

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

Interim       Final

Date of Report    March 23, 2018

### Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: February 12, 2018

### Agency Information

Name of Agency: Hennepin County Adult Correctional Facility	Governing Authority or Parent Agency (If Applicable): Department of Community Corrections and Rehabilitation, HP
Physical Address: 1145 Shenandoah Lane	City, State, Zip: Plymouth, MN 55447
Mailing Address: 1145 Shenandoah Lane	City, State, Zip: Plymouth MN 55447 <small>Click or tap here to enter text.</small>
Telephone: 612-596-0080	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The Agency is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Agency mission: .Provide a safe, secure and efficient facility and reduce the risk of re-offense.	
Agency Website with PREA Information: <a href="https://www.hennepin.us/residents/public-safety/prea">https://www.hennepin.us/residents/public-safety/prea</a>	

### Agency Chief Executive Officer

Name: Catherine Johnson	Title: DOCCR Director
Email: Catherine.Johnson@Hennepin.us	Telephone: 612-543-4951

### Agency-Wide PREA Coordinator

Name: Patricia Mullen	Title: PREA Coordinator
Email: pat.mullen@hennepin.us	Telephone: 612-596-7869

<b>PREA Coordinator Reports to:</b> Karen Kuglar, Area Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 3
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**Facility Information**

**Name of Facility:**     Adult Corrections Facility

**Physical Address:** 1145 Shenandoah Lane, Plymouth, MN 55447

**Mailing Address (if different than above):**     Click or tap here to enter text.

**Telephone Number:**     612-596-0080

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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**Facility Mission:**     The ACF mission is to provide a safe, secure, and efficient facility and reduce the risk of re-offense.

**Facility Website with PREA Information:**     <http://www.hennepin.us/residents/public-safety/prea>

**Warden/Superintendent**

<b>Name:</b> Sean Chapman	<b>Title:</b> Superintendent
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<b>Email:</b> sean.chapman@hennepin.us	<b>Telephone</b> 612-596-0007
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**Facility PREA Compliance Manager**

<b>Name:</b> Thomas Gorzycki	<b>Title:</b> PREA Compliance Manager
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<b>Email:</b> Thomas.gorzycki@hennepin.us	<b>Telephone:</b> 612-596-0010
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**Facility Health Service Administrator**

<b>Name:</b> Michelle Blanchard	<b>Title:</b> Health Services Administrator
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<b>Email:</b> michelle.blanchard@hennepin.us	<b>Telephone:</b> 612-596-0126
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**Facility Characteristics**

<b>Designated Facility Capacity:</b> 477	<b>Current Population of Facility</b> 396
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<b>Number of inmates admitted to facility during the past 12 months</b>	3228
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1450
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	2797
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Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population: 17-66	Youthful Inmates Under 18: 1	Adults: 390	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months :		6	
Average length of stay or time under supervision:		177 days	
Facility security level/inmate custody levels:		Medium	
Number of staff currently employed by the facility who may have contact with inmates:		241	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		28	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		4	
<b>Physical Plant</b>			
Number of Buildings: Two		Number of Single Cell Housing Units: 7	
Number of Multiple Occupancy Cell Housing Units:		2	
Number of Open Bay/Dorm Housing Units:		7	
Number of Segregation Cells (Administrative and Disciplinary):		14	
<p><b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> There are total of 266 cameras-pan-tilt-zoom and stationery-positioned throughout the interior and exterior of the Men's and Women's sections. Cameras are monitored 24-seven in both housing sections from four work stations and 20 monitors. Supervisors and managers also have the capacity to view real-time and historical video from their desktop computers. Historical video is retained for 60 days. The system was initially installed in July 2010 and has since experienced several upgrades; the latest completed in November 2017 as part of a Men's Section security enhancement project.</p>			
<b>Medical</b>			
Type of Medical Facility:		Corizon contract in-house medical facility	
Forensic sexual assault medical exams are conducted at:		Hennepin County Medical Center	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		Click or tap here to enter text.	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		4	

# Audit Findings

## Audit Narrative

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

## Pre-Audit Activities

### PRE-AUDIT ACTIVITIES

The PREA Audit of the Hennepin County Adult Corrections Facility was a comprehensive process beginning with communications via email with the Department of Community Correction and Rehabilitation PREA Coordinator starting in December, prior to the February 26-28, 2018. On-site PREA audit. The Notice of PREA Audit, providing information about the PREA Audit, including information to enable viewers to contact the Certified PREA Audit, was forwarded on December 6, 2017 to the facility for posting in areas accessible to staff, residents, contractors, volunteers, and interns. The Notices were posted twelve (12) weeks prior to the on-site audit. Confirmation of posting in various areas throughout the facility was provided in 14 photos of the notices. The auditor did not receive any communication as a result of posting the Notice of PREA Audit. During the onsite PREA Audit, Notices of PREA Audit were observed posted in multiple locations throughout the facility, accessible to staff, residents, contractors, visitors and volunteers)

On December 12, 2018, twelve (12) weeks prior to the on-site audit the auditor received the facility's external drive along with the Pre-Audit Questionnaire, and Auditor's Compliance Tool. The auditor began the review of the "flash drive" that included the Pre-Audit Questionnaire, the Auditor's Compliance Tool with policies, procedures and documents embedded in the tool and on the Pre-Audit Questionnaire. Documentation included policies, procedures, Memoranda of Understanding and volumes of documentation to support the program's policies, procedures, and practices. Vital documents were embedded into the Pre-Audit Questionnaire (PAQ) making it easy to access and review each substandard in the process. The auditor printed out a number of the policies, procedures and documents and filled at least three average sized binders with relevant documents. This auditor has never received such a comprehensive package of Pre-Audit information. The information provided was detailed and comprehensive and confirmation of compliance was provided in multiple ways. The provided information enabled the auditor to have extensive knowledge of policy, procedures and practices prior to the audit. Additional documentation, to confirm "practice" was requested.

Based on the size and capacity of the Hennepin County Adult Correctional Facility, the auditor in compliance with the PREA Auditor's Manual, sat least three days to complete a comprehensive and thorough audit. To ensure time was used wisely, the PREA Coordinator and the Auditor developed an Agenda. The PREA Coordinator is the most knowledgeable, thorough and pro-active PREA Coordinator's the auditor has worked with. She scheduled every specialized interview ensuring that the auditor interviewed the Department of Community Corrections and Rehabilitation Agency Director, the Agency Area Director, the Senior Administrative Manager, Office of Administrative Services (she is

responsible for the Professional Standards and Conduct Unit Staff (PS&C), conducting background studies of potential employees and investigations; PREA Coordinator, Contracts Manager, Superintendent,

## **ON-SITE AUDIT**

The auditor arrived at the facility at 0800, Monday, February 26, 2018. A meet and greet was conducted and attended by the Agency's Director, Agency's PREA Coordinator, Facility Superintendent, Assistant Superintendent, and PREA Compliance Manager. The Agency's PREA Coordinator had the agenda formalized and specialized staff were scheduled for their interviews. The audit process was discussed and final logistics for conducting the audit were finalized.

Staff and residents were selected for review. The following were selected for interviews and were interviewed.

### **Staff Interviews:**

A. **Randomly Selected: (21)** A total of 21 staff were interviewed. These included fourteen (14) from the Male Unit and seven (7) from the female unit. The auditor ensured the staff represented a cross section of positions, including staff representing security, food service, a probation officer, intake clerk, and counselors/case managers.

### **B. Specialized Staff: (25)**

- Agency Director
- Regional Director
- PREA Coordinator (Previous Interview)
- Superintendent
- PREA Compliance Manager
- (1) Classification Staff
- (1) Staff conducting intake
- (1) Staff conducting orientation
- (1) Staff conducting the victim/aggressor screening assessment
- (1) Investigator
- (1) Health Services Administrator
- (1) Psychiatrist
- (1) Contract Manager
- (1) Retaliation Monitor
- (2) Staff representing training (including the director and facility-based trainer)
- (1) Upper Level staff conducting unannounced PREA rounds
- (1) Staff representing the Incident Review Team
- (4) Volunteers
- (1) Previous interview with the Sexual Violence Center Staff
- (1) Previous interview with the Sexual Assault Nurse
- (1) Staff supervising segregation

### **Inmate Interviews:**

- A. **Randomly Selected: (20)** The auditor interviewed a total of 28 offenders/inmates; twenty of those were randomly selected and eight (8) were targeted.
- B. **Targeted Inmates:** The auditor interviewed eight (8) targeted inmates representing some of the targeted groups. There were no inmates who reported sexual abuse at the facility; no inmates in segregation for being at high risk for victimization.

