheriff's Office PREA Policy 904
- DOCCR Administration Policy: Professional Standards and Conduct Investigations
- DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Administrative Policy: Office of Administrative Services, Incident Referrals
- DOCCR Administrative Policy: Professional Standards and Conduct Investigations
- DOCCR Administrative Policy: Professional Standards and Conduct, Incident Intake and Triage
- DOCCR First Responder Cards: First Responder Questions and DOCCR Sexual Abuse First Responder Check list
- DOCCR Preventing and Reporting Sexual Misconduct with Residents - Brochure
- MOU Sexual Violence Center, and Corizon, Inc.
- Sexual Violence Center Executive Director Comments
- Medical Referral Form
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.21 (a)**

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility is responsible for investigating allegations of sexual abuse. Administrative and/or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

• **Random Sample of Staff:** Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: "Do you know and understand the agency's protocol for obtaining unusable physical evidence if an inmate alleges sexual abuse?" During the on-site audit, 12 random staff were interviewed. All 12 staff could clearly articulate the agency's protocols. The staff that were aware of the protocols, were able to describe the process and steps required to protect physical evidence, which included take immediate action, stay with the inmate, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, notify supervisor, secure evidence in a bag, don't allow the inmate to shower, bath, brush teeth, and overall treat as a crime scene. Most of the direct care staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.21 (b)**

The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• The protocol is appropriate and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, or similar comprehensive and authoritative protocols developed after 2011. The facility does not house youth inmates.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.21 (c)**

The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. The agency shall document its efforts to provide SAFEs or SANEs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• MOU: The Sexual Violence Center agrees to 1. Provide face-to-face crisis counseling to residents in DOCCR institutions who are victims of sexual violence, upon request of

the victim. 2. Work with designated Hennepin County Department of Community Corrections and Rehabilitation staff to obtain security clearance and follow all guidelines for safety and security. 3. Maintain confidentiality as outlined in the Sexual Violence Center informed consent form. 4. In the event of a sexual assault at the institution, Sexual Violence Center agrees to: provide a rape crisis counselor at the hospital; handle a first report from DOCCR resident as follows - if a resident is a juvenile SVC is a mandatory reporter, SVC will provide legal advocacy support. SVC advocates are not lawyers or experts on the correctional facility reporting process. Instead, SVC offers resources, emotional support and a silent back-up during interviews. 5. Provide applicable information sessions for Hennepin County Department of Community Corrections and Rehabilitation and contract medical staff. 6. Communicate any questions or concerns to Hennepin County Department of Community Corrections and Rehabilitation. 7. Provide personnel to act as advocate to referrals, as requested by the victim. SVC supports inmates in the hospital if they were assaulted anywhere in the last 120 hours. The hospital SARS program would contact SVC to come to the hospital. SVC holds the protocol to provide advocacy support during medical and forensic exams in the hospitals with SARS. As such, any inmate transferred to the hospital for this exam will be entitled to the support of an SVC advocate. Advocates are dispatched directly by SARS in the event of hospital-based advocacy, and do not need to be additionally requested by a correctional facility. 8. Offer follow-up services and referrals for the victim regardless of incarceration status and post release from the facility. 9. Additional services for residents in DOCCR institutions may include ongoing 1:1 counseling sessions and regularly scheduled support groups, to be provided under a separate agreement.

- The medical staff do not conduct forensic medical examinations on site. The role of medical health providers in the event of a sexual assault is limited to triage, emergency stabilization, after care and follow-up services. The services are provided without cost.

- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. This information is posted in English and Spanish and is legible.

- PAQ: The number of exams of forensic medical exams conducted during the past 12 months: 0.

- PAQ: The number exams performed by SANs/SAFEs during the past 12 months: 0.

- PAQ: The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.21 (d)**

The agency shall attempt to make available to the victim advocate from a rape crisis

center. If a rape crisis center is not available to provided victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. To this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 1400043, to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit if the center is not part of the criminal justice system and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility makes available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available (for emotional support) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility shows documentation.
- National Sexual Violence Resource Center (NSVRC) response: On August 7, 2023, NSVRC email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources.
- Facility Specialized Staff: The PREA compliance manager question, in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The Agency's establish a written memorandum of Understanding / Agreement's with local / regional Rape Crisis Centers to provide emotional support services.
- Target Resident: Three (3) residents were interviewed for inmates who reported sexual abuse. Two males and one female. When interviewed ask the required questions from the National PREA Resource Center, they all stated that they were not sexual abuse, it was sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.21 (e)**

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Compliance Determination:



The facility has demonstrated compliance with this provision of the standard because:

- The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, the local hospital without financial cost. The local hospital provides a Sexual Assault Forensic examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If one is not available, the examination is performed by a qualified medical staff.
- Facility Specialized Staff: The PREA compliance manager, “if requested by the victim, does a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews?” Yes, the facility ensures that the victim (s) are offered the services of an outside agency victim advocate.
- Facility Specialized Staff: The PREA compliance manager, if a rape crisis center provides victim advocate services, how do you ensure that it meets the qualifications described in standard 115.21? Sexual violence center is not part of the law enforcement agency. It offers intervention services for those of all ages and it’s confidential. The center meets the state guidelines.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.21 (f)**

To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- When a PREA allegation is investigated by an outside agency, the facility request that the investigator follow the PREA requirements. The preponderance of evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issues is more probably true than not.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.21 (g)**

The requirements of paragraphs (a) through (f) of this section shall also apply to:

- Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and
- Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

	<p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• When a PREA allegation is investigated by an outside agency, the facility request that the investigator follow the PREA requirements. The preponderance of evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issues is more probably true than not.</li> </ul> <p><b>115.21 (h)</b></p> <p>For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, the local hospital without financial cost. The local hospital provides a Sexual Assault Forensic examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If one is not available, the examination is performed by a qualified medical staff. Staff may serve as emotional support if requested by inmates.</li> </ul> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA, Institutional Reporting ...</li> <li>• PREA Sexual Abuse Data Collect...</li> <li>• Office of Administrative Servi...</li> <li>• Professional Standards and Con...</li> <li>• SO MOU.pdf</li> <li>• 115.321 (a) 3 HCSO 904_PRISON_...</li> <li>• Professional Standards and Con...</li> </ul>

- Office of Administrative Servi...
- Professional Standards and Con...
- Resident Rules and Discipline ...
- Resident Rules and Discipline ...
- Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR 2020
- Hennepin County Sheriff's Office PREA Policy 904
- DOCCR Administration Policy: Professional Standards and Conduct Investigations
- DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Administrative Policy: Office of Administrative Services, Incident Referrals
- DOCCR Administrative Policy: Professional Standards and Conduct Investigations
- DOCCR Administrative Policy: Professional Standards and Conduct, Incident Intake and Triage
- DOCCR Administrative Policy: Office of Administrative Services, Incident Referrals
- DOCCR First Responder Cards: First Responder Questions and DOCCR Sexual Abuse First Responder Check list
- DOCCR Preventing and Reporting Sexual Misconduct with Residents - Brochure
- DOCCR Adult Corrections Facility Procedures: Resident Grievance and Complaint
- DOCCR Adult Corrections Facility Policy: Resident Grievance and Compliant
- MOU Sexual Violence Center, and Corizon, Inc.
- Sexual Violence Center Executive Director Comments
- DOCCR Website Instructions for Reporting Incidents of Sexual Abuse, Sexual Misconduct of Sexual Harassment and Investigation
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.22 (a)**

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- According to staff, the agency PREA coordinator, facility compliance manager, and the facility and/or investigator, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on inmate-on-inmate or staff-on-inmate misconduct.
- The initial investigation begins immediately by the facility. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

- PREA Investigations Overview:

- o Total Number of Investigations for the Past 12 months = 23
- o Total Number of Sexual Abuse = 10
- o Total Number of Sexual Harassment = 13
- o Total Number of Pending Cases = 0
- o Total Number Referral to Prosecution = 0

- PREA Coordinator: Does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? The PREA Coordinator has a formal process in place to ensure administrative and criminal investigations are completed of sexual abuse and sexual harassment with other agencies.

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: "do you know who is responsible for conducting sexual abuse investigations?" During the on-site audit, staff answers varied from the Agency PREA Coordinator, Associate Superintendent, Supervisor, Facility PREA Compliance Manager or PREA Coordinator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.22 (b)**

The agency shall have in place a policy 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. The agency shall publish such a policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility's website provides the information and related policies for reporting allegations of sexual abuse. A third-party reporting process is also on the site. Reporting information is also posted in various areas of the facility including but not limited to the housing units. The posted information is accessible to inmates, staff, contractors, and visitors. The policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated.

- When allegations are made at the facility, information is collected by staff, then forwarded to the facility PREA compliance manager for review and recommendation to the PREA coordinator. The PREA coordinator determines if an allegation should be forwarded for a criminal investigation. Criminal investigations are documented in the PS&C system. Administrative investigations are documented in investigative files at the facility and maintained by the Agency PREA Coordinator.

- The investigator state that the agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. All criminal allegations are referred to the Hennepin County sheriff's office for investigation.

- Interviewed Specialized Staff: The agency head indicated the yes to the facility ensure that administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated that as indicated in the AOS Investigative referrals policy and the agency Professional Standards and Conduct Investigation policy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.22 (c)**

If a separate entity is responsible for conducting criminal investigations, such a publication shall describe the responsibilities of both the agency and the investigating entity.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The agency head describes how administrative or criminal investigation is completed for allegations of sexual abuse or harassment. Criminal investigations are handled by the Hennepin County Sheriff's Office independent from DOCCR and agreed upon via a memorandum of understanding between the two agencies. Administrative investigations are handled by DOCCR's Office of Administrative Services, Professional Standards and Conduct Unit. Administrative investigations are reviewed for policy compliance as well as training needs and potential policy/procedural changes necessary to prevent similar incidents in the future. Evidence reviewed includes facility video footage, any available physical evidence, and statements from involved parties and witnesses.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.22 (d)**

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The agency head describes how administrative or criminal investigation is completed for allegations of sexual abuse or harassment. She indicated that criminal investigations are handled by the Hennepin County Sheriff's

Office independent from DOCCR and agreed upon via a memorandum of understanding between the two agencies.

- If another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact? Yes, the agency PREA Coordinator.

- Administrative investigations are handled by DOCCR's Office of Administrative Services, Professional Standard and Conduct Unit. Administrative investigations are reviewed for policy compliance as well as training needs and potential policy/procedural changes necessary to prevent similar incidents in the future. Evidence reviewed includes facility video footage, any available physical evidence, and statements from involved parties and witnesses.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.22 (e)**

Any department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff indicated that any department of Justice component responsible for conducting administrative or criminal investigation of sexual abuse or sexual harassment in this facility will use the same policies governing the conduct of agency investigations. The Department of Justice has not conducted any PREA investigations regarding sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **Evidence Relied Upon in Making the Compliance Determination:**

### **Documentation:**

- PREA, Institutional Reporting ...
- PREA Training Matrix.xlsx
- PREA First Responder .pptx
- PREA Boundaries.pptx
- ACF Copy of PREA Training Reco...
- ACF Copy of PREA Training Reco...
- PREA 101 course outline.pdf
- PREA Training Matrix.xlsx
- PREA card 9-6-2023.pdf
- Prison Rape Elimination Act (P...
- Prison Rape Elimination Act (P...
- PREA 101 course outline.pdf
- PREA 101 slides.pdf
- PREA 101 course outline.pdf
- ACF Copy of PREA Training Reco...
- DOCCR Administration Policy: Prison Rape Elimination Act (PREA)
- DOCCR Administration Procedures: Prison Rape Elimination Act (PREA)
- Preventing and Reporting Sexual Misconduct with Resident – Brochure
- PREA: Effective and Professional Communication with LGBTI Residents and Clients
- Talking Points for the “Preventing and Reporting Sexual Misconduct with Offenders” Brochure
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

### **Interviews:**

## **Compliance Determination by Provisions and Corrective Action:**

### **115.31 (a)**

The agency shall train all employees who may have contact with inmates on:

- Its zero-tolerance policy for sexual abuse and sexual harassment.
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Inmates’ right to be free from sexual abuse and sexual harassment.
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in confinement.
- The common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs threatened and actual sexual abuse.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility policy addresses PREA related training for staff. Interviewed staff members were familiar with the PREA information regarding general topics of preventing, detecting, and responding to sexual abuse and sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: "Have you received PREA training? And what are some of the topics?" Twelve staff indicated yes, they received PREA training. Staff were aware of the Zero Tolerance Policy, employee and inmate rights, signs, and symptoms of sexual abuse, reporting and responding. One hundred percent of staff were knowledgeable of the topics they had been trained in. When probed, staff were able to describe the training on zero tolerance, inmate and staff rights, dynamics of sexual abuse and sexual harassment, prevention, and response protocol as well supportive services available to Inmates. Staff indicated they have received training on working with vulnerable populations (LGBTQI, prior history of sexual victimization). The staff reported receiving training in person and online.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.31 (b)**

Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that house only male inmates to a facility that houses only female inmates, or vice versa.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility houses male and female inmates and the training consider the needs of the population as determined by a review of training curricula and interviews with random staff.
- Facility Staff: Indicated that they receive gender training as a part of the pre-service or individual training from the shift briefings.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.31 (C)**

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- All current employees have received PREA training.
- Facility Staff: Indicated that they also received monthly refresher training through staff briefing and meetings where they are reminded of PREA issues.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.31 (d)**

The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility trains all employees who may have contact with residents on PREA training topics. Employees receive this training prior to having contact with residents. The agency/facility provides the PREA training as a part of pre-service/ orientation. Training is also reinforced and enhanced by on-the-job training, shift briefings, staff meetings and management meetings where experienced and knowledgeable staff members work with new hires to educate them further about PREA practices. The PREA training is documented through rosters (staff signatures or electronic verification), meeting minutes, shift briefing notes.
- Refresher training occurs every year when the certified PREA audit is not conducted. This is provided for staff meetings, shift briefing, and management meetings.
- During documentation review, the auditor reviewed staff training rosters, staff sign-in sheets, acknowledgement statements and some electronic verifications.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA 101 course outline.pdf</li> <li>• PREA 101 slides.pdf</li> <li>• PREA Boundaries.pptx</li> <li>• PREA First Responder .pptx</li> <li>• DOCCR PREA Boundaries initial....</li> <li>• Talking Points for brochure.pdf</li> <li>• PREA Notification.pdf</li> <li>• Prison Rape Elimination Act (P...</li> <li>• Prison Rape Elimination Act (P...</li> <li>• 2023 PREA Contract Staff.xlsx</li> <li>• Sexual Misconduct Brochure for Volunteers (How to report, protection from retaliation, receiving a report, red flags, abuse of power, consequences of sexual abuse/harassment and misconduct</li> <li>• DOCCR Website - Volunteer Services (how to become a volunteer with DOCCR-link to PREA Video and Training)</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.32 (a)</b></p> <p>The agency shall ensure 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Volunteers and contractors are provided with PREA training and education relative to their duties and responsibilities.</li> <li>• Medical contractor staff completed the National Institute of Corrections (NIC) online training Specialized training: Medical and mental health care NIC online curriculum includes but not limited to the following topics: Detecting, Assessing, and Responding to Sexual Abuse and Harassment, Sexual Abuse in Confinement Settings, The Dynamics and Effects of Sexual Abuse, Your Role in Responding to Sexual Abuse Incidents, Preserving Physical Evidence of Sexual Abuse, Reporting Allegations and</li> </ul>

Suspicious, High-Risk Inmates, Effects of Sexual Abuse, Trauma and the Brain, Rape Trauma Syndrome, SART, Medical Screening, 115.21 Evidence protocol and forensic medical examinations, 115.35 Special training: Medical and mental health care, 115.61 Staff and agency reporting duties., 115.65 Mandates a Coordinated Response to Sexual Abuse Incidents, 115.81 Medical and mental health screenings; history of sexual abuse, 115.82 Access to emergency medical and mental health services, 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