**Targeted interviews included:**

- (1) Transgender (representing the only transgender inmate in the population)
- (1) Cognitively Challenged Inmate
- (1) Hearing Impaired Inmate
- (1) Limited English Proficient Inmate
- (1) Youthful Offender
- (1) Inmate identifying as bisexual
- (1) Inmate reporting prior victimization
- (1) Inmate reporting sexual harassment at the facility

## Facility Characteristics

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

The Hennepin County Adult Correctional Facility (ACF) is a medium security facility providing short-term custody and programming for adult offenders convicted for felony, gross misdemeanor, and misdemeanor offenses. Commitments are received primarily from the Hennepin County Fourth District Court, which may use the ACF as an alternative to long-term commitments to the Minnesota Department of Corrections. The maximum stay is 365 days. The average in-house stay is 45 days.

The facility has two housing sections: The Men's Section with 399 beds, and Women's Section with 78 beds. The population on the men's side was 220 and 75 in the women's unit.

### Men's Section:

This housing unit consists of two primary living units within this section: All male cells are single occupancy.

- **A-Block** has 183 individual general population cells. This block houses residents who are classified as minimum and/or residents who are on our Work Release

program. Additionally, there is 17 individual cells designated as Special Management which houses individuals who are administratively or behaviorally separated from general population.

- **B-Block** has 182 individual general population cells. This block houses residents classified as medium risk. Additionally, there is 17 individual cells designated as Special Management which houses individuals who are administratively or behaviorally separated from general population.

**Women’s Section:**

This housing units consists of five primary living units within this section:

- **B Unit** has five rooms with three beds in each room for a capacity of 15 residents housed in this unit. Residents in this unit are minimum risk.
- **C Unit** has five rooms with three beds in each room for a capacity of 15 residents housed in this unit. Residents in this unit are minimum risk.
- **D Unit** has 16 individual rooms for general population. Residents housed in this unit are medium risk.
- **E Unit** has 16 individual rooms for general population. Residents housed in this unit are medium risk.
- **F Unit** has 16 individual rooms for general population. Residents housed in this unit are medium risk.

Both Men’s and Women’s housing are typically assigned by their classification level and / or Work Release Program participation. Our objective classification SOP 07-01 (embedded on flash drive) outlines our point scale for determination on a resident’s risk level.

The composition of population as of today is as follows:

**Men’s section** currently has an inside population of 363 residents.

American Indian / Native American	29
Asian/Pacific Islander	8
Black	195
White	130
Other	1

**Women’s section** currently has an inside population of 69

American Indian / Native American	14
Asian/Pacific Islander	1
Black	29
White	25

The facility is required to house youthful residents convicted of adult offenses. One (1) Youthful Offender was being housed at the facility during the audit.

The facility had 165 staff on board during the on-site visit. Medical and Mental Health Services are provided through a contract with Corizon Health, Inc.

Teachers are provided by the Robinsdale School district 287. There are 6-7 teachers teaching GED< English as a second language, and under 21 Education. The facility has one youthful offender who attends school in the community during the day.

Medical and mental health services are provided by contract through Corizon and health care services are available in both the male and female living units.

The Sexual Violence Center, the local Rape Crisis Center, conducts groups weekly at the female unit. Additionally, a Native American Group also conducts groups with the ladies. These groups center around abuse and trauma.

## **SITE REVIEW**

The auditor, accompanied by the Agency's PREA Coordinator and the Facility's PREA Coordinator and Superintendent, conducted a complete site review of the facility that is composed of an adult male unit housed in one building and the female unit housed in a separate unit located down the road from the adult male facility.

The auditor conducted a site review of the entire facility, including the male unit and female unit. This is an older facility constructed in a linear design. Housing units consists of cells containing commodes. Residents are afforded privacy while showering through the use of shower curtains. In the male unit there are approximately 250 cameras supplementing staff supervision and enhancing monitoring of residents.

The kitchen area is equipped with cameras and a monitor in the food service office. Offices and spaces in the unit have windows that facilitate viewing. There are cameras in the storage area and loading docks. In the dining area are multiple KIOSKs and eighteen (18) phones.

The library area is also designed to enable viewing through windows and cameras.

The gym is equipped with cameras as well.

The intake area has been remodeled since the last audit. There are two showers located in intake. Both have 1/2 doors providing privacy during the intake showers. The property room is equipped with camera coverage.

The medical area is staffed 24/7 and cameras cover the lobby area and in the unit. Windows in doors facilitate viewing.

A segregation unit contains 10 single occupancy cells. There are multiple cameras in the area and showers have half doors providing residents privacy while showering.

The female units have been described earlier. Residents can shower with privacy. Cameras were observed throughout the facility supplementing staff supervision. Cameras were observed in corridors.

The library area was a wide-open area located in the main lobby. Classes had cameras and windows enabling viewing from the outside halls There are cameras in the dining area. Meals are prepared in the male unit and brought to the female unit for serving. PREA Posters were observed throughout the facility. PREA phones were accessible to all residents.

**Post Audit Activities:** The auditor communicated with the facility requesting additional information and clarifying issues.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 8  
115.11; 115.16; 115.17; 115.31; 115.34; 115.51; 115.53; 115.71

**Number of Standards Met:** 37  
115.12; 115.13; 115.14; 115.15; 115.18; 115.21; 115.22; 115.32; 115.33; 115.35;115.41;  
115.42; 115.43; 115.52; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67;  
115.68; 115.72; 115.73; 115.76;1 115.77; 115.78;115.81; 115.82;115.83; 115.86; 115.87;  
115.88; 115.89; 115.401;115.402

**Number of Standards Not Met:** 0  
0

## Summary of Corrective Action

# PREVENTION PLANNING

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

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

### 115.11 (a)

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

### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** Hennepin County Department of Community Corrections Policy, Administration, Chapter 12, Prison Rape Elimination Act; DOCCR Policy, Administration, Chapter 12, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse; PREA Definitions; Agency Organizational Chart; Facility Organizational Chart; Reviewed Investigation Packages; Reviewed Grievances; PREA related posters; Resident Handbook; and PREA Brochures.

**Discussion of Policies and Documents:** Policy asserts that the Hennepin County DOCCR has a zero tolerance for incidents of sexual abuse, misconduct, and harassment. This policy begins by identifying specific requirements to meet the standards and then, very effectively, describes how PREA implemented in the DOCCR. Starting with specific procedures, the document identifies responsibilities for implementing PREA on the Departmental level beginning with the roles and responsibilities of the Department Director, PREA Coordinator, PREA Compliance Manager and Department and Contract Managers. It then describes the responsibilities for implementing PREA On the Division Level and discusses the responsibilities of the Division Manager/Designee, the PREA Compliance Manger, Professional Standards and Conduct Unit, Labor Relations Manager, Train, Coach Practice Manager; and finally, the Executive Team, Division Managers/Designees and Communications Manager.

The agency has a separate document providing the PREA definitions to ensure consistency throughout the facility in reporting and throughout the agency as well.

The zero- tolerance policy provides for sanctions for staff violating agency sexual abuse, sexual misconduct, or sexual harassment policies. The zero- tolerance policy provides for sanctions for staff violating agency sexual abuse, sexual misconduct, or sexual harassment policies. The reviewed DOCCR Policies address potential sanctions for both staff, contractors, volunteers and residents. Interviews with the Agency's Director, Facility Superintendent, and PS&C Investigator affirmed that this agency takes sexual abuse, sexual misconduct, sexual harassment and retaliation seriously, that there is a zero tolerance for all those actions and that any staff, contractors, volunteers, or residents violating any agency sexual abuse policy are sanctioned commensurate with the offense. Staff and contractors may be sanctioned up to and including termination and referral for prosecution. Volunteers will be suspended immediately and terminated from services as well as being referred for prosecution. Residents may be sanctioned "in-house" depending on the level of the offense and referred for prosecution.

The agency appears to value PREA. The agency's newly appointed Director, demonstrated her commitment to PREA by attending not only the entrance briefing/meet and greet, but also by returning the following day to the facility to be interviewed by the PREA Auditor.

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 PREA/Workforce Safety Manager (Agency PREA Coordinator), who possesses a Psy.D. in Psychology, as reporting to the Correction Area Director, Juvenile Services, who reports directly to the Agency Director. The PREA Coordinator is exceptionally knowledgeable of the PREA Standards and has the education, knowledge and experience to implement PREA in each of the Department of Community Corrections' facilities.

The facility's designated PREA Compliance Manager (PCM) is a Correctional Institutional Supervisor who reports directly to the Superintendent. This is confirmed through interviews with the Superintendent and PREA Coordinator and through reviewing the facility's organization chart that depicts the PREA Manager Position and his position within the structure of the facility. Reporting directly to the Superintendent, the PREA Compliance Manger has the authority and responsibility for implementing

PREA on the facility level. The PREA Compliance Manager was involved in implementing PREA prior to the first PREA Audit. He is very knowledgeable and has the time and authority to implement the PREA Standards in the Adult Corrections Facility.

**Interviews:** Agency Director; Regional Area Director, PREA Compliance Manager; PREA Coordinator (previous interviews), interviews with randomly selected staff (21) and specialized staff (25), interviews with randomly selected residents (20) and targeted residents (8), and two (2) volunteers.