- Facility Specialized Staff: The auditor randomly interviewed a contractor. The contractor was asked, have you received PREA training on your responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedures? The contract staff indicated yes and being a part of the contract medical staff. The contractor medical staff who have contact with inmates have been trained in their responsibilities.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.32 (b)**

The level and type of training provided to volunteers and contractors shall be based on the services they provided and level of contact they have with inmates, but all volunteer and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviews and documentation indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and the contact they have with inmates. All volunteers and contractors are notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.32 (c)**

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility maintains documentation confirming that volunteers and contractors understand the training they received. The facility documents volunteer and contractor training using the acknowledgement statement and rosters, which requires

	<p>the volunteer and contractors and instructor signature to verify the training.</p> <p>Corrective Actions: N/A. there are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• HC PREA Brochure 3.5.21.pdf</li> <li>• Mens Section Handbook April 20...</li> <li>• Womens Section Handbook April ...</li> <li>• MS and WS Resident Handbook Ju..</li> <li>• HENNEPIN COUNTY ADULT CORRECTI...</li> <li>• CONDADO DE HENNEPIN.docx</li> <li>• DOCCR Adult Corrections Facility Policy: Resident Receiving and Orientation</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Receiving and Orientation</li> <li>• Resident Acknowledgement Forms</li> <li>• Resident Acknowledgement Forms</li> <li>• End the Silence Brochure</li> <li>• Multiple PREA Related Posters</li> <li>• Contracts to Provide Interpretive Services</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>15.33 (a)</b></p> <p>During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p>

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- PREA information, which are provided during the intake process within twenty-four hours of the inmate's arrival, and include an explanation of the agency/facility zero-tolerance policy toward sexual abuse and sexual harassment, and how to report incidents or suspicious of sexual abuse or sexual harassment; and
- Comprehensive education is provided within two (2) weeks of the inmate's arrival. PREA training includes but is not limited to 1. The ACF and DOCCR Zero Tolerance, 2. You Have the Right to Serve Your Sentence with Dignity and Respect, 3. What is Sexual Misconduct, 4. Examples of Sexual Misconduct, 5. How to Prevent Sexual Misconduct, 6 It is Not Your Fault if you were a Victim of Sexual Misconduct, 7. What to do if you experience Sexual Misconduct, 8. How to report sexual misconduct, and 9. How to prevent It, How to Report it, and Know your Rights.
- On Site Inspection/Observation: During the facility tour, formal and informal discussions with residents and staff indicated that during the intake process, inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. Staff ensure that key information is continuously and readily available or visible to inmates through posters.
- Facility Specialized Staff: The PREA compliance manager's question: what type of PREA education is provided to the residents? The facility provides PREA videos, and written formats in both English and Spanish.
- Facility Specialized Staff: The intake staff indicated that they provide inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates watch a video on PREA, and staff answer questions. This information is given during the intake process.
- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: When you first came here, did you get information about the facility's rules against sexual abuse and harassment? Twenty reported they were given information about the facility's rules against sexual abuse and harassment at admission.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.33 (b)**

Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Documentation showing dates and indicating inmates' participation in PREA education sessions confirmed the PREA education sessions occurred.
- The facility provided the following inmate educational methods. 1. English PREA Poster, 2. Spanish PREA Poster, 3. Inmate Handbook with PREA information, 4. PREA Brochure, 5. Video Tape.
- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: When you came here, were you told about: 1. Your right to not be sexually abused or sexually harassed? Twenty reported they had been made aware of their rights. 2. How to report sexual abuse or sexual harassment? Twenty reported they had been made aware of their rights. 3. Your right not to be punished for reporting sexual abuse or sexual harassment? Twenty reported they had been made aware of their rights. 4. About how long after coming here did you get the PREA information above? When asked this question, there were a wide variety of answers.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.33 (c)**

Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- All inmates at this facility have completed the required PREA education.
- Facility Specialized Staff: The intake staff indicated that current inmates as well as those transferred from other facilities received PREA information on the agency's zero tolerance policy on sexual abuse or sexual harassment within 72 hours of transferring. Inmates watch a video on PREA, and staff answer questions. They are also given PREA paperwork at intake. There are posters and literature in the intake holding room, lobby, and changing room which all new residents go into.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.33 (d)**

The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or

otherwise disabled, as well as to inmates who have limited reading skills.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff indicated that during each inmate orientation and training session, inmate education materials are provided in formats which are accessible to all inmates. This includes providing documentation and materials to inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.
- During the facility tours, the auditor observed PREA posters in English and Spanish, additional PREA information in the facility handbook are in English and Spanish.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.33 (e)**

The agency shall maintain documentation of inmate participation in these education sessions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility maintains documentation of inmate participation in PREA orientation and education by signing orientation checklist or PREA acknowledgement statement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.33 (f)**

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Onsite review (Observations) and Testing of Critical Functions/Internal Reporting Methods: 1. During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, persons confined in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible. 2. The auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. This information is posted near the phones and in hallways. The information is provided in English and Spanish and is legible. 3. The auditor tested the facility systems by which persons

	<p>confined in the facility can report sexual abuse and/or sexual harassment, phones, and internal grievance process or written format. It was also discussed where and who received the reports. 4. The facility has critical information continuously available to residents through posters, PREA handouts and meetings/sessions with case managers or counselors and handbooks.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• 2023 ACF PREA Investigations O...</li> <li>• Investigator Training Transcript.</li> <li>• Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR 2020</li> <li>• Hennepin County Sheriff's Office PREA Policy 904</li> <li>• DOCCR Administration Policy: Professional Standards and Conduct Investigations</li> <li>• DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• DOCCR Administrative Policy: Office of Administrative Services, Incident Referrals</li> <li>• DOCCR Administrative Policy: Professional Standards and Conduct Investigations</li> <li>• DOCCR Administrative Policy: Professional Standards and Conduct, Incident Intake and Triage</li> <li>• Special Training Certificates for Investigators</li> <li>• NIC PREA Training for Investigators Certificates (Investigating Sexual Abuse in Confinement Settings)</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p>



**115.34 (a)**

In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- The investigator stated that all investigators go through the PREA resource center/ NIC nine online modules on investigating sexual abuse in confinement settings.
- Administrative investigations are conducted by the Professional Standards and Conduct Unit. These investigators have completed the specialized training, the National Institute of Corrections.
- The investigators are required to complete the National Institute of Corrections (NIC) online PREA Specialized Investigation training in addition to the general PREA training.
- PREA Investigations Overview:
  - o Total Number of Investigations for the Past 12 months = 23
  - o Total Number of Sexual Abuse = 10
  - o Total Number of Sexual Harassment = 13
  - o Total Number of Pending Cases = 0
  - o Total Number Referral to Prosecution = 0

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**115.34 (b)**

Specialized training shall include 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.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- Investigators are required to complete the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" includes the following topics: Initial Response, Investigation, Determination of the findings, A Coordinated Response, Sexual Assault Response Team, A Systemic Approach, How Sexual Abuse Investigations Are Different, How Investigations in Confinement Settings Are Different, Criteria for Administrative Action, Criteria for Criminal Prosecution, Report Writing Requirements of an Administrative Report, Requirements for an Administrative Report, Requirements for a Criminal Report, The Importance of

Accurate Reporting, Miranda and Garrity Requirement, Miranda Warning Considerations, Garrity Warning Considerations, The Importance of Miranda and Garrity Warnings, Medical and Mental Health Practitioner's Role in Investigations, PREA Standards for Forensic Medical Examinations.

- The investigator stated that the training topics 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 or prosecution referral.
- They could discuss the contents of the training that included the areas and topics required by the PREA Standards for specialized training for investigators in conducting sexual abuse investigations in confinement settings. DOCCR Policy, Prison Rape Elimination Act (PREA), Paragraph 11, and DOCCR Professional Standards and Conduct, requires that investigators are trained in conducting investigations in confinement settings. DOCCR Policy, Professional Standards and Conduct, Policy, #2., requires that Department investigation, be conducted only by DOCCR approved and trained investigators.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.34 (c)**

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency provided a list of investigators that are responsible for investigating PREA at this facility. NIC verification of completion was provided.
- Training certificates documenting the specialized training for investigating sexual abuse cases in confinement settings as well as a training transcript documenting the specialized training confirmed the DOCCR investigators have received the specialized training required by the PREA Standards. This training is in addition to the regular PREA training required by the agency staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.34 (d)**

Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

	<ul style="list-style-type: none"> <li>• The agency indicated that the facility has not had any entity or Department of Justice component that conducted investigations. The auditor is not required to audit this provision.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• 2023 PREA Contract Staff.xlsx</li> <li>• 115.335_JDC Medical STAFF...</li> <li>• DOCCR Policy: Prison Rape Elimination Act, PREA</li> <li>• DOCCR Procedures: Prison Rape Elimination Act, PREA</li> <li>• Medical Staff Training Spread Sheet</li> <li>• Mental Health Staff Training Roster</li> <li>• Medical Staff Training Roster</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.35 (a)</b></p> <p>The agency shall ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ul style="list-style-type: none"> <li>• How to detect and assess signs of sexual abuse and sexual harassment.</li> <li>• How to preserve physical evidence of sexual abuse.</li> <li>• How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</li> <li>• How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ul>

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Medical and mental health staff full and part-time completes the National Institute of Corrections (NIC) online training Specialized training: Medical and mental health care includes the following topics: Detecting, Assessing, and Responding to Sexual Abuse and Harassment, Sexual Abuse in Confinement Settings, The Dynamics and Effects of Sexual Abuse, Your Role in Responding to Sexual Abuse Incidents, Preserving Physical Evidence of Sexual Abuse, Reporting Allegations and Suspicions, High-Risk Inmates, Effects of Sexual Abuse, Trauma and the Brain, Rape Trauma Syndrome, SART, Medical Screening, 115.21 Evidence protocol and forensic medical examinations, 115.35 Special training: Medical and mental health care, 115.61 Staff and agency reporting duties, 115.65 Mandates a Coordinated Response to Sexual Abuse Incidents, 115.81 Medical and mental health screenings; history of sexual abuse, 115.82 Access to emergency medical and mental health services, 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.
- PAQ: The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 30.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.35 (b)**

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The local hospital conducts forensic examinations.
- Facility Specialized Staff: According to the facility PREA compliance manager, victims of sexual abuse would be taken to a local hospital that employs a qualified forensic examiner or SANE/SAFE staff.
- Facility Specialized Staff: Staff who provide medical services, were asked: "if you conduct forensic examinations, are you qualified, and have you received the appropriate training in conducting forensic examinations?" Staff indicated that medical staff at the facility do not conduct forensic examinations. The Rape Crisis Center or the local hospital perform these services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.35 (c)**

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the

	<p>agency or elsewhere.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The training documents, including training certificates and the interviews with medical and mental health staff confirmed receipt of the required training.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>115.35 (d)</b></p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner’s status at the agency.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Medical and mental health staff completed the general PREA training that is provided for all staff members.</li> <li>• Facility Specialized Staff: medical staff response to, have you received any other specialized training regarding sexual abuse a sexual harassment? The medical staff indicated yes, the NIC “Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff” and yearly updated training by the agency.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• DOCCR Adult Corrections Facility Policy: Objective Classification</li> <li>• DOCCR Adult Corrections Facility Procedures: Objective Classification</li> </ul>

- DOCCR Administration Policy: PREA, Resident Receiving and Orientation, Institutions
- DOCCR Administration Procedures: PREA, Resident Receiving and Orientation, Institutions
- Computerize Assessment System – PREA Victimization and PREA Predator
- Victimization/Abusiveness Initial Assessments - males
- Victimization/Abusiveness Initial Assessments - females
- Victimization/Abusiveness Reassessments - males
- Victimization/Abusiveness Reassessments - females
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.41 (a)**

All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.
- The facility has a policy governing the practice and procedures for screening residents. The screening process occurs in a setting that ensures privacy as possible given the potentially sensitive information that is discussed. The screening location has adequate space, privacy, and time to conduct a quality screening of the resident for the desired information.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “do you screen inmates upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates?” Yes, all inmates are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmate or sexually abusive toward other inmates. Staff use the PREA Screening tools.
- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: (1). They were asked: When you first came here, do you remember whether you were asked any questions like whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here? Twenty inmates said yes to all questions. Inmates that said they were asked the PREA related questions answers varied from

the same day, within a few weeks. Of those who recalled being asked the questions, they also stated the questions were asked in private by staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.41 (b)**

Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviews and documentation revealed that intake screenings are taking place within 72 hours at the facility. Also, during intake screening, staff review available documentation (judgement and sentence, commitment orders, criminal records) for any indication that an inmate has a history of sexually aggressive behavior.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: "do you screen inmates for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake?" Staff indicated that most PREA screenings are completed within 72 hours of the inmate arriving at the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.41 (c)**

Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility uses an objective screening instrument to determine proper housing, bed, assignment, work assignment, education, and other program assignments, with the goal of keeping inmates at a substantial risk of being sexually abused or sexually harassed separate from those inmates who are a substantial risk of being sexually abused. The residents are reassessed when warranted by incident of sexual abuse, receipt of and new or relevant information.
- The facility screening tool is the Sexual Predator/Vulnerability PREA Screening. The tool covers all the requirements listed in the standard. The tool includes but is not limited to 1. Possible Victim Factors, 2. Sexually Vulnerable Designation Process, 3. Sored Designation, 4. Over-ride, 5. Possible Predator Factors, 7. Sexually Predatory Designation Process, and 8. Possible Predator Over-ride.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.41 (d)**

The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- Whether the inmate has a mental, physical, or developmental disability.
- The age of the inmates.
- The physical build of the inmate.
- Whether the inmate has previously been incarcerated.
- Whether the inmate's criminal history is exclusively nonviolent.
- Whether the inmate has prior convictions for sex offenses against an adult or child.
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the inmate has previously experienced sexual victimization.
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes?

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor reviewed the Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument and determined all factors required by this provision of the standard are included. Staff confirmed they are aware of the elements of the risk screening instrument.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked what the initial risk screening considers? Staff indicated that the PREA screening covers all the requirements listed in 115.41 (b). Staff did list the requirements except for missing one or two that are captured in another area.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.41 (e)**

The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility screening considers all criteria listed in the standard and more. The facility instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if known to the facility or agency.
- Interviewed Specialized Staff: The agency PREA coordinator indicated that the agency outlined who should have access to an inmate's risk assessment within the facility to protect sensitive information from exploitation. Centurion conducts a confidential health assessment on every resident, facility intake staff keep intake interview information in an electronic database accessible to only designated staff.



Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.41 (f)**

Within a set time, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Inmates are rescreened within 30 days of their arrival at the facility. Inmates are also reassessed when warranted by the circumstances where additional information may be presented. This information may be about new referrals, incident reports, safety of the residents, or any relevant information.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if they reassess an inmate's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Staff indicated reassessments are required within 30 days for inmate's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. How, there were reassessments completed after the required 30 days.
- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: whether they have been asked again since initial arrival questions like whether they had been in jail or prison before, whether they had had ever been sexually abused, whether they identify as being gay, lesbian, bisexual and whether they think they may be in danger of sexual abuse. Twenty said yes or can recall some of the questions. Several stated they were asked the questions at the 30 day or 90-day review.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.41 (g)**

An inmate's risk level shall be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Inmates are rescreened within 30 days of their arrival at the facility. Inmates are also reassessed when warranted by the circumstances where additional information may be presented. This information may be about new referrals, incident reports,

safety of the residents, or any relevant information.

- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness response to, how long after arrival are inmates' risk levels reassessed? Reassessed is within 30 days of arrival using the same initial PREA screening questions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.41 (h)**

Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d-1, 7, 8, 9) of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Inmates are not required to answer questions that they are not ready to disclose or share information on. The residents are not disciplined for not answering any of the sensitive questions.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if inmates are disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening? Staff indicated no, saying inmates are not disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening. If staff receive additional information regarding the PREA screening, they will place a note in inmate file.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.41 (i)**

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The sensitive information from the screening information is protected. The information is controlled and is disseminated to key staff and any additional staff on a case-by-case basis.
- Agency PREA Coordinator: Question, has the agency outlined who should have access to an inmate's risk assessment within the facility to protect sensitive information from exploitation? Yes, Medical, Mental Health, Operations, Classification,

	<p>PREA Compliance Managers/Assistant PCM's and the PREA Coordinator's Office.</p> <ul style="list-style-type: none"> <li>• Facility Specialized Staff: The PREA compliance manager question, has the agency outlined who should have access to an residents' risk assessment within the facility to protect sensitive information from exploitation? Staff are instructed through PREA training that any information obtained is limited to a need-to-know basis for staff, and only for the purpose of treatment, security, and management decisions, information as housing, work, education, and programming assignments. Information is not to be indiscriminately discussed. The administration will monitor and take immediate action if any sensitive information is exploited.</li> <li>• Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: "has the agency outlined who can have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitations?" Staff indicated that the facility has outlined those who have access to risk assessment. This includes the Superintendent, associate Superintendents, majors, counselors, medical, investigators and a need-to-know bases.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Men's Seg Report.pdf</li> <li>• Sexual and Gender Minority Pop...</li> <li>• DOCCR Adult Corrections Facility Policy: Objective Classification</li> <li>• DOCCR Adult Corrections Facility Procedures: Objective Classification</li> <li>• DOCCR Administration Policy: PREA, Resident Receiving and Orientation, Institutions</li> <li>• DOCCR Administration Procedures: PREA, Resident Receiving and Orientation, Institutions</li> <li>• DOCCR Adult Corrections Facility Policy: Special Management Unit - MS</li> <li>• DOCCR Adult Corrections Facility Procedures: Special Management Unit -MS</li> </ul>

- DOCCR Adult Corrections Facility Policy: Special Management Unit – WS
- DOCCR Adult Corrections Facility Procedures: Special Management Unit - WS
- DOCCR SOP 04-11M – Special Management Unit – Men’s Section
- DOCCR SOP04-11W – Special Management Unit – Women’s Section
- SOP 04-10 Administrative Separation
- DOCCR Policy 06-09, Access to Programs and Services
- Computerize Assessment System – PREA Victimization and PREA Predator
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.42 (a)**

The agency shall use information from the risk screening required by standard 115.41 to inform 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility uses PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.
- The facility physical layout also considers in the determinations of housing assignments.
- Facility Specialized Staff: How does the agency or facility use information from risk screening during intake to keep inmates from being sexually victimized or being sexually abusive? The facility PREA compliance manager indicated that the PREA risk screening application uses a scoring system depending on how an inmate answers the questions and it will provide a color-coding representing risk levels of victims and abusers. This information is used to keep the victims’ ways from the abusers.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness response to, how does agency/facility use information from the risk screening during intake to keep inmates safe from being sexually victimized or from being sexually abusive? The screening will add a potential victim or potential predator to the alert system based on the answers to the questions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.42 (b)**

The agency shall make individualized determinations about how to ensure the safety of each inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires information from the risk screening instrument are considered when making housing, 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 and ensuring that determination about how to ensure the safety of each inmate is individualized.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: "how does the agency/facility use information from the risk screening during intake to keep inmates safe from being sexual victimized or from being sexually abusive? Staff indicated that the initial PREA screen is used to ensure the safety of each resident.
- Target Residents: One Transgender were interviewed. They were asked: Did staff here ask you questions about your safety? Inmate said yes.

Corrective Actions:

N/A. There are no corrective actions for this provision:

**115.42 (c)**

In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires the use of a screening instrument to determine proper housing, be assignment, work assignment, education, and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive.
- Policy requires that the initial housing of LGBT) inmates: Lesbian, gay, bisexual, transgender, or intersex inmates are not housed solely based on their identification unless placed for the purpose of protecting the inmate.
- Interviewed Specialized Staff: The agency PREA coordinator indicated that the facility does not have special housing unit (s) for lesbian, gay, bisexual, transgender, or intersex residents as per the PREA Resident Receiving an Orientation DOCCR Policy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.42 (d)**

Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires placement and program assignment of transgender and intersex inmates are reassessed every six months to review any threats to safety experienced by the inmate.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.42 (e)**

A transgender or intersex inmate's own view with respect to his or her own safety shall be given thoughtful consideration.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff discussion indicated that a transgender or intersex inmates' views concerning his or her safety would be given serious consideration.
- Facility Specialized Staff: The PREA compliance manager question, are transgender and intersex residents' views with respect to his or her own safety given serious consideration in placement and programming assignments? When the facility receives a transgender or intersex inmate, the facility would meet with each transgender or intersex coming into the facility and the inmate would be asked if they felt vulnerable and if so, what the facility might do to make them feel safer. Staff indicated the inmate's views for their own safety would be given serious consideration. They also stated if the inmate requested to shower separately because of safety and personal issues, the facility would strive to arrange that. Housing assignments for each transgender and intersex inmates would be made, according to staff, based on the PREA assessment and the inmate's feelings regarding safety.
- Facility Specialized Staff: The PREA compliance manager, "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?" According to staff, when the facility receives a transgender or intersex inmate, the facility would meet with each transgender or intersex at least quarterly to review any threats to safety experienced by the inmate and document in the automated PREA Screening Application Tool.
- Facility Specialized Staff: Are transgender or intersex inmates' views with respect to his or her own safety given serious consideration in placement and programming assignments? The facility PREA compliance manager indicated yes.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.42 (f)**

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has procedures that address transgenders and intersex residents that give them the opportunity to disrobe, shower, and dress apart from other residents. Transgenders and intersex residents can request to shower after the shower is closed to all residents or use another part of the facility.
- Facility PREA Compliance Manager: Are transgender or intersex inmates given the opportunity to shower separately from other inmates? Yes. In the men's section there is a private shower in each block and in segregation unit. At the women's there are only private showers.
- Target Residents: One Transgender were interviewed. They were asked: Are you allowed to shower without other inmates? The inmate indicated yes. If there is no separate shower, they could request if needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.42 (g)**

The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status, unless such 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 such inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor requested any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI residents, and any documentation of housing if there were a consent decree, legal settlement, or legal judgement. The facility reported none.
- The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on identification or status.
- Agency PREA Coordinator: The Agency PREA Coordinator indicated that the auditor request for a list of Lesbian, Gays and Bisexual are included in the gender nonconforming list. Policy requires that the initial housing of LGBT) inmates: Lesbian, gay, bisexual, transgender, or intersex inmates are not housed solely based on their

	<p>identification unless placed for the purpose of protecting the inmate.</p> <ul style="list-style-type: none"> <li>• Target Residents: One Transgender were interviewed. They were asked: Have you been put in a housing area only for transgender or intersex inmates? Do you have any reason to believe that you were strip-searched for the sole purpose of determining your genital status? The inmate said no.</li> <li>• Target Residents: Three gay and/or bisexual residents were interviewed. They were asked: Have you been put in a housing area only for gay, lesbian, bisexual, transgender, or intersex inmates? All interviewed inmates indicated no.</li> <li>• Agency PREA Coordinator: Question, how does the agency ensure against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units or wings solely based on their sexual orientation, genital status, or gender identity? Agency policy and classification system ensures against placement of LGBT inmates in dedicated facilities, unit, or wings, solely based on their sexual orientation.</li> <li>• Facility Specialized Staff: The PREA compliance manager question, if the facility is subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates? Staff indicated that the facility is not subject to any consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• DOCCR Adult Corrections Facility Policy: Special Management Unit – MS</li> <li>• DOCCR Adult Corrections Facility Procedures: Special Management Unit -MS</li> <li>• DOCCR Adult Corrections Facility Policy: Special Management Unit – WS</li> <li>• DOCCR Adult Corrections Facility Procedures: Special Management Unit - WS</li> </ul>



- DOCCR SOP 04-11M – Special Management Unit – Men’s Section
- DOCCR SOP04-11W – Special Management Unit – Women’s Section
- SOP 04-10 Administrative Separation
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.43 (a)**

Inmates at considerable 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 not available alternative means of separation from abusers. If a facility cannot conduct such as assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Inmates at high risk for sexual victimization will 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. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment.
- PAQ: The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.
- PAQ: In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0.
- PAQ: From a review of cases files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of cases files that include both (a) a statement of the basis for facility’s concern for the inmates’ safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0

Corrective Actions:

N/A. There are no corrective Actions for this provision.

**115.43 (b)**

Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility

restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- The opportunities that have been limited.
- The duration of the limitation; and
- The reasons for such limitations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Inmates placed in segregated housing for this purpose have access to 1. Daily Inmate Evaluations – responsible for conducting daily cell inspections. 2. Programs – allowed access to meaningful programs and services. 3. Religious Programming – requests to see a Chaplain will receive prompt response. 4. Medical Care – Qualified healthcare personnel will be required to visit. 5. Mental Health. 6. Access to Legal Materials. 7. Recreation. 8. Visitation 9. Correspondence Privileges 10. Personal Telephone Calls 11. Legal Telephone Calls, 12. Canteen Purchases.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.43 (c)**

The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

Compliance Determination:

The facility has demonstrated compliance with this provision for the standard because:

- If an involuntary segregated housing assignment is made, incident report is completed clearly documenting the following information: the basis for concern for the inmate's safety and the reason (s) why no alternative means of separation can be arranged. A review is conducted every 30 days to determine the continuing need for separation from the general population.
- Facility Specialized Staff: The PREA compliance manager question, every 30 days, does the facility review each resident in involuntary segregated housing to determine whether there is a continuing need for separation from the general population? Yes, if the facility has a PREA issue with an inmate and the inmate receive involuntary segregated housing, every 30 days the facility will afford the inmate a review to determine whether there is a continuing need for separation from the general population.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.43 (d)**

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

- The basis for the facility’s concern for the inmate’s safety; and
- The reason why is no alternative means of separation can be arranged.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- If an involuntary segregated housing assignment is made, incident report is completed clearly documenting the following information: the basis for concern for the inmate’s safety and the reason (s) why no alternative means of separation can be arranged. A review is conducted every 30 days to determine the continuing need for separation from the general population.

- Agency PREA Coordinator: The agency PREA coordinator indicated yes to if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section the facility clearly documents the process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.43 (e)**

Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility provides that a review will be conducted every 30 days to determine the continuing need for separation from the general population.

Corrective Actions

N/A. There are no corrective actions for this provision.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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

## **Evidence Relied Upon in Making the Compliance Determination:**

### **Documentation:**

- Mens Section Handbook April 20...
- Womens Section Handbook April ...
- PREA card 9-6-2023.pdf
- PREA First Responder .pptx
- DOCCR Adult Corrections Facility Policy: Resident Grievance & Compliant Procedures
- DOCCR Adult Corrections Facility Procedures: Resident Grievance & Compliant
- DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Adult Corrections Facility Policy: Resident Orientation
- DOCCR Adult Corrections Facility Procedures: Resident Orientation
- DOCCR Administration Policy: PREA, Resident Receiving and Orientation, Institutions
- DOCCR Administration Procedures: PREA, Resident Receiving and Orientation, Institutions
- MOU Sexual Violence Center - Corizon, Inc
- Men's Section & Women's section Information and Guidelines for All Residents (Handbooks English and Spanish)
- "End the Silence" Brochure Given to Residents
- Multiple PREA Related Posters
- Sexual Violence Center Contract Informational Posters
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

### **Interviews:**

## **Compliance Determination by Provisions and Corrective Action:**

### **115.51 (a)**

The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation, by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility has multiple internal ways of residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse. Internal ways to report: Use the PREA hotline, file a grievance, file a report for medical request and ask for help, with inmate lawyer, a friend or family member to request help. Report to a volunteer or contractor. Writing an anonymous note or kite.

• Onsite Review/Observations: 1. During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, persons confined in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible. 2. The auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by persons confined in the facility, including housing/living units. This information is posted near the phones. The information is provided in English and Spanish and is legible. 3. The auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. 4. The auditor observed the facility provides persons confined access to writing instruments, paper, and forms to report with. 5. The auditor observed how mail moves from person of confinement to the facility mailroom. It starts with the person in confinement placing the mail in a lock drop box. Which was located where inmates have access. The drop box is only accessible by designated staff. 6. The auditor evaluated the facility systems by which persons confined in the facility can report sexual abuse and/or sexual harassment, phones, and internal grievance process or written format. 7. The auditor observed intake process/location, where the PREA screening occurred.

• Facility PREA Compliance Manager: How does the facility provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency? They can report it to any staff or use the facility GT Kite System under PREA.

• PREA Investigations Overview:

o Total Number of Investigations for the Past 12 months = 23

o Total Number of Sexual Abuse = 10

o Total Number of Sexual Harassment = 13

o Total Number of Pending Cases = 0

o Total Number Referral to Prosecution = 0

• Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: "How can inmates privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment?" Staff reported that the inmates can privately report by using the hotline number, their tablets, notify staff, family, or friends. The reports can be made verbally or in writing. All interviewed staff reported that if an inmate makes a report verbally or in writing, regarding sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation.

• Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: How would you report any sexual abuse or sexual harassment that happened to you or someone else? They were all asked is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment? All inmates could describe more than one way they could report sexual abuse, sexual harassment, or retaliation if they needed to. The ways were: inmates reported filing a grievance, request to visit medical and ask for help, tell their lawyer, a friend, or family member for help.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.51 (b)**

The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detailed solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The following are ways inmate can report sexual abuse or sexual harassment to public or private entity. Use the PREA hotline to outside entities, report to inmate lawyer, a friend or family member to request help. The inmates can report to any outside third-party.
- Inmates detailed solely for civil immigration purposes are provided contact information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.
- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: Do you know if you are allowed to make a report without having to give your name? Twenty reported they knew they could make an anonymous report.
- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: "Is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment?" The inmates reported that they could make a report to someone who does not work at the facility by telling other family members, like mother, father, brother, sister, telling a friend, a lawyer, or call the hotline.