**Discussion of interviews:** An interview with the Agency PREA Coordinator indicated she has three facilities in which she oversees the implementation of PREA. Each of the facilities has a PREA Compliance Manager who relates to the PREA Coordinator. An interview with the PREA Coordinator confirmed that although she is also responsible for the workforce safety program for the agency, she has sufficient time to perform her PREA related duties. Interviews with the Agency Director and Regional Director confirmed they are dedicated to the support of the PREA Coordinator and to the implementation of PREA in their facilities. The auditor was impressed at the agency's commitment to PREA by the attendance of the Agency Director at the onsite PREA Audit entrance briefing and on the day after that for coming to the auditor to be interviewed at the facility. Additionally, The Area Regional Director also came to the facility for an interview. These interviews and those with the Departmental Level Staff, including the PREA Coordinator, the Senior Administrative Manager (whose staff conduct background checks and investigations), Agency Contract Manager, the Agency's Medical Director and Health Services Administrator; Agency and Facility Level Training Staff as well as the facility's Administration confirmed the agency's interest and commitment to PREA and to the sexual safety of residents.

Interviewed staff and residents were aware of the agency's zero tolerance policy. Their responses to questions indicated to the auditor that they have been trained in PREA and their PREA related responsibilities. Residents likewise were knowledgeable of PREA and zero tolerance. Residents indicated they had received that information during intake and orientation and through multiple posters and through their handbook.

This standard is rated exceeds. The rationale for this is multifold. The commitment to PREA appears to be evident in this agency and program. The Agency Director's appearance for the entrance briefing on Day 1 of the audit and a follow-up visit on Day 2 to be interviewed along with the Area Regional Director and a host of agency staff throughout the audit to be interviewed was impressive. The Agency's commitment to PREA is indicated in the appointment of a higher-level staff to serve as Agency PREA Coordinator. This individual is an imminently qualified PREA Auditor who possesses a PhD. The PhD is important in this case because here we have a staff person who not only has a commitment to PREA and sexual safety, but, who, by virtue of her experience and education, has a vision of how PREA can be implemented in the agency. She has attended to detail and this is vitally important in ensuring that each substandard is implemented. Too, she has the complete support of her supervisor and the Agency Director. This was confirmed through interviews with the Agency Director and a previous interview with the PREA Coordinator's Supervisor. Another indication of the agency and facility's commitment to zero tolerance and PREA was indicated in the excellent information the facility provided on their flash drive. Policies, procedures and other documents were embedded on the Pre-Audit Questionnaire and the Auditor's Compliance Tool. Information provided was informative and documented compliance with the PREA Standards. In addition to documentation provided for each standard and substandard, the flash drive contained multiple ancillary documents related to the facility, facility operation, and to PREA.

This rating is also affirmed through the reviewed policies; reviewed procedures; reviewed training curricula for staff; contractors and volunteers and resident training that includes zero tolerance; reviewing documents including the Resident Handbook ,that again emphasizes zero tolerance; through interviews with staff, contactors, volunteers and residents affirming the agency and program's zero tolerance standard as well as observation of multiple PREA related posters and PREA related brochures located throughout the policy.

The agency has translated the PREA pamphlet into the most prominent languages in the area. The agency has promulgated multiple policies, in addition to the PREA policies, that emphasize prevention, detection, reporting and responding. Reviewed policies and procedures including Department of Community Correction (DOCCR) Prison Rape Elimination Act (PREA) and PREAL Institutional Reporting and Responding to Maltreatment and Sexual Abuse, address policies and procedures related to prevention, detection, responding and reporting. Emphasizing prevention, the policies address zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment and for retaliation for reporting it. Definitions are in compliance with the PREA Standards.

**Other:** Observed posters throughout the facility; Phones with dialing instructions, KIOSKs; Staff interactions with residents.

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

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

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Example of Vendor Contract containing PREA language;

**Discussion of Policies and Documents:** The Pre-Audit Questionnaire documented that the agency has not entered into 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 through interviews with the PREA Coordinator, Superintendent and the Agency Contracts Manager.

The DOCCR does include the following statement in all of 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 provided an example of a vendor contract containing the required PREA language as well as two actual contracts for review. The reviewed contracts contained the required PREA Language.

A letter from the Director, Hennepin County Department of Community Correction and Rehabilitation, to contractors, included this paragraph: "One PREA requirement that the department is committed to, is the on-going monitoring of contracts for the confinement of inmates with private or governmental entities. The federal regulations require DOCCR to include in any new contract, or contract renewal, the obligation that the contractor add to and comply with the PREA Standards."

The agency contracts require compliance with the PREA Standards. The agency contacts all those programs and surveys their compliance however there have been no contracts for the confinement of offenders since the last PREA Audit.

**Interviews:** Agency Contracts Manager; PREA Coordinator (previously); Superintendent; PREA Compliance Manager.

**Discussion of Interviews:** Interviews indicated the facility has not contracted for the confinement of offenders since the last audit however the contracts manager indicated that contracts for service providers contained the PREA verbiage in the contracts. He also affirmed that compliance is assessed by agency evaluators.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** Department of Community Corrections and Rehabilitation, Administration, Chapter 12, PREA, Staffing Patterns and Resident Supervision; Reviewed Staffing Plan and Staffing Plan Assessments; Hennepin County Adult Corrections Men and Women's Section Daily Inspection Reports; DOCCR Policy 04-23, Resident Well-Being Checks.

**Interviews:** Agency Director; Regional Director; Superintendent, Previous interview with the Agency PREA Coordinator, PREA Compliance Manager,

**Other:** Observations made during the site review and onsite audit of the Hennepin County Adult Corrections Facility.

**Staffing Plan Review:** The agency requires each facility it operates to 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 residents against abuse.

The facility's staffing plan/assessment provides information related to the facility characteristics including the numbers of staff assigned and information related to the physical plant. Each of the following are reviewed and documentation is provided to affirm whether the identified item was considered in the staffing plan review. These included each of the items required by the PREA Standards. The assessment asks the question, "have there been changes in these items since the last assessment?" This assessment period, dated, November 28, 2017, documented that there were population changes with housing pre-trial residents and that monitoring capabilities were expanded, and staffing levels increased.

One section addresses the Prevailing staffing patterns since the last assessment. The assessment documented changes were made to the staffing plan as a result of the "Matrix" consultant's report and recommendations for changing from three shifts to two twelve (12) hour shifts. The plans also included a section addressing an assessment of video monitoring systems and other monitoring technology. This section is detailed and represents a comprehensive analysis and assessment of blind pots and camera coverage. An upgrade to monitoring technology was documented as November 2017. There are, according to the plan and documented on the Pre-Audit Questionnaire, 277 internal and external cameras monitored via 4 control stations with 20 monitors. This does not include the remote access supervisors and management capabilities. The system is a 60- day cycle. This plan also documented

an increased number (9 Correctional Officers) of staff since the last assessment. The plan documented approval by the Superintendent, Corrections Institutional Supervisor, and the Agency's PREA Coordinator

Unannounced PREA Checks to deter misconduct and sexual assault are required. The facility provided documentation of those checks in both the male and female unit using the Hennepin County Adult Corrections Facility Men and Women's Section Daily Inspection Report whose instructions state the following: "Per MNDOC Rules and PREA Standards, Corrections Supervisors are responsible to conduct safety/security inspections and unannounced rounds of all living units and common areas on each shift to identify and deter sexual misconduct". The form's instructions reference SOP 600-80, Resident Well Beings Checks. The document requires checks of remote areas like loading docks, library areas and restrooms, offices and classes, dining and kitchen areas, laundry rooms, restrooms, sally ports, clothing and property rooms, showers, staff locker areas and other relevant areas. Documentation was provided documenting checks on all shifts

DOCCR Policy, Resident Well-Being Checks requires each resident in custody to be personally checked every thirty (30) minutes by a custody staff.

**Interviews:** The Superintendent related that the staffing plan has been impacted, as a result of an outside consultant's staffing analyses of the facility, taking into consideration the requirements of the Minnesota Department of Corrections ratios, of one (1) staff per twenty-five (25) male offenders and one (1) staff per forty (40) female offenders. He indicated the ratios represent the minimum staffing. As a result of the staffing analyses conducted by MATRIX, the facility went to two (2) twelve (12) hour shifts (6A-6P) and (6P-6A) and minimum staffing is 20 officers between the hours of 6A and 10A; 23 staff between (10A-10P) and 11 between the hours of 10P to 6A, while at the women's unit, minimum staffing is six (6) on the day shift and five (5) on the overnight shift. There are now three officers and one rover in each cell block. He also indicated the facility staffing levels are audited by the Minnesota Department of Corrections every other year. Interviews indicated the staffing is adequate to supervise the resident population.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Policy and Documents Reviewed:

**Interviews:** Superintendent; PREA Compliance Manager; Staff supervising segregation; randomly selected staff; specialized staff; one (1) youthful offender.

**Policy and Documents Reviewed:** Hennepin County Adult Corrections Facility Pre-Audit Questionnaire; Memo from the Facility Superintendent to the DOCCR Adult Services Area Director (December 4,2017);

**Discussion of Policy and Documents Review:** The agency has attempted to negotiate with other jurisdictions to house them for the county however those efforts have been unsuccessful. This was documented in a Memo from the Regional Area Director.

The facility housing the Adult Corrections Facility is an old facility; constructed in a linear design and was not designed such that the facility could even locate a place within the facility to house them to keep them sight and sound separated from adults. Because there are no alternatives for housing the Hennepin County Youthful Inmates sent to the Adult Corrections Facility by the courts, the administration houses youthful offenders in segregation for the protection and while this housing in a single occupancy cell is not sight and sound separation it does appear to provide protection for the resident. Although the facility does receive some youthful inmates during the year, the number is no more than 3-4 in a twelve-month period. This was also confirmed through interviews with the Superintendent and PREA Compliance Manager, an interview with staff supervising segregation and an interview with the youthful offender.

A Memo from the Superintendent to the Area Director advised that the Adult Corrections Facility has attempted to arrange alternative housing for juveniles who are adjudicated as adults and sentenced by the Fourth Judicial District Court to the ACF's jurisdiction. Attempts were made to secure housing for juvenile offenders in Dakota County, Ramsey County, Wright County and Sherburne County however they declined to sign a contract or memorandum of understanding to house Hennepin County's youthful offenders. The memo goes on to assert that juveniles make up a very small fraction of the ACF's in house population. Out of about 5000 offenders admitted each year, only two or three are under the age of 18. The Superintendent advises that this facility is 80 years old and the men's section is not an optimal facility for housing and separating youthful inmates. The physical construction and design is linear and there are no units where a youthful offender could be housed sight and sound separated from adult offenders.

The memo and an interview with the Superintendent indicated he and his staff take extraordinary measures to ensure the safety and security of juveniles entrusted to their care.

The Superintendent asserted that per policy youthful offenders are housed in the segregation unit away from general population residents. Youthful offenders are also permitted to shower and change clothes separately from other residents. They are also under direct escort and supervision of correctional staff when out of their cells to attend programs, work institutional jobs, eat, shower or recreate.

Cameras supplement direct supervision. Additionally, staff conduct "well-being checks" at least every thirty minutes. Supervisors conduct rounds in living units on each shift and when appropriate, probation officers collaborate with the courts and family members to advocate for placing the youth on ACF Electronic Home Monitoring Program, if they have a safe place to live.

Policies provide for youthful residents who are housed in segregated housing (single occupancy cell), to have access to large-muscle exercise; required education services, along with other programs or work opportunities. If the youth is denied any of these staff are required to document what was denied and the reasons they were not provided to the youthful offender.

Too, policy requires direct supervision when the youth comes out of their cell.

**Interviews:** Interviews with the Superintendent were already discussed. An interview with the one (1) Youthful Offender being housed at the facility confirmed he is housed in segregation for protection. He related he comes out for dinner and recreation and anytime he comes out of the cell, he is escorted by an officer and any time he is around adult offenders he related that an officer is always with him. When asked about things he had access to, he related medical comes daily and asks him if he is OK. He also related he comes out of his cell, accompanied by an officer, and watches tv or goes out of his cell for recreation. He gets to shower separately from adults and affirmed that each time he comes out of the

cell, he is accompanied by an officer. He finally stated his probation officer comes to see him every two (2) weeks.

This youth is out of the facility most of the day during the school year, as he is permitted to attend public school during school days.

Observation: The auditor observed the youth out of his cell during the audit period and each time was observed being escorted by an officer.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

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

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policies and Documents Reviewed:** DOCCR Policy, 04-05, Searches; Training Matrix;

**Interviews:** Randomly selected staff (21); Randomly selected inmates (20), Special Category Inmates (8); PREA Compliance Manager; Superintendent.

**Observations:** Never observed a cross-gender search of any kind during the on-site review.

**Policy and Documents Review:** DOCCR Policy 04-05, Searches, Policy, Paragraph 11 prohibits staff from conducting cross-gender pat searches, cross-gender strip searches, or cross-gender visual body cavity searches (anal or genital opening); Pre-Audit Questionnaire.

Paragraph 15 requires Adult Corrections Facility (ACF) staff to be trained in how to conduct searches of transgender and intersex residents to ensure such searches are completed professionally and respectfully and in the least intrusive manner possible, consistent with security needs. Staff are trained to conduct those searches in a manner designed to lessen the chances of the staff receiving an allegation from a resident. Interviewed staff reported they have been trained to conduct cross-gender pat searches. The reviewed training module (2017) for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances that are documented on an incident report.

This policy also prohibits staff, in paragraph 13, from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. In paragraph 14, Corizon Medical staff are required to meet with a resident whose gender is unknown and determine the individual's gender by conversing with the resident, reviewing medical records, or conducting a broader medical examination in private.

Paragraph 12, prohibits non-medical staff from viewing residents of the opposite sex when they are showering, performing bodily functions, and changing clothes, except incidental viewing during well-being checks or responding to emergency situations.

The Pre-Audit Questionnaire documented that In the past 12 months, there have been no cross-gender strip or cross-gender visual body cavity searches of inmates nor have there been any cross-gender strip or visual body cavity searches involving any exigent circumstances or that were performed by medical staff. This was confirmed through interviews with the PREA Compliance Manager, the Superintendent and with a medical staff; interviews with random staff and random and through interviews with targeted residents.

**Interviews:** The ACF houses both male and female residents. Interviewed female residents and staff working in the female unit asserted and confirmed there have been no cross-gender searches of any kind not has medical performed any searches of any female resident. Interviewed male residents affirmed, in their interviews that they have never been searched by a female staff.

One hundred percent (100%) of the interviewed staff, confirmed that they have never conducted a cross-gender staff nor has medical staff conducted any searches.

One hundred percent (100%) of the interviewed residents indicated they are never naked in full view of staff while using the restroom, changing clothes or while showering. All the interviewed staff stated offenders are never naked in full view of opposite gender staff while showering, changing clothing or using the restroom.

One hundred percent (100%) of the interviewed staff stated opposite gender staff announce their presence when entering the housing units housing opposite gender residents. Interviewed residents

consistently reported staff announce their presence when entering the housing units housing opposite gender residents.

One hundred percent (100%) of the interviewed staff related they were trained to conduct cross gender searches in exigent circumstances and how to search transgender and intersex residents in a professional respectful manner.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

**Policies and Documents Reviewed:** DOCCR Policy 06-06M, Reception and Admission – Men’s; DOCCR Policy 06-96W-Reception and Admission – Women’s; One (1) Contract for American Sign Language Interpretation; Seven (7) Face-to- Face Interpretive Services Contracts; One (1) Telephone Interpretive Service Contract with Language Line; County-Wide Interpreter Standards; Handbooks in the most prominent languages in the area.

**Interviews:** Superintendent; One LEP resident; PREA Compliance Manager; Randomly Selected Staff (21); Randomly Selected Residents (20); Targeted Residents (8).

**Observations:** Posting of PREA Brochures in English and Spanish.

**Policy and Documents Review:** DOCCR Policy 06-06M, Reception and Admission – Men’s and Women’s DOCCR Policy 06-96W-Reception and Admission, prohibits staff, in paragraph 27, from relying on resident interpreters, readers, or other assistants, except in limited circumstances where an extended delay in locating an effective interpreter may compromise the resident’s safety, the performance of first responder duties or the investigation of a resident’s allegations.

That same policy, in Paragraph 25, requires the Duty Officer or designee to contact a bilingual staff or a translator from Centralized Interpreter Services (phone number provided) or Language Line Services (phone number provided) for residents unable to read or speak English. Staff may contact the Hennepin County’s American Sign Language Coordinator for sign language interpretive services.

If a resident who admits to being unable to read, the Duty Officer will arrange for a staff member to read and explain the content of the resident handbook and institutional rule book to the offender. The same process will be implemented if a resident is blind.

These same policies are required in DOCCR Policy 0606W, Reception and Admission, for the Women’s Unit.

#### **Discussion of Interviews:**

Almost 100% of the interviewed staff stated they would not allow another resident to translate for another resident making an allegation of sexual abuse but would secure a bilingual staff. Staff seemed to know there were interpretive services available. One said he would contact the county interpretive services and some named language line but all but two affirmed they would not use a resident interpreter unless there was an emergency.

Two cognitively challenged residents in the male unit and one in the female unit were interviewed. Although these residents had challenges cognitively, they all knew the agency did not tolerate any form of sexual abuse or sexual harassment, their rights to be free of sexual abuse and sexual harassment and how to report it if it occurred. One LEP inmate in the male unit did not need interpretive services to respond to all the questions. He too, was aware of zero tolerance, his rights and how to report.