- Target Resident: Three (3) residents were interviewed for inmates who reported sexual abuse. Two males and one female. When interviewed ask the required questions from the National PREA Resource Center, they all stated that they were not sexual abuse, it was sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.51 (c)**

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately, but always before leaving the shift. Staff can report sexual abuse and sexual harassments privately and the agency informs staff through shift briefing, management meetings and PREA training.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: When an inmate alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties? Staff indicated that inmates could report verbally, in writing, anonymously, and from third parties. All the interviewed staff reported that if an inmate makes a report verbally or in writing to them, they will immediately respond to the allegations, contact supervisor, and complete an incident report.
- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: Can you make reports of sexual abuse or sexual harassment either in person or in writing? They were also asked if a friend or relative could make a report for them so they could remain anonymous. All inmates could make reports of sexual abuse in person to staff and in writing. Some indicated they have family they could report to so they could remain anonymous if they needed to.
- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: Have you ever reported to the authorities, either in person or in writing, that you were sexually abused or sexually harassed while in this facility? Seventeen inmates reported they have never reported that they were sexual abused or sexually harassed while in this facility. Three reported that they have reported sexual abuse or sexual harassment at this facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.51 (d)**

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff can privately report sexual abuse and sexual harassment by use the PREA hotline or using a third-party.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: "How can staff privately report sexual abuse and sexual harassment of inmates?" Staff reported that they can privately report by using the hotline number, notifying supervisor, the Superintendent, the facility PREA Compliance Manager or notifying the Agency PREA Coordinator. All the interviewed staff could also articulate at least one method in which staff could make a private report. Most staff reported they would notify their supervisor. Privacy would occur by discussing away from others.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: "When an inmate alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties?" Staff indicated that inmates could report verbally, in writing, anonymously, and from third parties. All the interviewed staff reported that if an inmate makes a report verbally or in writing to them, they will immediately respond to the allegations, contact supervisor, and complete an incident report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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



## **Evidence Relied Upon in Making the Compliance Determination:**

### **Documentation:**

- DOCCR Adult Corrections Facility Policy: Resident Grievance & Compliant Procedures
- DOCCR Adult Corrections Facility Procedures: Resident Grievance & Compliant
- DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- Investigations Spread Sheet
- Resident Handbook (English)
- Resident Handbook (Spanish)
- Grievances Filed in Past 12 Months
- Grievances Filed in Past 12 that were PREA Related
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

### **Interviews:**

## **Compliance Determination by Provisions and Corrective Action:**

### **115.52 (a)**

An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility has an administrative process to address inmate grievances regarding sexual abuse.
- Facility Specialized Staff: The PREA compliance manager question, what happens to and resident grievance regarding sexual abuse and sexual harassment? Any grievance submitted through the grievance process is picked up by the grievance staff and is immediately sent to PREA investigator for actions. This ends the grievance process and begins the PREA investigation process.
- Facility Specialized Staff: The facility PREA compliance manager indicated if an inmate files an alleged PREA allegation through the Inmate Grievance System the grievance coordinator immediately forwards the grievance to the facility PREA investigator.
- PREA Investigations Overview:
  - o Total Number of Investigations for the Past 12 months = 23
  - o Total Number of Sexual Abuse = 10
  - o Total Number of Sexual Harassment = 13
  - o Total Number of Pending Cases = 0
  - o Total Number Referral to Prosecution = 0

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.52 (b)**

- The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.
- The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.
- The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the grounds that applicable status of limitations has expired.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate can submit a grievance any time regardless of when the incident is alleged to have occurred. According to staff interviews, the facility does not require an inmate to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.52 (c)**

The agency shall ensure that:

- An inmate who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the complaint, and
- Such a grievance does not refer to a staff member who is the subject of the complaint.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency ensures 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. Inmates can submit grievance through a grievance/medical box.
- All grievances are picked up during normal working hours, by an employee designated by the Superintendent. All grievances are submitted that is involving sexual abuse or sexual harassment.

- Agency PREA Coordinator: The agency PREA coordinator indicated that the inmates turn their grievance in using the grievance/medical box at each facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.52 (d)**

- The agency shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Inmate who reports or file a sexual abuse or sexual harassment through the grievance process, the grievance coordinator immediately forwards the grievance to the facility PREA investigator to be investigated. This process ends the grievance process and begins the investigation process. All grievance timeframes are met.

- PAQ: In the past 12 months, the number of grievances filed that alleged sexual abuse: 7.

- PAQ: In the past 12 months, the number of grievances alleging sexual abuse reached a final decision within 90 days: 0.

- PAQ: In the past 12 months, the number of grievances alleging sexual abuse involved extensions because final decision was not reached within 90 days: 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.52 (e)**

- Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- If a third-party file such a request on behalf on 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.

- If the inmate declines to have the request processed on his or her behalf, the agency will document the inmate's decision.

- Agency PREA Coordinator: The agency PREA coordinator indicated during decision that third parties include individuals such as fellow inmates, staff members, family

members, attorneys, and outside advocates, are all permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse.

- PAQ: The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmates' decision to decline: 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.52 (f)**

- The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Inmate who reports or file a sexual abuse or sexual harassment through the grievance process, the grievance coordinator immediately forwards the grievance to the facility PREA investigator to be investigated. This process ends the grievance process and begins the investigation process. All grievance timeframes are met.
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency will 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.
- PAQ: The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0.
- PAQ: The number of those grievances in 115.52 (e)-3 that had an initial response within 48 hours: 0.
- PAQ: The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months reached final decisions within 5 days: 0.
- Agency PREA Coordinator: The agency PREA coordinator, after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, immediately would forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to investigations and/or a level of review at which immediate corrective action may be taken.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.52 (g)**

The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmates filed the grievance in bad faith.

	<p><b>Compliance Determination:</b> The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Staff indicated that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse when the inmate filed the grievance in bad faith.</li> <li>• Facility Specialized Staff: The PREA compliance manager question, has the facility within the past 12 months disciplined an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith? Staff indicated that the inmate will not be disciplined.</li> <li>• PAQ: In the past 12 months, the number of inmate grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.</li> </ul> <p><b>Corrective Actions:</b> N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Orientation Procedure... Resident Orientation Policy.do...</li> <li>• HC PREA Brochure 3.5.21.pdf</li> <li>• DOCCR Adult Corrections Facility Policy: Resident Grievance &amp; Compliant Procedures</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Grievance &amp; Compliant</li> <li>• DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• MOU Sexual Violence Center</li> <li>• PREA Brochure</li> <li>• Sexual Abuse is Not Part of Your Sentence</li> <li>• Resident Handbook</li> </ul>

- Resident Handbook (Spanish)
- Documentation of Residents Accessing Outside Services
- PREA Brochure “End the Silence”, With Contact Information for SVC
- Multiple Posters
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.53 (a)**

The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Compliance Determination:

The facility demonstrated compliance with this provision of the standard because:

- The agency/facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address to the local rape crisis center, posting the outside phone numbers in the living units and in the inmate’s handbook.
- During the facility tour, inmates that were pull to the side for an informal interview, stated that outside sexual abuse and sexual harassment information is on the PREA brochure and posters, however, the never had to use it, so they did not know the process.
- Onsite review (Observations): 1. During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, persons confined in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible. 2. The auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by persons confined in the facility, including housing/living units. This information is posted near the phones. The information is provided in English and Spanish and is legible. 3. The auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. This information is posted near the phones. The information is provided in English and Spanish and is legible. 4. The auditor observed the facility provides persons confined access to writing instruments, paper, and forms to report

with. 5. The auditor observed how mail moves from person of confinement to the facility mailroom. It starts with the person in confinement placing the mail in a lock drop box. Which was located where inmates have access. The drop box is only accessible by designated staff. 6. The auditor tested the facility systems by which persons confined in the facility can report sexual abuse and/or sexual harassment, phones, and internal grievance process or written format. It was also discussed where and who received the reports.

- The facility does not house residents solely for civil immigration purposes. However, if they did, the facility would notify any persons detained solely for civil immigration purposes about how they can access immigrant services agencies and provide mailing addresses and regular and toll-free telephone numbers.

- MOU: The Sexual Violence Center agrees to 1. Provide face-to-face crisis counseling to residents in DOCCR institutions who are victims of sexual violence, upon request of the victim. 2. Work with designated Hennepin County Department of Community Corrections and Rehabilitation staff to obtain security clearance and follow all guidelines for safety and security. 3. Maintain confidentiality as outlined in the Sexual Violence Center informed consent form. 4. In the event of a sexual assault at the institution, Sexual Violence Center agrees to: provide a rape crisis counselor at the hospital; handle a first report from DOCCR resident as follows - if a resident is a juvenile SVC is a mandatory reporter, SVC will provide legal advocacy support. SVC advocates are not lawyers or experts on the correctional facility reporting process. Instead, SVC offers resources, emotional support and a silent back-up during interviews. 5. Provide applicable information sessions for Hennepin County Department of Community Corrections and Rehabilitation and contract medical staff. 6. Communicate any questions or concerns to Hennepin County Department of Community Corrections and Rehabilitation. 7. Provide personnel to act as advocate to referrals, as requested by the victim. SVC supports inmates in the hospital if they were assaulted anywhere in the last 120 hours. The hospital SARS program would contact SVC to come to the hospital. SVC holds the protocol to provide advocacy support during medical and forensic exams in the hospitals with SARS. As such, any inmate transferred to the hospital for this exam will be entitled to the support of an SVC advocate. Advocates are dispatched directly by SARS in the event of hospital-based advocacy, and do not need to be additionally requested by a correctional facility. 8. Offer follow-up services and referrals for the victim regardless of incarceration status and post release from the facility. 9. Additional services for residents in DOCCR institutions may include ongoing 1:1 counseling sessions and regularly scheduled support groups, to be provided under a separate agreement.

- National Sexual Violence Resource Center (NSVRC) response: On August 7, 2023, NSVRC email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources.

- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and

five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: Do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? Twenty reported no.

- Target Resident: Three (3) residents were interviewed for inmates who reported sexual abuse. Two males and one female. When interviewed ask the required questions from the National PREA Resource Center, they all stated that they were not sexual abuse, it was sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.53 (b)**

The facility shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility informs inmates prior to communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws. Inmates receive this information in the packages.

- Agency PREA Coordinator: The agency PREA coordinator decision indicated that inmates are informed at orientation and by Medical and Classification staff when completing the PREA Screening Application the extent to which reports of abuse will be forwarded to authorities as mandated reporters.

- Resident Interviews: Twenty (20) inmates were interviewed, fifteen (15) males and five (females). Eleven (11) random and nine (9) targeted. Ten (10) Black, Six (6) White, and Four (4) other. They were asked: Does the facility give you mailing addresses and telephone numbers for these outside services? Interviewed inmates reported that there are numbers and mailing addresses posted in the facility. Most of the inmates said they don't know the details of the services but feel they could confidentially communicate with the services if needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.53 (c)**

The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Compliance Determination:



	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The agency facility maintains a memorandum of understanding (MOU) or other agreements with community service providers that can provide inmates with emotional support services related to sexual abuse. Interviews with the facility PREA compliance manager confirmed the availability of this service for inmates. The agreement is documented as required and a copy of the agreement is maintained in the PREA compliance manager’s office.</li> <li>• Comprehensive education is provided within two (2) weeks of the inmate’s arrival. PREA training includes but is not limited to 1. The ACF and DOCCR Zero Tolerance, 2. You Have the Right to Serve Your Sentence with Dignity and Respect, 3. What is Sexual Misconduct, 4. Examples of Sexual Misconduct, 5. How to Prevent Sexual Misconduct, 6 It is Not Your Fault if you were a Victim of Sexual Misconduct, 7. What to do if you experience Sexual Misconduct, 8. How to report sexual misconduct, and 9. How to prevent It, How to Report it, and Know your Rights.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA, Institutional Reporting ...</li> <li>• PREA, Institutional Reporting ...</li> <li>• Resident Grievance and Complaint...</li> <li>• Resident Grievance and Complaint...</li> <li>• DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• DOCCR Website Instructions for Reporting Incidents of Sexual Abuse, Sexual Misconduct of Sexual Harassment, and Investigation</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul>

	<p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.54 (a)</b></p> <p>The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The agency/facility has established a method for receiving reports of sexual abuse and sexual harassment from third parties and ensure that the reports are handle the same way as other reports of sexual abuse or sexual harassment, including ensuring that any identified or potential victims are safe and receive necessary support services, and that reports are thoroughly investigated.</li> <li>• Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.</li> <li>• Tip line allows third-party reporters to indicate the date of the incident, location of the incident, type of incident and describe in detail the incident the third-party is reporting.</li> <li>• The agency/facility publicizes information on third-party reporting, through website; by posting in public areas of the facility lobby or visitation area and pamphlets.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence Relied Upon in Making the Compliance Determination:</b>

**Documentation:**

- Code of Ethics and Standards o...
- DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:****Compliance Determination by Provisions and Corrective Action:****115.61 (a)**

The agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The policies collectively address provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment, or incidents of retaliation and according to mandatory reporting laws.
- Staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, taking the inmate to medical, isolate the inmate from other inmates, don't allow the inmate to bath, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.
- Facility Specialized Staff: Staff who conducts medical services were asked: "Are you required to report any knowledge, suspicion, or sexual harassment to a designated supervisor or official immediately upon learning?" Yes, all employees must report incidents immediately to one of the following: Investigator, Superintendent, PREA Compliance Manager, appropriate member of the Director's staff, Division Director of Human Resources or the PREA Coordinator.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: "Does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation?" Twelve (12) random staff indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of

sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation immediately.

- Facility Specialized Staff: Are all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators? The Facility PREA compliance manager decision indicated that all incidents are reported to the facility PREA compliance manager, associate Superintendent for investigation and tracking.

- Facility Specialized Staff: The facility medical staff indicated that they are required to report any knowledge suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.61 (b)**

Apart from reporting to designated supervisors or officials, staff shall not reveal 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Reporting according to mandatory reporting laws and the facility policy was evident through document review regarding disclosures by inmates of allegations that did not occur in the facility or an institutional setting. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to immediately report all allegations of sexual abuse or sexual harassment to a supervisor or the PREA compliance manager.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.61 (c)**

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except

when necessary to obtain treatment for the inmate, aid in the investigation, or help retain the security of the facility. Staff are expected to continue to abide by the confidentiality requirements of the facility. Staff interviews indicated their knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigations, and other security and management decisions.

Correction Actions:

N/A. There are no corrective actions for this provision.

**115.61 (d)**

If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person statute, the agency is required to report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility does not house youthful inmates.
- Agency PREA Coordinator: Question, how do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law? When an allegation is received, the alleged victim and the alleged perpetrator are immediately separated. Security supervisors and the facility PREA compliance manager are notified, so that the proper procedures, documentation, and notifications are completed.
- Facility Specialized Staff: Superintendent question, "how do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law?" There are no inmates under the age of 18 at this facility, but if there was, the facility would ensure the sexual abuse or sexual harassment for inmate under the age of 18 is investigated and reported to State Children Services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.61 (e)**

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

	<ul style="list-style-type: none"> <li>• Policies collectively provide for all allegations to be reported to the PREA compliance manager, including third-party and anonymous reports as also verified by staff interviews.</li> <li>• The agency/facility has a reporting policy. The policy requires staff members, including medical and mental health staff to immediately report any knowledge, suspicion, or information of any incident in any facility, even in a facility that is not a part of the agency.</li> <li>• Discussion with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.</li> <li>• PREA Investigations Overview: <ul style="list-style-type: none"> <li>o Total Number of Investigations for the Past 12 months = 23</li> <li>o Total Number of Sexual Abuse = 10</li> <li>o Total Number of Sexual Harassment = 13</li> <li>o Total Number of Pending Cases = 0</li> <li>o Total Number Referral to Prosecution = 0</li> </ul> </li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• DOCCR Adult Corrections Facility Policy: Resident Grievance &amp; Compliant Procedures</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Grievance &amp; Compliant</li> <li>• DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> </ul>

- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.62 (a)**

When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility requires staff to protect the inmates through implementing protective measures. Administration of the PREA Assessment provides information that assists and guide staff in keeping inmates safe through housing and program assignments. The interviews of the random staff and the PREA compliance manager revealed protective measures include but are not limited to alerting supervisors and management staff and separating the inmates including moving to a different housing unit. The PREA compliance manager and random staff indicated the expectation is that any action to protect an inmate would be taken immediately.
- PAQ: In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0.
- Interviewed Specialized Staff: The agency head indicated when the facility learn that a resident is subject to a substantial risk of imminent sexual abuse what protective action does the agency take, she stated as outlined in the agency PREA Institution Reporting and Responding to Maltreatment and Sexual Abuse policy, staff will take immediate action to protect the resident upon learning there is a substantial risk of imminent sexual abuse.
- Facility Specialized Staff: The superintendent discussion indicated that when the facility is notified or made aware that a resident is or has been subject to a substantial risk of imminent sexual abuse, the facility offers the individual protective custody and complete a mental health referral. In addition, the resident is provided information on services and ways to report the allegations of abuse during their orientation to the facility.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: If you learn an inmate is at risk of imminent sexual abuse, what actions do you take to protect the inmate? One hundred percent of the staff could articulate immediate notification to the supervisor, separate the inmates, monitor the inmate until supervisor arrives. Staff indicated that these actions would be taken immediately.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b>  The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.63	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PSC Notifications.docx</li> <li>• DOCCR Adult Corrections Facility Policy: Resident Grievance &amp; Compliant Procedures</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Grievance &amp; Compliant</li> <li>• DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• Professional Standards and Conduct Notifications Checklist</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.63 (a)</b></p> <p>Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The facility provides that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the director/designee notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency.</li> </ul>



- PAQ: In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0.
- Interviewed Specialized Staff: The facility indicated yes, if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. Allegations are handled in the same manner as all other PREA related allegations. Criminal investigations are referred to the Hennepin County Sheriff's Office. Administrative investigations are conducted by DOCCR's Office of Administrative Services, Professional Standards and Conduct Unit.
- Facility Specialized Staff: The superintendent discussion indicated "if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact?" Upon notification of an allegation of sexual abuse that occurred while an inmate was housed at another facility, the facility Superintendent or designee will contact the institution head of the facility where the alleged abuse occurred and will notify investigations. This notification will be provided within seventy-two (72) hours of receiving the report and will be documented and provided to the facility's PREA compliance manager and PREA coordinator. The PMC will investigate and provide the outside facility or agency with the results. Examples can be found in the investigation's files.
- Facility Specialized Staff: Superintendent question, "what happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility?" Notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The Superintendent/ designee or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards. The PCM will investigate and provide the outside facility or agency with the results. Examples can be found in the investigation's files.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.63 (b)**

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Notification is made as soon as possible but no longer than 72 hours after receiving the information. The facility head/designee documents the notification as required. It is the responsibility of the receiving agency to ensure an investigation is completed.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p><b>115.63 (c)</b></p> <p>The agency shall document that it has provided such notification.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Notification is made as soon as possible but no longer than 72 hours after receiving the information. The facility head/designee documents the notification as required. It is the responsibility of the receiving agency to ensure an investigation is completed.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>115.63 (d)</b></p> <p>The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The facility provides that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Director/designee notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA Brochure.pdf</li> </ul>

- DOCCR Adult Corrections Facility Policy: Resident Grievance & Compliant Procedures
- DOCCR Adult Corrections Facility Procedures: Resident Grievance & Compliant
- DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- Staff Blue Card
- First Responder Cards
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.64 (a)**

Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time that still allows for the collection of physical evidence, 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; and
- If the abuse occurred within a time that still allows for the collection of physical evidence, 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The policy provides that upon learning of an allegation that an inmate was sexually abused, the staff member to respond to the report are required to: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence. 4. If the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts, to include males, and females. They were asked: "If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" To clarify, the auditor given an example. If an inmate can to you and said, "I was just rape?" What would be your responsibilities as a first responder? All random staff reported being

aware of the agency procedure of the first responder duties. They would seek to have the inmate moved into another area, separate involved inmates, secure evidence, and immediately call the supervisor and medical. When probed on protecting the DNA evidence, staff indicated they would not let the inmates brush their teeth, use the bathroom, eat, or drink. Additional probing of staff on whom they would not share the information with, they would only share with immediate supervisor or higher ups, and that they would not share with other staff or inmates. Four said they did not know.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.64 (b)**

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility through training distinguishes the roles of a non-security first responders. First responders do not conduct any part of the investigation and their role is to protect the victim, separate the victim and alleged abuser until a security staff arrives.
- Facility Non-Security Staff: During the facility tour a non-security staff was ask: If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" To clarify, the auditor given an example. If an inmate can to you and said, "I was just rape?" What would be your responsibilities as a first responder? They would immediately contact security (nearest) and report, staying with the inmate until security arrived. They would not let the inmate use the bathroom, drink water, or change clothing.
- Target Resident: Three (3) residents were interviewed for inmates who reported sexual abuse. Two males and one female. When interviewed ask the required questions from the National PREA Resource Center, they all stated that they were not sexual abuse, it was sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.65</b>	<b>Coordinated response</b>
	<p data-bbox="256 188 959 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 340 1278 376"><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p data-bbox="256 416 512 452"><b>Documentation:</b></p> <ul data-bbox="256 456 1477 824" style="list-style-type: none"> <li>• Coordinated HC P...</li> <li>• DOCCR Adult Corrections Facility Policy: Resident Grievance &amp; Compliant Procedures</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Grievance &amp; Compliant</li> <li>• DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• First Responder Card</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p data-bbox="256 864 440 900"><b>Interviews:</b></p> <p data-bbox="256 976 1270 1012"><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p data-bbox="256 1088 424 1124"><b>115.65 (a)</b></p> <p data-bbox="256 1160 1430 1281">The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="256 1317 647 1352">Compliance Determination:</p> <p data-bbox="256 1357 1477 1393">The facility has demonstrated compliance with this provision of the standard because:</p> <ul data-bbox="256 1429 1477 1872" style="list-style-type: none"> <li>• The facility has developed a Coordinated Response plan which is aligned with the detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management.</li> <li>• Facility Specialized Staff: Superintendent question, does the facility have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse? Yes. The facility has a coordinated response plan that has been reviewed by the institutional leadership team and the Agency PREA Coordinator's Office. The plan has been shared with the institutional teams.</li> </ul> <p data-bbox="256 1908 528 1944">Corrective Actions:</p> <p data-bbox="256 1948 1015 1984">N/A. There are no corrective actions for this provision.</p> <p data-bbox="256 2020 528 2056"><b>Overall Findings:</b></p> <p data-bbox="256 2060 1310 2096">The auditor uses a triangulation approach, by connecting the PREA facility</p>

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• FF - Social Services Unit 2022...</li> <li>• QQ - Hennepin County Supervisor...</li> <li>• GG - Teamsters Correctional Un...</li> <li>• RR - Adult Corrections 2022-20...</li> <li>• Agreement Between Hennepin County and Minnesota Teamsters Public and Law Enforcement Employees Union #A165582</li> <li>• Agreement Between Hennepin County and Hennepin County Supervisors Association #A165500</li> <li>• Agreement Between Hennepin County and General Service Unit #A199540</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.66 (a)</b></p> <p>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter or renew 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• There are no current agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since Augusta</li> </ul>

20, 2012.

- Facility Specialized Staff: Superintendent question, “has your agency, or any governmental entity responsible for collective bargaining on your behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012?” Staff affirmed the facility is not involved in any form of collective bargaining and can remove and separate from contact any staff as a part of an investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.66 (b)**

Nothing in this standard shall restrict the entering into or renewal of agreement that govern:

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The conduct of the disciplinary process has nothing in it that will restrict the removal of staff that is involve in alleged sexual abuse or sexual harassment.
- Interviewed Specialized Staff: The facility indicated that they could verify that the agency can remove alleged staff sexual abusers form contact with any resident pending an investigation or a determination of whether and to what extent discipline is warranted.
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.
- The agency/facility is not involved in any form of collective bargaining and can remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Administration Procedures: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- Retaliation Monitoring Process
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.67 (a)**

The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility prohibits retaliatory behavior by inmates or staff regarding the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates to PREA related incidents and allegations. The facility PREA compliance manager is responsible for monitoring retaliation along with upper management staff.
- Interviewed Specialized Staff: The agency head indicated that policies and procedures exist dictating prohibitions on retaliation. The agency follows the PREA retaliation Monitoring Process to ensure the safety of anyone who may participate in an investigation. All staff are trained in such, and discipline is imposed should retaliation occur.
- Facility Specialized Staff: The auditor interviewed the designated staff member charged with monitoring retaliation and asked: What role do you play in preventing retaliation against inmates' staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations? The facility corrections facility supervisor serves as one of the Retaliation Monitors for the facility. An interview with the retaliation monitor indicated she understands and is knowledgeable of the prevention measures the facility might take in each situation to prevent retaliation in the first place. They indicated following an allegation, the monitor will initiate contact with the inmate and make him aware that he can contact the retaliation monitor if he is having any issues. This includes daily monitoring and daily meetings with the individual. Making sure that a mental health referral is made and medical has made contact. Separating the alleged abuser from the victim.



Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.67 (b)**

The agency shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- **Interviewed Specialized Staff:** The agency head indicated that if an individual who cooperates with an investigation expresses a fear of retaliation, the agency takes measures to protect that individual against retaliation. In collaboration with the affected individual, a plan will be developed to protect that individual. Plans include a retaliation monitor and can also include such things as temporary change in housing, programming, schooling when the individual is a resident. It can include such things as temporary change in job duties or assignment when that individual member. Care is taken to avoid reassigning those who may engage in retaliatory behavior.
- **Facility Specialized Staff:** The staff designated to monitor retaliation was asked, can you describe the different measures you take to protect those inmates as staff from retaliation? Prevention measures, identified by the retaliation monitor include the following: transfer abusers or victims, remove staff from contact with the victim, provide emotional support services, daily monitoring and separating them.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.67 (c)**

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- **Facility Specialized Staff:** The superintendent discussion indicated for allegations of sexual abuse or sexual harassment describe the different measures you take to protect inmates and staff from retaliation? Keep separates in OMS - designate s supervisor to monitor, grievance, re-assign staff, kiosk-kites to file concerns, special

management, staff grievance, performance, housing choices.

- PAQ: The number of times an incident of retaliation occurred in the past 12 months: 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.67 (d)**

In the case of inmates, such monitoring shall also include periodic status checks.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility PREA compliance manager and upper management Team monitors for retaliation through periodic checks on daily inspections and randomly speaking with inmates and staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.67 (e)**

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has several protection and reporting measures for inmates. They can utilize the grievance process to document retaliatory acts or other PREA related concerns and issues. The process is over-seen by the facility PREA compliance manager who works in concert with the facility management team to ensure privacy and policy 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.
- Facility Specialized Staff: Superintendent question, "If an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation"? The facility PREA Compliance Manager monitors the alleged victims, witnesses, and staff for up to 90 days and documents their interactions. Additionally, the alleged abuser and alleged victim are separated until the completion of the investigation. For substantiated and unsubstantiated cases, the alleged victim and alleged perpetrator are given a separation order and are placed in separate housing units or institutions.
- Facility Specialized Staff: The superintendent discussion indicated what measures do you take when you suspect retaliation? For residents - internal discipline, special management housing, and depending on degree of retaliation, seek criminal charges.

	<p>For staff – potentially reassign, investigate, discipline up to and including termination.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>115.67 (f)</b></p> <p>An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The auditor is not required to audit this provision.</li> <li>• The agency/facility PREA coordinator/facility compliance manager serves as the PREA monitor. The monitoring lasts for at least 90 days.</li> <li>• Facility Specialized Staff: The designated staff member charged with monitoring retaliation was asked, how long do you monitor the conduct and treatment of inmates and staff who report the sexual abuse of an inmate or were reported to have suffered sexual abuse? The retaliation monitor indicated monitoring would continue for increments. However, when conducting facility inspections inmates will be pulled to the side just to make sure they are not having problems.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA Resident Receiving and Orientation Policy...</li> <li>• PREA Resident Receiving and Orientation Procedures...</li> <li>• DOCCR Adult Corrections Facility Policy: Special Management Unit – MS</li> <li>• DOCCR Adult Corrections Facility Procedures: Special Management Unit -MS</li> </ul>

- DOCCR Adult Corrections Facility Policy: Special Management Unit – WS
- DOCCR Adult Corrections Facility Procedures: Special Management Unit - WS
- DOCCR SOP 04-11M – Special Management Unit – Men’s Section
- DOCCR SOP04-11W – Special Management Unit – Women’s Section
- SOP 04-10 Administrative Separation
- DOCCR Policy, Professional Standards and Conduct Investigations
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

**Interviews:**

**Compliance Determination by Provisions and Corrective Action:**

**115.68 (a)**

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of standards 115.43.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility may designate housing that is safer for inmates who are at risk of sexual abuse. If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility where he could feel safe.
- PAQ: The number of inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.
- PAQ: The number of inmates who alleged to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0.
- For a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include both (a) a statement of the basis for facility’s concern for the inmate’s safety, and (b) the reason or reason (s) why alternative means of separation could not be arranged: 0.
- Facility Special Staff: Staff who supervise inmates in segregated housing were asked: Are inmates placed in involuntary segregated housing only until an alternative means of separation from likely abusers? Staff indicated yes.
- Facility Special Staff: Staff who supervise inmates in segregated housing was asked: when inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, do they still have access to programs, privileges, education, and work opportunities? Staff indicated that if an inmate is placed in segregation for a PREA related issue they would still have access to facility programs, privileges, and education and work opportunities. They are not in segregation for

	<p>punishment.</p> <ul style="list-style-type: none"> <li>• Inmates in involuntary protective custody would have access to the following: Programs (Education- the teacher would bring the materials to the inmate cell to complete); Counselor (Programmatic information to work on); Access to the phone, store, showers, exercise, and visitation.</li> <li>• Facility Special Staff: That staff first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody, alternatives such as placing the inmate in another housing area or transferring the inmate to another facility.</li> <li>• Facility Specialized Staff: Facility PREA compliance manager confirmed that to the extent possible, access to programs, privileges, education, and work opportunities would not be limited to inmates placed in protective custody for reasons of sexual abuse or sexual harassment. Restrictions of programs, privileges, education, and work opportunities would be documented by the facility.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SO MOU.pdf</li> <li>• INC 1892 DOCCR signed CJ.pdf</li> <li>• INC 1892 DOCCR TH signed.pdf</li> </ul> <p>2023 ACF PREA Investigations O...</p> <ul style="list-style-type: none"> <li>• Office of Administrative Servi...</li> </ul> <p>Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR 2020</p> <ul style="list-style-type: none"> <li>• Hennepin County Sheriff's Office PREA Policy 904</li> <li>• DOCCR Administration Policy: Professional Standards and Conduct Investigations</li> <li>• DOCCR Administration Policy: PREA, Institutional Reporting and Responding to</li> </ul>

## Maltreatment and Sexual Abuse

- DOCCR Administrative Policy: Office of Administrative Services, Incident Referrals
- DOCCR Administrative Policy: Professional Standards and Conduct Investigations
- DOCCR Administrative Policy: Professional Standards and Conduct, Incident Intake and Triage
- DOCCR Administrative Policy: Office of Administrative Services, Incident Referrals
- DOCCR First Responder Cards: First Responder Questions and DOCCR Sexual Abuse First Responder Check list
- DOCCR Preventing and Reporting Sexual Misconduct with Residents - Brochure
- DOCCR Adult Corrections Facility Procedures: Resident Grievance and Complaint
- DOCCR Adult Corrections Facility Policy: Resident Grievance and Complaint
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

### **Interviews:**

### **Compliance Determination by Provisions and Corrective Action:**

#### **115.71 (a)**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires that investigations into all allegations of sexual abuse and sexual harassment will be done so promptly, thoroughly, and objectively, for all allegations, including those reported third-party and an anonymously and a preponderance of evidence will be imposed or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.
- Interviewed Specialized Staff: The investigator question, how long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment? The facility forwards all PREA allegations and DOCCR's professional standards and conduct unit (PS&C) by the following business day. The initial complaint is reviewed by a supervisor before it gets forwarded to PS&C.
- Interviewed Specialized Staff: The investigator question, what would be the first steps in initiating and investigating and how long would they take? The resident speaking with staff or calling the PREA hotline. The resident usually asks to file a PREA in writing on a grievance form or asks to speak with a supervisor. This happens immediately or right after an incident if a conflict or argument is taking place.
- Interviewed Specialized Staff: The investigator question, how do you handle anonymous or third-party reports of sexual abuse or sexual harassment? Are they investigated differently? Any 3rd party reports of a PREA allegation are handled the same as above with consideration giving to any privacy concerns of the reporter.