## **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

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

### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.17 (g)

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

### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This standard is rated exceeds because of the in-depth and comprehensive nature of the background check process for the Hennepin County Department of Community Corrections DOCCR). Background Investigations are conducted by an assigned investigator from the Office of Administrative Services. Not only are multiple records checked, including fingerprints, investigators talk to former employers and have a face to face with the last employer. PREA questions are not only asked of the applicant by the investigator; employers are mailed a PREA Mailer with the same PREA related questions. Staff being promoted undergo the background check process and in addition to all the other checks, the investigator checks Share Point for any PREA related allegations while employed. Background checks are documented in an organized background investigation and the reviewed packages confirmed the processes described.

**Policy and Documents Review:** DOCCR Policy, PREA, Staffing Patterns and Resident Supervision; DOCCR Policy, Criminal Record Checks; Twenty (20) ACF Newly Hired Staff; Twenty (20) ACF Regular Staff; Twenty (20) Contractors; Twenty (20) Volunteers

**Discussion of Policy and Documents:** The DOCCR Policy, Criminal Records Checks, places the authority for conducting criminal records checks with the DOCCR Office of Administrative Services (OAS) Unit. That policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who 1) has engaged in sexual abuse in a prisons, jail, lockup, community confinement facility, or other institution as defined in 42 U.S.C. 1997; or 2) 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 3) who has been civilly or administratively adjudicated to have engaged in the activity described.

The DOCCR Office of Administrative Services (OAS) Unit has the authority to manage and conduct criminal record checks. This is established in DOCCR Policy, Criminal Records checks. The Pre-Employment Questionnaire solicits required information from previous employers using the PREA Employment Mailing Form containing a signed consent for the release of information and conducts background checks including finger-prints. The level of the check depends on the level of contact the employee, volunteer, contractor or intern would be having with youth. An interview with the Senior Manager of the Office of Administrative Services, revealed a very thorough process for conducting background checks including contacting former employers, criminal record checks every five years for all staff, volunteers and non-escorted contractors and vendors. Procedures for accessing the database and running five (5) year background checks were provided for review. The PREA Employment Mailer, is a reference check sent to former employers as conditional hires after the staff signs the consent for the release of that information. The form also asks the three PREA Questions: 1) Has this applicant ever engaged in or attempted to engage in any form of sexual abuse in your setting or in any other setting that you are aware of? If yes, please explain.; 2) Has this applicant been dealt with internally/administratively for sexual misconduct in any form (sexual harassment, sexual intimidation, overt sexual language/comments either written or verbal form) to inmates/residents of your facility or to coworkers/vendors? If yes, how was this incident handled? and 3) To your knowledge, is this applicant under internal or external investigation for any form of sexual misconduct? If the applicant is no longer employed with you, did he/she leave your employment during investigation for misconduct? If yes, please provide that information.

DOCCR Policy, Criminal Records Checks, Policy 3, also prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who has been civilly or administratively adjudicated to have engaged in the activity described.

DOCCR Policy, Criminal Records Checks, Paragraph 9 and 10 address different levels of checks depending on access to DOCCR Facilities. Full access to DOCCR facilities and clients requires the applicant to successfully pass a fingerprint-based criminal record check. Restricted access requires the applicant to pass a name query only criminal record check. An additional restricted access to DOCCR facilities and clients within 24 hours of the request may be referred to OAS for an Emergency Record Check. Paragraph 13. Requires that individuals working in a juvenile correctional facility must successfully pass a Minnesota Department of Human Services (DHS) background study in addition to the criminal record check.

DOCCR Policy, Criminal Record Checks, described the required record checks for Conditional Hires, Permanent Employees, and Volunteers, Interns and Contract Staff. Conditional hires are required to have a fingerprint check conducted by OAS after a conditional offer of employment has been accepted. Permanent employees have a name query record check conducted by OAS for promotions, lateral transfers and five- year checks (since the last record check). Policy requires that employees are advised six months prior to their 5<sup>th</sup> year since their last background check. Volunteers, Interns and Contract Staff have fingerprint checks conducted by OAS at initial hire and when unrestricted access is requested. A name query record check is conducted by OAS at initial hire and when restricted access is requested. Name record queries are conducted by OAS when five years are elapsed since the last record check. The record checks process is also governed by the level of record check to be requested from OAS. These categories are full access employees, restricted access employees, volunteers, interns, contract staff and contractors and emergency restricted access for volunteers, interns and contractors.

DOCCR Policy, Criminal Records Check, A.3, Volunteers, interns, contract staff, a. and b., requires fingerprint record checks are conducted by OAS at initial hire and when unrestricted contact with the resident is requested. A name query only record check is conducted by OAS at initial hire and when restricted access is requested.

DOCCR Policy, Criminal Record Checks, B.5, requires the Office of Administrative Services to conduct required criminal record checks or re-check as required. Subparagraph a. requires OAS to notify staff six months prior to the date the five-year criminal record re-check is due. In the Procedures section of that policy, A.2 Permanent Employees requires, for permanent employees, Name only query record checks by OAS upon five years since the last record check. For contractors, Paragraph A.3, requires a name query only record check conducted by OAS when five years have elapsed since the last record check.

The agency has a database that is pulled up weekly to determine which staff need a 5- year background check.

Volunteers who are unescorted have a fingerprint check in addition to the background check. If they are required to be escorted, a name query is required.

The Office of Administrative Services conducts background checks of Corizon Staff (contracted medical and mental health); Stadium View staff (educational staff); and volunteers. These checks include, according to staff, fingerprint checks and may include Department of Human Services checks. Different levels of checks, name query only, emergency checks or full/advanced checks are completed depending on the level of contact with residents they would have.

The Office of Administrative Services, Office of Professional Standards and Conduct Unit, conducts background checks for the agency. The agency policies, procedures and interviews as well as reviewed background studies comply with the PREA sub-standards. The level of background check is contingent upon the level of access the individual needs to have. Background studies are comprehensive and cover/review 26 areas. The auditor reviewed 16 samples of background studies. The agency has been successful in getting professional references completed. These references also ask the three PREA-Related Questions. The agency requires five-year checks. The agency provided a Roster of Employees with the dates of the last background check and the dates five-year checks are due. To ensure the five-year checks are done within the required time frames, the OAS sends notification six months prior to the date of expiration of the current background check.

Twenty (20) Newly Hired Staff Background Studies were provided for review. The Professional Standards and Conduct (PS&C) conducts a thorough background study prior to hire. A typical Background Study Summary contained the following:

- 1) Personal Information
- 2) Residential Contact Information
- 3) Family/Peer Summary
- 4) Education (investigator verifies)
- 5) Employment (investigator verifies)
- 6) Club Affiliation/Community Service/Volunteer Service
- 7) Military
- 8) Driver's License Check
- 9) Civil Record
- 10) Criminal Record Check
- 11) Fingerprint Date
- 12) Certifications/Awards
- 13) References
- 14) PREA Summary (documenting the PREA Hire Questions)
- 15) CSTS/Securus Phone Check
- 16) Department of Human Service (DHS) Study
- 17) Drug Testing
- 18) PREA Mailer to last employer with PREA questions

The background investigation was thorough and documented the investigator talking to multiple previous employers and documenting their comments.

Twenty (20) background check packages for older employees documenting what a five- year check looks like was provided for review:

These checks included the following:

- 1) Driver's License
- 2) Family Court Involvement
- 3) Wisconsin Circuit Court
- 4) Criminal Arrest/Convictions
- 5) Share Point Check for PREA Investigations (For DOCCR Staff Promotions)

Twenty (20) Background check packages for Contractors and Twenty (20) Volunteers were reviewed. These included the following:

- 1) Driver's License Check
- 2) Family Court Involvement
- 3) Wisconsin Circuit Court Results
- 4) Criminal Arrest/Convictions
- 5) PREA Employment Mailer with the PREA Questions for the last Employer
- 6) Finger Print Checks

When the background study is completed, the OAS Unit sends the Background Check/Criminal Record Check Result Notification to the program, documenting the Background Check Results, Level of Access and Expiration Date of the Criminal Background Check Results (documenting the five-year check requirement).

**Interviews:** Senior Administrative Manager of the Office of Administrative Services (OAS); PREA Compliance Manager; Superintendent; Interviews with contractors, staff and volunteers.

**Discussion of Interviews:** An interview with the Senior Administrative Manager of the Office of Administrative Services (OAS) revealed a comprehensive background check process for employees, contractors and volunteers. She related she has four (4) Investigators in the background check section. The following represented the processes she described for staff, volunteers, and contractors:

**Permanent Staff:** Following a conditional offer, a referral is made to the Office of Administrative Services who is responsible for conducting all background checks. The applicant is called into the office to meet with an investigator. Finger prints are taken and forwarded to the FBI; background check completed; the investigator asks the applicant the PREA related questions; professional reference questions are sent to all previous employers, and the investigator drops in for a face to face with the most recent employer.

**Contractors and Volunteers:** Contractors and volunteers are vetted through fingerprints; a PREA mailer is sent out and an investigator asks the potential volunteer the PERA related questions.

**Promotions and Lateral Transfers:** Background checks are conducted again and the PREA related questions are sent out the employer.