• PREA Investigations Overview:

- o Total Number of Investigations for the Past 12 months = 23
- o Total Number of Sexual Abuse = 10
- o Total Number of Sexual Harassment = 13
- o Total Number of Pending Cases = 0
- o Total Number Referral to Prosecution = 0

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.71 (b)**

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The investigators are required to complete the NIC online PREA Specialized Investigations training. The NIC online training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warning, etc. The facility provided a list of individuals that completed the PREA Specialized training and verification by submitting the certificates at were received at the completion of course.
- Th investigators are required to be conducted only by DOCCR approved and trained investigators. All allegations of sexual abuse and sexual harassment are required to be referred to PS&C for investigation and/or when required, to law enforcement, pursuant to the memo of understanding with the Hennepin County Sheriff's Office.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.71 (c)**

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Evidence/Security Procedures: if there is evidence that a sexual assault has occurred, the area will be treated as a possible crime scene and the following steps will be implemented immediately upon discovery: 1. Identify and maintain the crime scene, preserve evidence, including on the victims' and alleged perpetrator's bodies or clothes, and maintain custody of evidence until released to law enforcement

officials. 2. Items shall not be cleaned or removed. 3. Photos shall be taken of the suspected crime scene and any evidence. 4. Allow only authorized personnel to enter the area. 5. If the incident occurred within the last 5 days, request that the victim – and ensure that the alleged perpetrator (s) refrain from actions that could destroy evidence, such as bathing, brushing teeth, changing their clothes, urinating, defecating, drinking, or eating until they have been examined by qualified medical personnel. 6. Ensure that any alleged staff, volunteer, or contractor perpetrators are immediately separated from contact with inmates.

- Interviewed Specialized Staff: The investigator question, please describe any direct and circumstantial evidence you would be responsible for gathering in an investigation of an incident of sexual abuse. Any PREA complaints that represent a sexual assault with physical or DNA evidence would constitute a criminal investigation and the HCSO would collect or direct healthcare staff to collect such evidence. In administrative investigations the facility routinely collects video and audio related to the incident. Non-criminal physical items like clothing or broken items would be documented and photographed but the item itself would remain with the facility.

- The investigations gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

#### **115.71 (d)**

When the quality of evidence supports criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- If allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for criminal prosecution. Additionally, staff will be subject to agency corrective action up to and including termination, and inmates may be charged through the agency disciplinary system.

- Interviewed Specialized Staff: Investigator indicated that the agency does not terminate an investigation solely because the source of the allegations recants the allegation. The investigation process continues.

Corrective Actions:

N/A. There are no corrective actions for this provision.

#### **115.71 (e)**



The credibility of an alleged victim, suspect, or witness shall be assessed on an individual as is and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Compliance Determination:

The facility demonstrated compliance with this provision of the standard because:

- Agency/facility requires that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. An inmate who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.
- Interviewed Specialized Staff: The investigator question, when you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before you conduct compelled interviews? PS&C consults with Hennepin County Law Department on these issues where administrative and criminal investigations may co-exist. The PS&C unit does not conduct compelled testimony until after the criminal investigation is completed in these cases.
- Investigations are to be conducted promptly and continuously until completed and conducted without any bias related to the detainee's sexual orientation, sex, or gender identity. Investigators are instructed not to assume that any sexual activity is consensus.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.71 (f)**

Administrative Investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility PREA compliance manager is responsible for the thorough investigation of all non-criminal investigations (Administrative). PREA compliance manager will gather and preserve direct and circumstantial evidence, including available physical evidence and any available electronic monitoring data, interview alleged victims (s), perpetrator (s), and witnesses, and review any available prior complaints and reports of sexual abuse or sexual harassment involving the alleged or suspected

perpetrators. In addition, administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

- Administrative investigations will utilize preponderance of the evidence as the standard for determining whether an allegation of sexual abuse or sexual harassment is substantiated. All administrative investigations will be 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.

- Interviewed Specialized Staff: The investigator question, on what basis do you judge the credibility of an alleged victim, suspect, or witness? The credibility of any complainant is assessed based on the preponderance of existing circumstances of that incident. Credibility is not judged based on the status of the complainant as a resident or the suspect as an employee.

- Interviewed Specialized Staff: The investigator question, would you, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation? The investigator said no.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.71 (g)**

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility requires that criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible, to include reports from investigations they are conducted by outside agencies.

- Interviewed Specialized Staff: The investigator question, what efforts do you make during an administrative investigation to determine whether staff actions or failures to act contribute to the sexual abuse? The actions or actions of any individual leading to a PREA incident are key factors that are determined during the investigation. This is established by speaking with witnesses, reviewing video footage, system analysis and document reviews.

- Interviewed Specialized Staff: The investigator question, do you document

administrative investigations in written reports? What information do you include in those reports? The written reports of PREA investigations contain a detailed description of the allegation including how the allegation was made, written documentation, written statements, reports, images, the detailed actions of all the participants, interviews, relevant PREA standards, as well as the findings and rationale for those findings.

- Interviewed Specialized Staff: Investigator indicated that the investigations include staff actions or failures, and all investigations are documented in written format to include all standard requirements.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.71 (h)**

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- According to policy, if allegations of conduct that are criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action up to and including termination, and inmates may be charged through the agency disciplinary system.

• Interviewed Specialized Staff: The investigator question, are criminal investigations documented? The same documentation forwarded for administrative investigations is collected and shared with the Hennepin County Sheriff's Office. This would include incident reports, written statements and video. The investigator would not conduct interview during the active criminal investigation. The PS&C unit would facilitate any request from law enforcement for their investigation and document everything shared.

• The reviewed reports were comprehensive. The format for a typical report includes the following: 1) PS&C Intake Form, providing an incident summary, including the residents/staff involved; 2) PS&C Investigation Report; 3) PS&C Number/Incident Number; 4) Date referred; 5) Who initiated the complaint; 6) Type of incident' 7) Definitions of the PREA Standards; 8) Incident description; 9) [116] Immediate response; 10) Interviews (audit recorded); 11) Documents reviewed; 12) PREA review finding; 13) Rationale; 14) Next Steps; 15) Mental Health assistance provided; 16) Complainant notified; 17) PREA Incident Review Required (yes/no); 18) Notification; 19) JDC Medical Referral Form (and referrals to mental health); 20) Incident Report; 21) Supervisor Sexual Abuse Response Checklist; and 22) Emails/correspondence. Allegations consistently revolved around inappropriate comments by residents directed toward residents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.71 (i)**

The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility requires that all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment be kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- Interviewed Specialized Staff: The investigator question, when do you refer cases for prosecution? Any PREA allegation that may constitute a criminal act is referred to the HCSO for investigation and prosecution.
- All substantiated allegations of conduct that appears to be criminal will be referred to prosecution.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.71 (j)**

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility provides that the departure of the alleged abuser or victim from the employment or control of the facility or agency will not terminate the investigation.
- Interviewed Specialized Staff: Investigator indicated that the agency retains all written investigation documents for up to ten years plus.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.71 (k)**

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Auditor is not required to audit this provision.
- Interviewed Specialized Staff: The investigator question, how do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct? The investigation and /or referral for criminal prosecution will continue, regardless of the suspects' employment status.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.71 (I)**

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- When investigations are conducted outside of the agency/facility, the facility cooperates with the outside investigator and remains informed about the progress of the investigations.
- Interviewed Specialized Staff: Investigator indicated that the Department of Justice component has not conducted investigations at this facility.
- Facility Specialized Staff: If an outside agency investigates allegations of sexual abuse, how does the facility remain informed of the progress of a sexual abuse investigation? The Superintendent indicated that PS&C handles all criminal investigations. They provided the facility with a final report.
- Interviewed Specialized Staff: The investigator question, when an outside agency investigates an incident of sexual abuse in this facility, what role do you play? The PS&C unit would facilitate the needs of the outside agency as permitted by law.
- The facility remains informed of the progress of a sexual abuse investigation if it is being investigated by an outside agency through the Agency PREA Coordinator who works in conjunction with law enforcement relating to criminal cases.
- Interviewed Specialized Staff: The Superintendent indicated that since the facility refers to any investigative body within the agency/department, they can request updates on progress on investigations. The facility can also ask this department for updates on criminal investigations/charging.
- Interviewed Specialized Staff: The agency PREA coordinator indicated according to the MOU with the Sheriff's Office, they are required to inform the Professional Standards and Conduct (PS&C) Unit of the investigation. The PS&C Unit informs selected decision makers with the progress of the sexual abuse investigations.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• HCSO 904_PRISON_...</li> <li>• Investigations</li> <li>• Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR 2020</li> <li>• Hennepin County Sheriff's Office PREA Policy 904</li> <li>• DOCCR Administration Policy: Professional Standards and Conduct Investigations</li> <li>• DOCCR Administrative Policy: Professional Standards and Conduct Investigations</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Grievance and Complaint</li> <li>• DOCCR Adult Corrections Facility Policy: Resident Grievance and Compliant</li> <li>• Hennepin County Duty Supervisor-Sexual Abuse Response Checklist (#All)</li> <li>• DOCCR Website Instructions for Reporting Incidents of Sexual Abuse, Sexual Misconduct of Sexual Harassment and Investigation</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.72 (a)</b></p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Interview with the facility investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of</li> </ul>

	<p>the evidence.</p> <ul style="list-style-type: none"> <li>• Interviewed Specialized Staff: The investigator question, what standard of evidence do you require to substantiate allegations of sexual abuse or sexual harassment? The Preponderance of Evidence.</li> <li>• PREA Investigations Overview: <ul style="list-style-type: none"> <li>o Total Number of Investigations for the Past 12 months = 23</li> <li>o Total Number of Sexual Abuse = 10</li> <li>o Total Number of Sexual Harassment = 13</li> <li>o Total Number of Pending Cases = 0</li> <li>o Total Number Referral to Prosecution = 0</li> </ul> </li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Professional Standards and Con...</li> <li>• Office of Administrative Servi...</li> <li>• Professional Standards and Con...</li> <li>• Supervisor Sexual Abuse Response...</li> <li>• INC-2023-1892_ACF_Davis, Charl...</li> <li>• SO MOU.pdf</li> <li>• INC 1892 DOCCR TH signed.pdf</li> <li>• INC 1892 DOCCR signed CJ.pdf</li> <li>• PSC Notifications.docx</li> <li>• DOCCR Professional Standards and Conduct Investigations</li> <li>• Completed Notifications Made to Residents</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p>

## **Compliance Determination by Provisions and Corrective Action:**

### **115.73 (a)**

Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility addresses the inmate being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The PREA compliance manager remains abreast of an investigation conducted by any of the investigative entities by serving as the primary contact persons (s), as determined by the interviews. The facility indicated that any inmate who makes an allegation of sexual abuse will be informed verbally by the management team member following an investigation, as to whether the allegation was substantiated, unsubstantiated, or unfound.
- DOCCR Professional Standards and Conduct Investigations, Policy, paragraph 9., requires that a resident who makes an allegation of sexual abuse is to be informed, either verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by external law enforcement sources. It also requires that following a resident's allegation that a staff person committed sexual abuse against the resident, the resident will be informed (unless the allegation has been determined to be unfounded through investigation) and the PS&C will relay the information to the facility Superintendent who's responsibility is to notify the resident that either the staff is no longer employed at the facility; (if known) that the staff has been indicted or charged at the facility; and (if known) that the staff has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he/she has been sexual abused by another resident in the facility, the contact's name and phone of the issuing County Attorney, will be provided to the resident so information related to charges and conviction of the sexual abuse will be conveyed under the relevant Data Privacy policy.
- All notifications are required to be documented. The notifications were made by the Professional Standards and Conduct Unit, via the Agency's Notification of Investigation Findings.
- Interviewed Specialized Staff: The facility remains informed of the progress of a sexual abuse investigation if it is being investigated by outside agency through the departments OAS division who works in conjunction with law enforcement relating to criminal cases.
- Facility Specialized Staff: PREA Compliance Manager question, does your facility notify an inmate who makes an allegation of sexual abuse when the allegation has



been determined to be substantiated, unsubstantiated, or unfounded following an investigation? Yes, notifications are normally done within 30 days of the close of the investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.73 (b)**

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- If the agency/facility did not conduct the investigation, the agency/facility will use the same process as defined in section (a) of the standard. They will request all relevant information from the investigating agency to inform the inmate of the outcome of the investigation.
- Interviewed Specialized Staff: The investigator question, do your agency procedures require that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to substantiate, unsubstantiated, or unfounded following an investigation? The investigator indicated yes through the facility PREA compliance manager.
- The facility notifies residents of allegation of sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.73 (c)**

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the inmate's unit.
- The staff member is no longer employed at the facility.
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility requires that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the inmate will be informed of the following, unless it has been determined that the allegation is unfounded as stated above.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.73 (d)**

Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility indicated that following an inmate's allegation that he has been sexually abused by another inmate, the alleged victim will be subsequently informed whenever: the alleged abuser is criminally charged related to the sexual abuse, or the alleged abuser is adjudicated on a charge related to sexual abuse.
- Interviewed Specialized Staff: The investigator question, do your agency procedures require that an resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? The investigator indicated yes through the facility PREA compliance manager.
- The facility notifies residents of allegation of sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.73 (e)**

All such notifications or attempted notifications shall be documented.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility indicated that notifications or attempted notifications be documented. The facility has developed a notification of outcome of investigation process for documentation of inmate's being notified.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.73 (f)**

An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

	<p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Interviewed staff indicated that if the inmate is released from the agency’s custody the facility will terminate.</li> <li>• Interviewed Specialized Staff: Investigator indicated that the agency obligation to report under this standard will terminate if the resident is released from the agency’s custody.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• HR Rules and Law.pdf</li> <li>• Code of Ethics and Standards o...</li> <li>• Prison Rape Elimination Act (P...</li> <li>• Prison Rape Elimination Act (P...</li> <li>• HR Rules and Law.pdf</li> <li>• DOCCR Human Resources Policy: Section Violations and Penalties</li> <li>• DOCCR Human Resources Policy: Section Rules and General Rules of Conduct</li> <li>• DOCCR Adult Corrections Facility Policy; Staff Code of Ethics and Standards of Conduct Policy</li> <li>• DOCCR Administration Policy: PREA, Staffing Patterns and Resident Supervision</li> <li>• Minnesota Government Data Practices Act 13.01</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.76 (a)</b></p>

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- According to the agency/facility, if allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action for violating agency sexual abuse or sexual harassment policies up to and including termination.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.76 (b)**

Termination shall be the presumptive disciplinary sanction for having engaged in sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- According to the agency/facility, if allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action for violating agency sexual abuse or sexual harassment policies up to and including termination. The agency/facility stands will be the presumptive disciplinary sanction for have engaged in sexual abuse is termination.

- Facility Specialized Staff: The Superintendent indicated that termination is the presumptive disciplinary sanction for those who have engaged in sexual activities.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.76 (c)**

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Through discussions with staff, violating agency sexual abuse and sexual harassment policies will be commensurate with past act in the personal files and comparable offenses by other staff with similar histories.

- PAQ: In the past 12 months, the number of staff from the facility who have been

disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse): 0.

Corrective Actions:

N/A. There are no corrective actions for the provision.

**115.76 (d)**

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility indicated that all terminations for violations of the facility’s sexual abuse or sexual harassment policies, or staff resignations related to violations of the policy, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, it will be reported to relevant licensing bodies.
- PAQ: In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 1.
- Interviewed staff: indicated that if staff or contractors are terminated for violating agency sexual abuse policy.
- Interviewed staff seemed aware of the fact that the individual would also need to be reported to the relevant licensing body.