## Standard 115.18: Upgrades to facilities and technologies

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

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Policy and Documents Reviewed: Pre-Audit Questionnaire

**Reviewed Policy and Documents:** The Pre-Audit Questionnaire documented that there have been modifications to the facility and upgrades to the video monitoring technology.

**Interviews:** Superintendent; PREA Compliance Manager

**Observations:** Cameras were observed throughout this facility. There are approximately 277 total cameras inside and outside the facility.

**Interviews:** Interviews with both the Superintendent and PREA Compliance Manager confirmed the Intake section was modified through a capital outlay project to provide a separate entrance. Additionally, more cameras have been added since the last audit with more viewing stations. Prior to the modifications that were made, and additional cameras being installed, the Superintendent and staff met with the Department of Corrections staff, Health Safety Staff, Architect and Security Team to review blind spots and how best to mitigate them. The PREA Compliance Manager affirmed that additional cameras were added to the Intake and Administrative Area as well as to the exterior to improve coverage. The Superintendent and PREA Compliance Manager affirmed they would be involved in any plans for modifying the facility and in installing video monitoring equipment.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes    No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR, 2017; Hennepin County Sheriff's Office PREA Policy 904; Professional Standards and Conduct Policy, Incident Intake and Triage Policy; Duty Supervisor Sexual Assault Response Checklist; First Responder Cards; Sexual Assault Resource Services Brochure; MOU with the Sexual Violence Center;

**Discussion of Policy and Documents:** The agency (DOCCR) is responsible for conducting administrative investigations only. This was confirmed through reviewing agency policy, the Hennepin County Sheriff's Office policy and interviews with the Senior Manager of the Office of Administrative Services who is also an agency investigator, the Superintendent and the PREA Compliance Manager. The Hennepin County Sheriff's Office conducts criminal investigations and the reviewed agency Memorandum of Agreement affirms that. Administrative investigations are conducted by the DOCCR Professional Standards and Conduct unit.

DOCCR Policy, Professional Standards and Conduct: Investigations, Paragraph 2, requires that department investigations will be conducted only by DOCCR approved and trained investigators. It also requires, in paragraphs 3 and 4, that all allegations of sexual abuse and sexual harassment will be referred to the PS&C for investigation and/or when required, to law enforcement, pursuant to the MOU with the Hennepin County Sheriff's Office and that when complaints involved criminal misconduct, they will be immediately referred to law enforcement. DOCCR Policy: Incident Intake and Triage, paragraph 4., requires criminal misconduct complaints to be immediately referred to law enforcement by PS&C pursuant to the MOU with the Hennepin County Sheriff's Office. Paragraph 6, requires all referrals and investigations are subject to MS 13-43, Minnesota Governmental Data Practices Act and PREA requirements. PS&C will initiate all DOCCR requests for law enforcement investigation and/or County Attorney consultation as appropriate. The reviewed Hennepin County Sheriff's Office, Policy 904, Prison Rape Elimination, requires that only investigators who have received office approved special training will be allowed to conduct sexual abuse investigations. Policy also provides a consistent

protocol for conducting sexual abuse/assault investigations. Those procedures were consistent with the PREA Standards.

When conducting sexual abuse investigations, the investigators follow a uniform evidence protocol. The Department's Professional Standards and Conduct unit refers all sexual abuse allegations to the Hennepin County Sheriff's Office (HCSO) for investigations. The agency provided a Memorandum of Understanding between the Hennepin County Department of Community Corrections and Rehabilitation and the Hennepin County Sheriff's Office, dated May 4, 2017 and effective May 31, 2017, and affirms that the Hennepin County Department of Community Corrections (DOCCR) Personal Standards and Conduct (PS&C) Unit will triage initial complaints prior to referring to the HCSO for criminal complaints; provide departmental contact information to HCSO; serve as a point of contact for any referred cases or complaints; conduct administrative investigations for all cases returned as a result of no criminal complaint being filed; and providing requested records or information to aid in the investigation. The Hennepin County Sheriff's Office agrees to fully investigate complaints forwarded by the DOCCR; submit completed investigations to the Hennepin County Attorney's Office in a timely manner to allow for prompt completion or any internal administrative investigation deemed necessary by the DOCCR; adhere to PREA guidelines for investigations, where applicable; provide DOCCR a point of contact for reasonable status reports regarding active investigations; and providing final investigation reports on referred cases. Hennepin County Sheriff's Office Prison Rape Elimination Policy, 904.3 requires the Sheriff's Office PREA Coordinator to ensure a protocol is developed for investigating allegations of sexual abuse and the protocol must include evidence collection practices that maximize the potential for obtaining usable physical evidence based on the most recent edition of the US DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or a similarly comprehensive and authoritative protocol.

Staff are trained as first responders and provide first responder cards providing a step by step check list of actions to take upon being informed or aware of an incident of sexual assault, including securing and preserving potential evidence. Too the agency uses the Hennepin County Duty Supervisor-Sexual Abuse Response Checklist when responding to an incident of sexual assault. The checklist serves essentially as the Coordinated Response Plan.

The protocol is developmentally appropriate for youth. This is confirmed through a review of the MOU with the Hennepin County Sheriff's Office. Hennepin County Sheriff's Office Prison Rape Elimination Policy, 904.3 requires the Sheriff's Office PREA Coordinator to ensure a protocol is developed for investigating allegations of sexual abuse and the protocol must include evidence collection practices that maximize the potential for obtaining usable physical evidence based on the most recent edition of the US DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or a similarly comprehensive and authoritative protocol.

The agency has a Memorandum of Understanding with the Hennepin County Sheriff's Office. The MOU confirms the agency has requested the Sheriff's Office to follow the requirements of paragraphs 115.321 (a) through 115.321 (e) of the standards. Interviews with staff from the Professional Standards and Conduct Office confirmed they have and maintain a close relationship with the Sheriff's Office. The Hennepin County Sheriff's Office, in their policy, 904, state they will follow a standard protocol for collecting evidence and their procedures indicated they will follow the nationally established protocols.

The Department of Community Corrections and Rehabilitation (DOCCR) Professional Standards and Conduct Unit (PS&C) conducts administrative investigations while the Hennepin County Sheriff's Office conducts criminal investigations. The agency has an agreement with the Sheriff's Office documenting that they Sheriff's Office will conduct the investigations and utilize a uniform process for collecting evidence. According to the Hennepin County Sheriff's Office Policy 904, The reviewed Hennepin County Sheriff's Office, Policy 904, Prison Rape Elimination, requires that only investigators who have received office approved special training will be allowed to conduct sexual abuse investigations. Policy also provides a consistent protocol for conducting sexual abuse/assault investigations. Those procedures were consistent with the PREA Standards. The reviewed Hennepin County Sheriff's Office, Policy 904, Prison Rape Elimination, requires that only investigators who have received office approved special training will be allowed to conduct sexual abuse investigations. Policy also provides a consistent protocol for conducting sexual abuse/assault investigations. Those procedures were consistent with the PREA Standards. The protocol is developmentally appropriate for youth. This is confirmed through a review of the MOU with the Hennepin County Sheriff's Office. Hennepin County Sheriff's Office Prison Rape Elimination Policy, 904.3 requires the SO PREA Coordinator to ensure a protocol is developed for investigating allegations of sexual abuse and the protocol must include evidence collection practices that maximize the potential for obtaining usable physical evidence based on the most recent edition of the US DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or a similarly comprehensive and authoritative protocol.

The facility offers to all residents who experience sexual abuse access to forensic medical examinations at no financial cost to the victim. Victims will have a forensic exam at the Hennepin County Medical Center. This is documented in DOCCR Policy and in the Hennepin County Sheriff's Office PREA Policy 904. Too, the Sexual Assault Resource Service (Sexual Assault Nurse Examiner Program), Hennepin County Medical Center's section entitled, "How will this exam be paid for?" states that the county in which an individual was assaulted is required by law to pay for the victim's forensic exam. It also advises the victim to contact the SARs office if they receive any bills for the exam.

The Hennepin County Medical Center will have sexual assault nurse examiners and if there were none available, a qualified medical practitioner would perform the forensic medical examinations. The brochure entitled Sexual Assault Resource Services, in telling the victim what will happen at the hospital, advises they will be cared for by a skilled and highly trained Sexual Assault Nurse Examiner who will explain to the victim what will happen while at the hospital and to answer any questions the victim may have. The exam process is then discussed. The brochure advises the victim they have the right to decline any part of the exam at any time.

The facility provided a MOU between the Hennepin County Department of Community Corrections and Rehabilitation, Sexual Violence Center and Corizon, Inc. The reviewed MOU and an interview with staff from the Sexual Violence Center confirmed the Sexual Violence Center provides direct services to victims of sexual violence who are at least twelve years of age or older. Services are free and include the following: 24hour crisis line; support during evidentiary exams; support groups; 1:1 counseling; legal advocacy; personal advocacy; assistance with filing for reparations; and accompaniment to court/law enforcement. Corizon, the Agency's Medical provider, will provide, on a regular and continual basis (7 days/week, 24 hours/day) professional medical, dental, mental health and other related health care and administrative services for the residents in the county facilities and programs. The services include emergency medical care as well as mental health and psychiatric services.