Corrective Actions:

N/A. There are no corrective actions for this provision:

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **Evidence Relied Upon in Making the Compliance Determination:**

### **Documentation:**

- Prison Rape Elimination Act (Policy...
- Prison Rape Elimination Act (Procedures...
- DOCCR Adult Corrections Facility Policy: Volunteer, Intern and CRP Rights and Responsibilities
- SOP 05-10 Onboarding Volunteers, Interns & Community Resource Providers (CRP)
- Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails

### **Interviews:**

## **Compliance Determination by Provisions and Corrective Action:**

### **115.77 (a)**

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.
- PAQ: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.
- Facility Specialized Staff: In the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, what remedial measures does your facility take? Does the facility always prohibit further contact with inmates? The Superintendent indicated that the facility always prohibits further contact.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.77 (b)**

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

	<ul style="list-style-type: none"> <li>• PAQ: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.</li> <li>• Facility Specialized Staff: Superintendent, “in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, what remedial measures does your facility take? Does the facility always prohibit further contact with inmates?” Yes, the facility always prohibits further contact with residents. Notification would be sent to contractor’s employment of no admittance. Gate officers would be notified of individuals’ lockout status. All documentation should be referred to the PS&amp;C unit for investigation.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• DOCCR Adult Corrections Facility Policy: Resident Rules &amp; Discipline</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Rules &amp; Discipline</li> <li>• DOCCR Adult Corrections Facility Policy: Special Management Unit – MS</li> <li>• DOCCR Adult Corrections Facility Procedures: Special Management Unit -MS</li> <li>• DOCCR Adult Corrections Facility Policy: Special Management Unit – WS</li> <li>• DOCCR Adult Corrections Facility Procedures: Special Management Unit - WS</li> <li>• DOCCR SOP 04-11M – Special Management Unit – Men’s Section</li> <li>• DOCCR SOP04-11W – Special Management Unit – Women’s Section</li> <li>• SOP 04-10 Administrative Separation</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.78 (a)</b></p>

Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility has a discipline process in place for inmates who violate the rules of the facility which includes incidents of sexual abuse. Sanctions for inmates violating agency policy vary depending upon the level of the violation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.78 (b)**

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses on other inmates with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Sanctions for these violations take into consideration many aspects of the inmate's history and assessments conducted by the staff at the facility. This also includes the inmates' mental health status.
- Facility Specialized Staff: Are the sanctions proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories? The PREA compliance manager indicated yes.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.78 (c)**

The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility indicated that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivation for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to



programming or other benefits.

- Agency PREA Coordinator: The Agency PREA Coordinator indicated that an inmate's mental disabilities or mental illness would be considered when determining the type of sanction, if any, should be imposed.

- Facility Specialized Staff: Is mental disability or mental illness considered when determining sanctions? The PREA compliance manager indicated yes, if the inmate is a mental health classification is found guilty the charges are reviewed by a Mental Health.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.78 (d)**

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility offers therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. These inmates will receive a treatment plan.

- Facility Specialized Staff: Staff who conducts medical were asked if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to the offending inmate? Staff indicated yes.

- Staff also indicated that when these services are provided, the inmate's participation is not required as a condition of access to programming or other benefits. Participation is on a voluntary basis.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.78 (e)**

The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Agency/facility indicated that it may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.
- Interviewed Specialized Staff: Investigator indicated that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- Agency PREA Coordinator: The agency PREA coordinator indicated that the facility only discipline offenders when it is proven the staff member did not consent to the conduct.
- Facility Specialized Staff: The superintendent discussion indicated that disciplinary sanctions are inmates subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse? Per resident discipline SOP Rule #26, sanction for behavior specified.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.78 (f)**

For disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient to substantiate the allegation. Any inmate conclusively found to have filed an intentionally false report alleging sexual abuse will be subject to disciplinary action through the inmate disciplinary system.
- Interviewed Specialized Staff: Investigator indicated that the agency does not disciplinary resident that report sexual abuse made in good faith.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.78 (g)**

An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

	<ul style="list-style-type: none"> <li>• The agency/facility prohibits any sexual conduct between inmates. All such conduct is subject to disciplinary action. Referral for prosecution would occur after determination the sexual activity was coerced.</li> <li>• Agency PREA Coordinator: The agency PREA coordinator indicated that the facility prohibits sexual activity between inmates and may discipline inmates proven but does not consider such activity sexual abuse unless an investigation and preponderance of the evidence proves otherwise.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Informed Consent 2.pdf</li> <li>• DOCCR Adult Corrections Facility Policy: Objective Classification</li> <li>• DOCCR Adult Corrections Facility Procedures: Objective Classification</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.81 (a)</b></p> <p>If the screening pursuant to standard 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

- The agency facility provides that an inmate who indicates during initial screening that they were a victim or perpetrator of sexual abuse is offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation demonstrates inmates are offered follow-up meetings in a timely manner.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked, "If a screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, do you offer a follow-up meeting with a medical and/or mental health practitioner?" Staff indicated that if a screening reveals an inmate prior sexual victimization, the inmate would be referred for a follow-meeting. The inmate may choose to refuse. If the inmate wants to have a follow-up with mental health or medical, the staff makes the referral.
- Target Resident: Three (3) residents were interviewed for inmates who reported sexual abuse. Two males and one female. When interviewed ask the required questions from the National PREA Resource Center, they all stated that they were not sexual abuse, it was sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.81 (b)**

If the screening pursuant to standard 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Compliance Determination:

The facility has demonstrated compliance with provision of the standard because:

- The agency facility provides that an inmate who indicates during initial screening that they were a victim or perpetrator of sexual abuse is offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation demonstrates inmates are offered follow-up meetings in a timely manner.
- Facility Specialized Staff: PREA compliance manager, if a screening indicated that an inmate previously perpetrated sexual abuse, do you offer a follow-up meeting with a mental health or medical practitioner? Yes, the inmate would be referred for services. According to policy results from the screening are used for physical and mental health evaluations, program, and individual counseling.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.81 (c)**

If the screening pursuant to standard 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner with 14 days of the intake screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency facility provides that an inmate who indicates during initial screening that they were a victim or perpetrator of sexual abuse is offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. Documentation demonstrates inmates are offered follow-up meetings in a timely manner.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.81 (d)**

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Agency/facility provides that 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.81 (e)**

Medical and mental health practitioners shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Agency/facility provides that 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.
- Facility Specialized Staff: Staff who provide medical services were asked:” Do you

	<p>have a separate informed consent process for inmates under the age of 18?" Staff indicated yes; however, the facility does not take youthful inmates.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• MH Flow doc.docx</li> <li>• SO MOU.pdf</li> <li>• HCSO 904_PRISON_...</li> <li>• Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR 2020</li> <li>• Hennepin County Sheriff's Office PREA Policy 904</li> <li>• DOCCR Administration Policy: PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse</li> <li>• DOCCR Administrative Policy: Office of Administrative Services, Incident Referrals</li> <li>• DOCCR Administrative Policy: Professional Standards and Conduct, Incident Intake and Triage</li> <li>• The Sexual Assault Resource Services, Sexual Nurse Examiner Program, Hennepin County Medical Center</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.82 (a)</b></p> <p>Inmate victims of sexual abuse shall 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</p>

judgment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility mandates the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services and advocacy services. The victim would be transported to the local hospital for a forensic examination, at no cost to the victim. Interviews revealed the mental health services are determined according to the professional judgement of the practitioner. Inmates are informed of medical services during intake and sign acknowledgement statements indicating key information reviewed in the education session which includes treatment services. The inmates have access to medical request forms.

- MOU: The Sexual Violence Center agrees to 1. Provide face-to-face crisis counseling to residents in DOCCR institutions who are victims of sexual violence, upon request of the victim. 2. Work with designated Hennepin County Department of Community Corrections and Rehabilitation staff to obtain security clearance and follow all guidelines for safety and security. 3. Maintain confidentiality as outlined in the Sexual Violence Center informed consent form. 4. In the event of a sexual assault at the institution, Sexual Violence Center agrees to: provide a rape crisis counselor at the hospital; handle a first report from DOCCR resident as follows - if a resident is a juvenile SVC is a mandatory reporter, SVC will provide legal advocacy support. SVC advocates are not lawyers or experts on the correctional facility reporting process. Instead, SVC offers resources, emotional support and a silent back-up during interviews. 5. Provide applicable information sessions for Hennepin County Department of Community Corrections and Rehabilitation and contract medical staff. 6. Communicate any questions or concerns to Hennepin County Department of Community Corrections and Rehabilitation. 7. Provide personnel to act as advocate to referrals, as requested by the victim. SVC supports inmates in the hospital if they were assaulted anywhere in the last 120 hours. The hospital SARS program would contact SVC to come to the hospital. SVC holds the protocol to provide advocacy support during medical and forensic exams in the hospitals with SARS. As such, any inmate transferred to the hospital for this exam will be entitled to the support of an SVC advocate. Advocates are dispatched directly by SARS in the event of hospital-based advocacy, and do not need to be additionally requested by a correctional facility. 8. Offer follow-up services and referrals for the victim regardless of incarceration status and post release from the facility. 9. Additional services for residents in DOCCR institutions may include ongoing 1:1 counseling sessions and regularly scheduled support groups, to be provided under a separate agreement.

- Facility Specialized Staff: Staff who conducts medical services were asked, "Do inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services?" Yes, the sexual assault forensic nurses are housed at Hennepin County Medical Center who would complete any exams/cares.

- Target Resident: Three (3) residents were interviewed for inmates who reported

sexual abuse. Two males and one female. When interviewed ask the required questions from the National PREA Resource Center, they all stated that they were not sexual abuse, it was sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.82 (b)**

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff interviews revealed inmates have access to unimpeded access to emergency services. The written coordinated response plan provides guidance to staff in protecting inmates and for contracting the appropriate staff regarding allegations or incidents of sexual abuse, including contracting medical and mental health staff. The on-call list has the names of medical staff and their emergency contact numbers. Staff interviews indicated unimpeded medical and crisis intervention services will be available to victim of sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.82 (c)**

Inmate victims of sexual abuse while incarcerated shall be 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed are provided by the facility's medical and mental health staff. It was also indicated that the local hospital may give and share the sexually transmitted infection with the inmate as well.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.82 (d)**

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any



	<p>investigation arising out of the incident.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services, according to interviews, will be available on an on-going basis, until the resident is released from the facility.</li> <li>• Facility Specialized Staff: Staff who conducts medical services were asked, “Are the medical and mental services offered consistent with community level of care?” Staff indicated that the services provided by the facility are consistent with community level of care or better because the inmates have access to the services. These services are provided at no cost to the inmate.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• DOCCR Adult Corrections Facility Policy: Objective Classification</li> <li>• DOCCR Adult Corrections Facility Procedures: Objective Classification</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.83 (a)</b></p> <p>The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail,</p>

lockup, or juvenile facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility offers medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse. Inmates receive a continuum of care as appropriate for victims of sexual abuse. Additional services may be provided by the local rape crisis center as needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.83 (b)**

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Ongoing medical and mental health care will be provided as appropriate and will include but not limited to any recommendations and medications from the local hospital, follow up on inmates' additional testing and medical services. Provide information to inmate regarding community support and instruction on medication taken with the inmate for release from custody.
- MOU: The Sexual Violence Center agrees to 1. Provide face-to-face crisis counseling to residents in DOCCR institutions who are victims of sexual violence, upon request of the victim. 2. Work with designated Hennepin County Department of Community Corrections and Rehabilitation staff to obtain security clearance and follow all guidelines for safety and security. 3. Maintain confidentiality as outlined in the Sexual Violence Center informed consent form. 4. In the event of a sexual assault at the institution, Sexual Violence Center agrees to: provide a rape crisis counselor at the hospital; handle a first report from DOCCR resident as follows - if a resident is a juvenile SVC is a mandatory reporter, SVC will provide legal advocacy support. SVC advocates are not lawyers or experts on the correctional facility reporting process. Instead, SVC offers resources, emotional support and a silent back-up during interviews. 5. Provide applicable information sessions for Hennepin County Department of Community Corrections and Rehabilitation and contract medical staff. 6. Communicate any questions or concerns to Hennepin County Department of Community Corrections and Rehabilitation. 7. Provide personnel to act as advocate to referrals, as requested by the victim. SVC supports inmates in the hospital if they were assaulted anywhere in the last 120 hours. The hospital SARS program would contact SVC to come to the hospital. SVC holds the protocol to provide advocacy support during medical and forensic exams in the hospitals with SARS. As such, any inmate transferred to the hospital for this exam will be entitled to the support of an SVC advocate. Advocates are dispatched directly by SARS in the event of hospital-

based advocacy, and do not need to be additionally requested by a correctional facility. 8. Offer follow-up services and referrals for the victim regardless of incarceration status and post release from the facility. 9. Additional services for residents in DOCCR institutions may include ongoing 1:1 counseling sessions and regularly scheduled support groups, to be provided under a separate agreement.

Corrective Action:

N/A. There are no corrective actions for this provision.

**115.83 (c)**

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility is committed to providing medically necessary care to inmates throughout their incarceration period. Services provided by agency/facility medical staff are in keeping with accepted medical standards of the community and will be the most reasonable level of service available for treatment of medical condition.
- Facility Specialized Staff: Staff indicated that the services provided by the facility are consistent with community level of care or better because the inmates have access to the services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.83 (d)**

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Facility Specialized Staff: Medical staff was asked, "if pregnancy results from sexual abuse while incarcerated, are victims given timely information and access to all lawful pregnancy related services?" Staff indicated yes.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.83 (e)**

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff indicated if pregnancy results from the conduct described in paragraph the inmate would receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.83 (f)**

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff interview ensures that victims of sexual abuse will be provided testing for sexually transmitted infections as medically appropriate. Testing would be done at the local hospital and follow-up services may be done at the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.83 (g)**

Treatment services shall 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.

Compliance Determination:

The facility has demonstrated compliance with this standard because:

- Facility Specialized Staff: The medical staff indicated the treatment services provided are without financial cost to the inmate.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.83 (h)**

All prisons shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Facility Specialized Staff: Medical staff was asked, "do you conduct a mental health evaluation of all known inmate-on-inmate abusers and offer treatment if appropriate? After learning about the abuse history of such an inmate, when do you typically

	<p>conduct an evaluation? Yes.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA Sexual Abuse Data Collect...</li> <li>• PREA Resident Receiving and Orientation ...</li> <li>• PREA Incident Review Process ...</li> <li>• INC 1892 DOCCR.docx</li> <li>• INC-2022-1580_ACF PREA.pdf</li> <li>• 1877 DOCCR Sexual Abuse Incident Policy...</li> <li>• 1877 DOCCR Sexual Abuse Incident Procedures...</li> <li>• DOCCR Administration Policy: PREA, Sexual Abuse Data Collection and Review</li> <li>• DOCCR Administration Procedures: PREA, Sexual Abuse Data Collection and Review</li> <li>• DOCCR Adult Corrections Facility Policy: Resident Grievance &amp; Compliant Procedures</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Grievance &amp; Compliant</li> <li>• DOCCR Prison Rape Elimination Act Incident Review Team Process</li> <li>• 2022 Annual PREA Report</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.86 (a)</b></p> <p>The facility shall 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.</p> <p>Compliance Determination:</p>

The facility has demonstrated compliance with this provision of the standard because:

- Staff interviews indicated that following an investigation into an allegation of sexual abuse or sexual harassment, the facility's PREA compliance manager ensure an incident review is conducted with thirty (30) calendar days following the PREA compliance manager receiving a copy of the investigation or the completion of the investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.86 (b)**

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff interviews indicated that following an investigation into an allegation of sexual abuse or sexual harassment, the facility's PREA compliance manager ensure an incident review is conducted with thirty (30) calendar days following the PREA compliance manager receiving a copy of the investigation or the completion of the investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.86 (c)**

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility identifies the incident review team members as Upper-Level Management with input from line supervisors, investigators, medical staff, and mental health practitioners.
- Facility Specialized Staff: Superintendent question, "does your facility have a sexual abuse incident review team"? The Incident Review Team includes the Department Area Director, facility Superintendent, lead Investigators, Medical providers, and Department PREA Coordinator and the PREA Compliance Manager.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.86 (d)**

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Incident Review Team Member: Question, does the review team consider the above requirements. Yes, all these things are taken into consideration when conducting the incident review and during the investigation of the allegation. If it is determined that one of above listed reasons play a part in the incident/allegation, the team will discuss how to best handle the situation to protect the sexual safety of the inmate.
- Facility Specialized Staff: How does the team use the information from the sexual abuse incident review? The PREA Compliance Manager indicated to see if anything could have been done to prevent the incident. Are any policy changes needed, was the incident motivated by race, gender identity, gang affiliation, LGBT, etc. Did staffing create a higher risk, could physical barriers have prevented the assault?