The Sexual Violence Center also agrees to provide face-to-face crisis counseling to victims of sexual violence; maintain confidentiality as outlined in the SVC's informed consent form; provide a rape crisis counselor at the hospital; and offer follow-up services as requested. The agreement was signed in February 2017. A previous interview with the executive director of the Sexual Violence Center indicated among other things that she is very aware of the population in the facility. She related her organization would take reports of alleged sexual abuse if the resident felt comfortable disclosing it to the center. She related the center staff would get a consent to release information and report to the facility. She also related her organization would provide an advocate to meet inside or outside the facility. She stated if there was an actual assault, an advocate from her agency would be automatically dispatched as a part of the 911 notification process. There are, according to the executive director, approximately 15 staff advocates, and about 90 volunteer advocates. The organization operates in compliance with state statutes and complies with the state statute training requirements. The statutes require 40 hours of training for an advocate however the Sexual Violence Center, according to the director, provides and requires 54 hours of training.

The Sexual Violence Center provides coverage and accessibility 24/7. A previous interview with staff from the Sexual Violence Center (SVC) confirmed their availability at the hospital, in person at the facility and/or via phone. She related the agency has over 50 trained volunteers who are certified to serve as victim advocates as well as a host of SVC staff who would be available to a sexually assaulted resident. The facility has a licensed professional clinician, a Corizon contracted employee, who is imminently qualified to serve in the capacity of an advocate, however the SVC is available 24/7 with both advocate employees as well as advocate volunteers. An interview with the Director of the SVC confirmed the availability of services around the clock.

The reviewed MOU with the Sexual Violence Center (SVC) documents the services the SVC will provide. These include providing the victim with emotional support, crisis intervention, referrals and, as requested by the victim, SVC agrees to support residents during the forensic examination and investigatory interviews

The reviewed Sexual Assault Resource Brochure states the exam at the Hennepin County Medical Center will be conducted by a highly trained and skilled Sexual Assault Nurse Examiner. The reviewed Hennepin County Sheriff's Office policy, 904 PREA, affirms the victim will be taken to the Hennepin County Medical Center where they will be examined by a Sexual Assault Nurse Examiner.

**Interviews:** Superintendent; PREA Compliance Manager; SVC Director, Senior Administrative Manager (Office of Administrative Services), PS&C Investigator, Medical Director, Health Services Administrator, Superintendent, PREA Compliance Manager and randomly selected staff and randomly selected and targeted residents.

**Discussion of Interviews:** Interviewed medical staff, including the facility's Medical Director (MD) and Health Services Administrator, confirmed that forensic exams would be conducted at the nearby Hennepin County Medical Center and that the facility has sexual assault nurse examiners. The Sexual Assault Resource Services Staff, in a previous interview, stated the exam will be performed by a skilled and highly trained Sexual Assault Nurse Examiner. Interviews conducted with the Medical Director and Health Services Administrator confirmed that the Minneapolis Medical Center would provide forensic examinations and that these would be conducted by sexual assault nurse examiners; however, in the

unlikely event that a SANE was not available, qualified medical practitioners would perform forensic medical examinations

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Review:** DOCCR Policy, Prison Rape Elimination Act; PSC Incident Intake and Triage Policy; PSC Investigations Policy; Memorandum of Understanding between the Hennepin County Sheriff's Office and the DOCCR; Twenty-Four (24) reviewed incident reports; Twenty-Four (24) reviewed investigation reports; DOCCR Website Instructions for Reporting Incidents of Sexual Abuse, Sexual Misconduct or Sexual Harassment and Investigation

**Discussion of Policy and Documents:** The Adult Corrections Facility (ACF) requires all staff to report all suspicions, knowledge, information or other allegations of sexual abuse or sexual harassment to the Shift Supervisor immediately and followed up with a written Incident Report to be completed prior to the end of the shift. Interviewed staff were emphatic that they are required to and expected to report "everything" including suspicions of sexual abuse or sexual harassment. They also were aware that following an allegation and report to their immediate supervisor, that the Professional Standards and Contact Unit is notified and that they conduct investigations of sexual abuse and sexual harassment. They also indicated that the Hennepin County Sheriff's Office would be called as well. All referrals, those that appear to be administrative in nature as well as those that appear criminal in nature are documented. All referrals are made initially to PS&C. PS&C documents all reports in the database, including those referred to law enforcement. In the event law enforcement would have to be called in, staff would document the notification.

DOCCR Policy, Chapter 12, Prison Rape Elimination Act (PREA) affirms the agency's zero tolerance for incidents of sexual abuse, misconduct and harassment and asserts and requires all complaints of attempted or actual sexual abuse, misconduct and harassment to be reported promptly and thoroughly investigated by the appropriate authorities. The agency also has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. That agency with legal authority conduct sexual abuse investigations is the Hennepin County Sheriff's Office and the relationship between them and Juvenile Detention Center is described in a Memorandum of Understanding between the DOCCR and the Hennepin County Sheriff's Office.

The agency is required by policy to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. DOCCR Policy, Professional Standards and Conduct: Investigations, states its purpose is to maintain consistency during disciplinary and/or

misconduct investigations conducted by the Professional Standards and Conduct (PS&C) Unit. Paragraph 1, requires the PS&C to investigate allegations of employee misconduct as directed by Department Administration and paragraph 2, requires Department investigations will be conducted only by DOCCR approved and trained investigators. All allegations of sexual abuse and sexual harassment are 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. If a complaint involved criminal misconduct, that complaint will be immediately referred to law enforcement.

DOCCR Policy, Professional Standards and Conduct; Incident Intake and Triage, in paragraph 4, requires complaints involving criminal misconduct will be immediately referred to law enforcement by PS&C pursuant to the Memo of Understanding with the Hennepin County Sheriff's Office. All referrals and investigations are subject to the PREA requirements. Paragraph 10, requires PS&C to initiate all DOCCR requests for law enforcement investigation and/or County Attorney consultation as appropriate.

The agency provided a Memorandum of Understanding between the Hennepin County Department of Community Corrections and Rehabilitation and the Hennepin County Sheriff's Office, dated May 4, 2017 and effective May 31, 2017, that affirms that the Hennepin County Department of Community Corrections (DOCCR) Personal Standards and Conduct (PS&C) Unit will triage initial complaints prior to referring to the HCSO for criminal complaints; provide departmental contact information to HCSO; serve as a point of contact for any referred cases or complaints; conduct administrative investigations for all cases returned as a result of no criminal complaint being filed; and providing requested records or information to aid in the investigation. The Hennepin County Sheriff's Office agrees to fully investigate complaints forwarded by the DOCCR; submit completed investigations to the Hennepin County Attorney's Office in a timely manner to allow for prompt completion or any internal administrative investigation deemed necessary by the DOCCR; adhere to PREA guidelines for investigations, where applicable; provide DOCCR a point of contact for reasonable status reports regarding active investigations; and providing final investigation reports on referred cases.

The Senior Manager of the Office of Administrative Services, supervising the Office of Professional Standards and Conduct Investigation Unit, provided the auditor with a flash drive containing twenty-four (24) requested investigations that were completed in the past 12 months.

The facility reported twenty-four (24) allegations resulting in completed investigations and none of the allegations involved any form of penetration and none of the allegations reported during the reporting period were criminal in nature.

The reviewed investigations primarily contained allegations that alleged verbal comments of an inappropriate nature and some related to inappropriate touching. The investigations concluded, in several, that they did not meet the definition of a PREA allegation. Investigations were documented and evidenced a thorough process involving interviews with the individual making the allegation, the alleged perpetrator and any witnesses, that are both recorded and transcribed, reviewed camera footage documenting each segment reviewed and what was happening, reviewed logs and other evidence and a rationale for the conclusions.

The Hennepin County Department of Correction (PREA) website, informs viewers the agency has a zero tolerance for all forms of sexual abuse, misconduct or harassment and encourages them if they know of an incident of sexual abuse, misconduct or harassment that occurred at a DOCCR facility, to report it using the steps outlined on the page and clicking on the link, "reporting sexual abuse or sexual harassment in a DOCCR facility". The viewer is then given two ways to report: 1) Send an email to

(email address given) or 2) Call (phone number given). The agency then states, "DOCCR investigates all incidents involving criminal conduct". The phone number is given for the Hennepin County Sheriff's Office and the number for the Professional Standards and Conduct Unit.

**Interviews:** Interviews with the Agency Director, PREA Coordinator, Senior Manager, Office of Administrative Services (OAS), Professional Standards and Conduct Unit Investigator, PREA Compliance Manger, Randomly selected and specialized staff

**Discussion of Interviews:** Interviews confirmed a professional and thorough approach to investigations. Interviewed staff confirmed they are required to report "everything" including suspicions. Almost 100% of the interviewed staff were aware that the Office of Professional Standards and Conduct conducts PREA investigations at the ACF. The reviewed investigations documented residents frequently reporting to staff, indicating they trusted staff to report for them and have the allegations investigated.