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.86 (e)**

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Facility will implement recommendations for improvement or document its reasons for not doing so. The upper-management team is familiar with this practice. The facility has a form they use to document incident reviews, it allows for documentation of the considerations of the standard. The form and meeting provide recommendations for improvement by the team members.
- Facility Specialized Staff: The superintendent discussion indicated that the review

	<p>team use the information from the sexual abuse incident review, to review recommendations share with management team, PREA team, adjust policy, procedure, and/or training as needed to correct issues.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> This standard is rated excellent. The facility has gone above and beyond this standard, in addition to meeting the requirements of the sexual abuse incident review team. The agency requires an attorney from the legal office to service as a member of the incident review team for every review. The auditor met and interviewed the attorney. In the decision she was truly knowledgeable about the PREA sexual abuse incident review process and confirmed she in on the facility conference calls.</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Prison Rape Elimination Act Policy...</li> <li>• Prison Rape Elimination Act Procedures...</li> <li>• Definitions Document...</li> <li>• DOCCR Policy, Sexual Abuse Data Collection and Review</li> <li>• DOCCR Data Collection Instrument</li> <li>• PREA Annual Report</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.87 (a)</b></p> <p>The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p>



Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.87 (b)**

The agency shall aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility aggregates the incident-based sexual abuse data at least annually as a part of the agency PREA annual report.
- The 2022 Annual Report included but not limited to: Aggregate Data, Comparative Data, and Corrective Actions During last audit cycle.
- Agency PREA Coordinator: The agency PREA coordinator provided the PREA auditor a copy of the 2022 Department of Community Corrections and Rehabilitation Annual Prison Rape Elimination Act Report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.87 (c).**

The incident-based data collected shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (BJS) is tasked with annual data collection responsibilities under PREA. The agency has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the agency.
- Facility Specialized Staff: The PREA compliance manager was asked, does the facility collect all data that is required by the Survey of Sexual Violence conducted by the Department of Justice? Yes, this information is submitted to the Agency PREA Coordinator Office.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.87 (d)**

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: Staff indicated that the agency maintains, review, and collects the required data, including reports, investigation files, and sexual abuse incident reviews.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.87 (e)**

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility provided the auditor with an annual report. Also reports that included private facility with which they contract for confinement of its inmates.
- The 2022 Annual Report included but not limited to: Aggregate Data, Comparative Data, and Corrective Actions During last audit cycle.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.87 (f)**

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Facility Specialized Staff: The PREA Coordinator indicated that the facility can and will provide the required PREA data from the previous calendar year to the Department of Justice upon request.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**Overall Findings:**

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• 2022 PREA Report.docx</li> <li>• DOCCR Adult Corrections Facility Policy: Resident Grievance &amp; Compliant Procedures</li> <li>• DOCCR Adult Corrections Facility Procedures: Resident Grievance &amp; Compliant</li> <li>• DOCCR Policy, Sexual Abuse Data Collection and Review</li> <li>• DOCCR Data Collection Instrument</li> <li>• DOCCR Website</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.88 (a)</b></p> <p>The agency shall review data collected and aggregated pursuant to standard 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas.</li> <li>• Taking corrective action on an ongoing basis; and</li> <li>• Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.</li> </ul> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• The agency requires data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices, and training. A review of the 2022 Annual Report indicated compliance with the standard and included all the required elements. The annual report is posted on the website for public review.</li> </ul>

- The 2022 Annual Report included but not limited to: Aggregate Data, Comparative Data, and Corrective Actions During last audit cycle.
- PREA Coordinator: Question, how do you use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training? The agency reviewed incident-based information relating to sexual abuse to analyze locations of abuse, the frequency with which offenders may be identified as a perpetrator or victim, patterns within certain institutions, and the times and days of abuse. The information is used to determine locations for electronic surveillance equipment, facility renovation needs, staffing allocations within institutions, institutional training, and the need to take protective measure for specific inmates.
- Agency PREA Coordinator: Question, does the agency review collected and aggregated pursuant to 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training? Yes.
- Facility Specialized Staff: The PREA compliance manager question, “if the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, what role does the facility and facility data play in this review”? The agency and facility reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas and taking corrective action as necessary on an ongoing basis.
- Facility Specialized Staff: If the agency reviews data collected and aggregated pursuant to 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, what role does the facility and facility data play in this review? The PREA compliance manager indicated the facility will submit facility data to the agency PREA coordinator who will collect data from all facilities. The data will be aggregated into an annual report with corrective actions.
- DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, Policy, Paragraph 3., requires Divisions to create and publish annual reports which present the data and identify corrective actions taken to address the problems. The procedures for implementing the policy required Division Managers/Designees, Contractors, Safety Manager/PREA Coordinator, and Professional Standards and Conduct Unit (PS&C) to review the data to identify problem areas using the collected data and to assess the effectiveness of DOCCR’s sexual abuse prevention, detection and response policies, practices and training and identify responses to problems and take corrective action as required. The annual report is to address corrective actions, comparisons of previous year data, and an assessment of the Department’s progress in addressing sexual abuse, sexual misconduct, and sexual harassment. The reviewed annual report discusses the aggregated data, analyzes the data, comparisons, and corrective action. Corrective actions, if applicable, were identified for each of the DOCCR Facilities.

- Interviewed Specialized Staff: The agency head indicated that data is reviewed for patterns in location, staff complement, resident activity, etc. Any patterns identified are addressed through reviews of procedures, policies, training, staffing, or any other items that are identified based on the data review. Changes are implemented when warranted after those reviews.

- Interviewed Specialized Staff: The agency PREA coordinator indicated that the agency review data collected and aggregated pursuant to 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The PREA coordinator also meets with the divisions to document findings on the PREA Incident Review form. This information is securely kept in the division manager's file. The Professional Standards and Conduct Unit has a secure database and keeps paper files in a lock room.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.88 (b)**

Such a report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Agency PREA Coordinator: Question, does the agency prepare an annual report of findings from its data review and any corrective actions for each facility, as well as the agency as a whole? Yes.

- The 2022 Annual Report included but not limited to: Aggregate Data, Comparative Data, and Corrective Actions During last audit cycle.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.88 (c)**

The agency's report shall be approved by the agency heard and made readily available to the public through its website or, if it does not have one, through other means.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- PREA Coordinator: Question, does the agency approve annual reports written pursuant to 115.00? Yes.

Correction Actions:

N/A. There are no corrective actions for this provision.

	<p><b>115.88 (d)</b></p> <p>The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator: Question, what types of material are typically redacted from the annual reports? Does the agency indicate the nature of material redacted? Yes, personal identifying information (PII) is redacted.</li> <li>• The 2022 Annual Report included but not limited to: Aggregate Data, Comparative Data, and Corrective Actions During last audit cycle. The report is posted on the agency website.</li> <li>• Interviewed Specialized Staff: The agency PREA coordinator indicated that DOCCR did indicate the nature of the material redacted. These requirements are outlined in the PREA Sexual Abuse Data Collection and Review Policy.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• DOCCR Policy, Sexual Abuse Data Collection and Review</li> <li>• DOCCCR Resident Records, Data Management</li> <li>• 2022 Annual Report</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p>

**Compliance Determination by Provisions and Corrective Action:**

**115.89 (a)**

The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency indicates that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.89 (b)**

The agency shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Auditor review the 2022 PREA Annual Report. The report provides a review of the incident-based and aggregated data for calendar year and a comparison of aggregated data for past calendar years. The report provides corrective actions developed to further reduce sexual abuse and sexual harassment.
- The 2022 Annual Report included but not limited to: Aggregate Data, Comparative Data, and Corrective Actions During last audit cycle.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.89 (c)**

Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interview with the Agency PREA Coordinator and review of the Annual Report indicated that all personal identifiers were removed.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>115.89 (d)</b></p> <p>The agency shall 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this standard because:</p> <ul style="list-style-type: none"> <li>• The agency indicates that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed.</li> <li>• Interviewed staff indicated that the record retention standard is determined in state statutes and would require the legislature to make a change to the state law.</li> </ul> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Agency Website</li> <li>• Past PREA Reports</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.401 (a)</b></p> <p>During the three-year period starting on August 20, 2013, and during each three-</p>



year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency's website provided PREA audit reports according to cycles.
- Cycle 4 year 2.
- The facility PREA reports are included on the agency/facility website.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**115.401 (b)**

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**115.401 (c)**

The Department of Justice may send a recommendation to an agency for an expedited audit if the department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility indicated that the Department of Justice has not recommended to the agency for an expedited audit for any reason regarding a particular problem relating to sexual abuse.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**115.401 (d)**

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- The auditor uses the required Prison Rape Elimination Act (PREA) Audit Prison and Jails standards audit instrument to enter collected information online, 28 C.F.R Part 115 Docket No. OAG-131 RIN 1105-AB34 May 17, 2012.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**115.401 (e)**

The agency shall bear the burden of demonstrating compliance with the standards.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator and facility acknowledge this provision. The agency and the facility provided requested information to bear the burden of demonstrating compliance with the standards. As well as complaint about all request during the on-site visit.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**115.401 (f)**

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has requested all relevant policies, procedures, reports, internal and external audits for the facility during the pre-audit, onsite and post audit phases. The facility is compliant with this provision.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**115.401 (g)**

The audits shall review, at a minimum, a sampling of relevant documents and other

records and information for the most recent one-year period.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.401 (h)**

The auditor shall have access to, and shall observe, all areas of the audited facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor paused to speak to a resident or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.
- During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards and walls. The auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.401 (i)**

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.401 (j)**

The auditor shall retain and preserve all documentation relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has uploaded additional information to OMS. Other reviewed information will be maintained for the required time limit before destruction. The auditor maintains additional information on USB drive and some hard copies.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.401 (k)**

The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor requested and was provided with a staff roster with non-security and security staff. There was a total of 12 random interviews.
- Interviews with random and specialized staff confirmed that the facility's staff understood the agency's position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.401 (l)**

The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor conducted the following resident interviews during the on-site phase of the audit and was permitted to conduct private interviews with residents.

- The auditor requested and was provided with an inmate roster by living units and a list of targeted inmates.
- Inmates that were formally interviewed were asked the required random interview questions provided by the National PREA Resource Center.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.401 (m)**

Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.
- As of October 25, 2023, there was no communication from inmates and none from staff. Staff interview indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.401 (n)**

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- MOU: The Sexual Violence Center agrees to 1. Provide face-to-face crisis counseling to residents in DOCCR institutions who are victims of sexual violence, upon request of the victim. 2. Work with designated Hennepin County Department of Community Corrections and Rehabilitation staff to obtain security clearance and follow all guidelines for safety and security. 3. Maintain confidentiality as outlined in the Sexual Violence Center informed consent form. 4. In the event of a sexual assault at the institution, Sexual Violence Center agrees to: provide a rape crisis counselor at the hospital; handle a first report from DOCCR resident as follows - if a

resident is a juvenile SVC is a mandatory reporter, SVC will provide legal advocacy support. SVC advocates are not lawyers or experts on the correctional facility reporting process. Instead, SVC offers resources, emotional support and a silent back-up during interviews. 5. Provide applicable information sessions for Hennepin County Department of Community Corrections and Rehabilitation and contract medical staff. 6. Communicate any questions or concerns to Hennepin County Department of Community Corrections and Rehabilitation. 7. Provide personnel to act as advocate to referrals, as requested by the victim. SVC supports inmates in the hospital if they were assaulted anywhere in the last 120 hours. The hospital SARS program would contact SVC to come to the hospital. SVC holds the protocol to provide advocacy support during medical and forensic exams in the hospitals with SARS. As such, any inmate transferred to the hospital for this exam will be entitled to the support of an SVC advocate. Advocates are dispatched directly by SARS in the event of hospital-based advocacy, and do not need to be additionally requested by a correctional facility. 8. Offer follow-up services and referrals for the victim regardless of incarceration status and post release from the facility. 9. Additional services for residents in DOCCR institutions may include ongoing 1:1 counseling sessions and regularly scheduled support groups, to be provided under a separate agreement.

- Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need. Information submitted on 8/6/2023 at 10:45am response received on 8/14/2023. “A review of our database indicates that we have not received any information regarding these facilities.”

- National Sexual Violence Resource Center (NSVRC) response: On 8/6/ 2023, NSVRC email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.403	Audit contents and findings
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1299 376"><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p data-bbox="280 416 536 452"><b>Documentation:</b></p> <ul data-bbox="280 456 1203 573" style="list-style-type: none"> <li>• Agency Website</li> <li>• Past PREA Reports</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> </ul> <p data-bbox="280 613 459 649"><b>Interviews:</b></p> <p data-bbox="280 725 1299 761"><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p data-bbox="280 837 466 873"><b>115.403 (a)</b></p> <p data-bbox="280 909 1410 1025">Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.</p> <p data-bbox="280 1066 670 1102">Compliance Determination:</p> <p data-bbox="280 1106 1369 1178">The facility has demonstrated compliance with this provision of the standard because:</p> <ul data-bbox="280 1218 1426 1290" style="list-style-type: none"> <li>• The auditor includes a no conflict of interest exists with respect to his ability to conduct this audit on the post audit form.</li> </ul> <p data-bbox="280 1335 549 1370">Corrective Actions:</p> <p data-bbox="280 1375 1043 1411">N/A. There are no corrective actions for this provision.</p> <p data-bbox="280 1447 466 1482"><b>115.403 (b)</b></p> <p data-bbox="280 1518 1458 1590">Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="280 1630 670 1666">Compliance Determination:</p> <p data-bbox="280 1671 1369 1742">The facility has demonstrated compliance with this provision of the standard because:</p> <ul data-bbox="280 1783 1426 1854" style="list-style-type: none"> <li>• The auditor report states whether agency wide policies and procedures comply with relevant PREA standards.</li> </ul> <p data-bbox="280 1899 549 1935">Corrective Actions:</p> <p data-bbox="280 1939 1043 1975">N/A. There are no corrective actions for this provision.</p> <p data-bbox="280 2011 466 2047"><b>115.403 (c)</b></p>

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has assigned a finding to each provision and standard.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.403 (d)**

Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions about each standard provision for each audited facility and shall include recommendations for any required corrective action.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor uses a triangular approach, by connecting the PREA audit documentation, on-site observation, site review of the entire facility and complex, determination of facility practice, interviewed staff and inmates, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision is designed with documentation reviewed, online PREA Audit: Pre-Audit Questionnaire, overall findings, and interview results.
- The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.403 (e)**

Auditors shall redact any personally identifiable inmate or staff information from their reports but shall provide such information to the agency upon request and may provide such information to the Department of Justice.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has redacted personally identifiable residents from the report and can provide such information to the agency upon request and may provide such information to the Department of Justice.



Corrective Actions:

N/A. There are no corrective actions for this provision.

**115.403 (f)**

The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility final PREA reports are published on the agency website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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