## Standard 115.31: Employee training

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

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Document Review:** DOCCR, Policy, Prison Rape Elimination Act; Reviewed Training Acknowledgements; PREA 101 Course Objectives; PREA 101 Power Point; PREA Boundaries Slide Presentation; Effective and Professional Communication with LGBTI Residents; PREA, Victim Reactions and Sexual Abuse – Slide Presentation; PREA Refresher Training Matrix; Training Matrix.

**Discussion of Policies and Documents:** This standard is rated exceeds because of the depth and scope of the PREA training the agency and facility provides its employees as evidenced in agency Policies and Procedures, provided training curricula, documentation to confirm staff received the training, reviewed investigation packages documenting staff first responding and protocols, and interviews with staff. The agency's commitment to PREA was evidenced in interviews with the Director from the DOCCR Training Office, the Facility-Based Trainer; the reviewed Training Matrix identifying required training for all staff, staff with contact with residents, and specialized training; reviewed training curricula; reviewed training rosters; and interviews with staff.

The DOCCR Training Unit, according to the Director, has 17 staff trainers. Each facility has a facility - based trainer. She described the training plan for staff to include the following:

!) Newly Hired Employees: Newly hired staff attend the New Hire Academy (offered once a month). During New Hire Academy, staff receive the following:

- PREA Boundaries Class
- PREA 101
- Working with and communicating with LGBTI residents

2) DOCCR (all employees) receive the following”

- PREA 101
- Boundaries
- LGBTI Communications

3) Institutional Employees receive:

- PREA Refresher
- Annual Search Training (including conducting pat searches; searching cross gender residents; and searches of transgender and intersex residents in a professional and respectful manner.

The facility has a detailed Training Matrix identifying the training that different levels of staff are required to complete. The Agency Training Director related how the training plans for the Department are developed. The plan is dependent upon the individual facility/program needs and developed with the input from facility training coordinators and will address what is determined to be the needs for PREA refresher for a given year.

The reviewed Training Matrix identified these topics for all staff:

- 1) Zero Tolerance
- 2) How to fulfill responsibilities
- 3) Offender's Right to be free from sexual abuse and sexual harassment
- 4) Offender's and staff rights to be free from sexual abuse and sexual harassment

- 5) How to avoid inappropriate relationships
- 6) Communicating effectively with LGBTI residents
- 7) Responsibilities of First Responders

It identified these additional trainings for staff who have contact with residents:

- 1) Dynamics of sexual abuse and sexual harassment
- 2) Common reactions to sexual abuse and sexual harassment
- 3) Detecting and responding
- 4) Mandatory Reporting Laws
- 5) Searches (pat searches and searches of transgender and intersex residents in a professional and respectful manner).
- 6) Disabled/LEP Equal opportunity to participate in or benefit from all aspects of the agency's efforts to protect, detect, and respond to sexual abuse

The Curricula for PREA 101 was provided and the PREA 101 and separate Power Point Presentations are used to train staff, encompassing more than is required by the standards. They covered the required PREA Topics required by the standards and then went above and beyond the required training. The agency tracks the training provided and attended by the contracted Corizon Medical and Mental Health Staff. Interviews with staff confirmed they are very knowledgeable of PREA and PREA related topics. Specialized training for investigators is addressed and documents were provided to confirm their specialized training.

DOCCR Policy requires training in the following:

- 1) Definitions of sexual abuse, sexual misconduct and sexual harassment,
- 2) Staff responsibilities under DOCCR's PREA policy,
- 3) Informs staff of the process for reporting PREA incidents,
- 4) Alerting staff to recognize the signs of offender sexual victimization.
- 5) Clarifying staff understanding of their responsibility in the detection, protection, reporting and consequences,
- 6) Teaching staff that a client/resident alleging sexual abuse is the alleged victim of a criminal act and, by law, their identity must remain confidential.

Policy also requires that staff receive PREA refresher training once every two years following initial training. Training however is conducted at least annually, and that training is either in class or online via the APEX system.

The agency provided the DOCCR 2016 HENNEPIN COUNTY ADULT CORRECTIONS FACILITY PREA Refresher Training Course objectives that include the following: 1) Staff will understand PREA procedures; 2) Staff will identify ways to prevent PREA related allegations; and 3) Staff will describe the steps of DOCCR PREA investigative process. The training outline included the following: 1) Reasons for PREA refresher training; 2) Procedures for responding to report a PREA violation; 3) Ways to prevent PREA related allegations; 4) Appropriate response to PREA Complaints; 5) Q&A and scenarios.

The facility provided the auditor with computer generated training rosters; one of which documented the cumulative training for all staff. Computerized training records documented the following: 2017 March Policy Acknowledgements, Scenario Based PREA; PREA Boundaries; PREA 101, An introduction and overview, PREA Effective and Professional Communication with LGBTI; Mandated Reporting; Limited

English Proficient, PREA Corrective Action Policy, Documents and Procedure Acknowledgment and Understanding. Interviews with staff confirmed they have been well trained in PREA and PREA related topics. The provided master training rosters documented 100% in all categories.

Reviewed training rosters provided by the facility and interviews with the DOCCR and HENNEPIN COUNTY ADULT CORRECTIONS FACILITY Training Staff, as well as interviews with staff, both random and specialized, indicated staff are receiving refresher information about policies regarding sexual abuse and harassment. A master training roster documented staff PREA training for 2015, 2016 and 2017. Topics included the following:

- February 2017 Policy Acknowledgment Limits to Cross Gender Viewing and ADA
- August 2017 Contraband Control
- PREA Awareness Training (2015)
- Online Boundaries (2016)
- Unannounced Rounds
- PREA Boundaries (New Employee Orientation)
- PREA Refresher 2017
- Effective and Professional Communication with LGBTI Residents and Clients
- Scenario Based on PREA Boundaries (2016)

**Interviews:** Superintendent; PREA Compliance Manager; DOCCR Training Director; Facility-Based Training Coach; Randomly selected and Specialized Staff.

**Interviews:** An interview with the Agency's Training Director is reflected in the first paragraph of this standard's comments. It appeared, from the thoroughness of the agency's training plan and its commitment by funding 14 employees assigned to the training unit and other indicators that this agency values training its employees. Interviewed staff were knowledgeable of the agency's zero tolerance policy, first responding and how to report. Reviewed investigation reports indicated staff have institutionalized their required responses to allegations of sexual abuse and sexual harassment.

This standard is rated exceeds. This rating was determined after reviewing the comprehensive agency policies, the reviewed Training Matrix identifying the level of training required (and topics) depending on job responsibilities, reviewed power point presentations addressing the topics required by the PREA Standards, reviewed specialized training power point presentations, a reviewed MASTER TRAINING ROSTER, reviewed staff acknowledgement statements, and interviews with the Agency's Training Director, Facility-Based Trainer, Superintendent, PREA Compliance Manager, PREA Coordinator (previous interview), DOCCR Training Staff, random staff and specialized staff. The interviews with the agency Training Director provided an overview of the planning process for developing the training for each year, including PREA. That interview also appeared to demonstrate the agency's commitment to training DOCCR staff in PREA. The facility provided a Master Roster with all staff and documentation of the dates they all had specific PREA related trainings. Those trainings included: PREA Acknowledgment; Search Training, Scenario Based PREA, PREA Boundaries, PREA 101 (An Introduction and Overview), PREA: Effective and Professional Communication with LGBTI Residents, Mandated Reporting, Limited English Proficient Plan, and PREA Corrective Action Policy. All the interviewed staff confirmed they received training in all the topics required by the PREA Standards. Their responses to questions posed during the interview indicated that they are a "well-trained" staff. Staff stated they receive PREA training as new employees and most indicated they receive some form of PREA Training at least twice a year. Staff receive computerized notification when a training is due. The training is online. When completed, the computerized training is automatically documented.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** Prison Rape Elimination Act Volunteer Training Confirmation Forms (signed); 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; Taking points for Prevention and Reporting; DOCCR Policy Prison Rape Elimination Act, Paragraph 10; Reviewed DOCCR Website -Volunteer Services (how to become a volunteer with DOCCR-link to PREA Video and training)

**Discussion of Policy and Documents Reviewed:** A previous interview with the agency volunteer coordinator, in an interview, described the process for recruiting and/or handling applications for volunteers. She related that upon completion of their background checks, she calls them in for their orientation. The orientation includes the link to watch the PREA Video. They read the zero- tolerance policy, told how to report and are given the PREA brochure to read. She stated the orientation lasts between an hour and half and two hours. She related that she then sends that same information to the volunteers every three years. Staff responsible for contractor training stated contractors receive the Contractor letter and PREA Brochure, including boundaries and reporting.

The agency's website advises volunteers that they must view the PREA 101 video. The link to that video is provided. They must also, according to the website review the PREA Pamphlet for Volunteers entitled: "Preventing and Reporting Sexual Misconduct with Offenders" and read and sign the PREA Acknowledgement Statement affirming their receipt and understanding of the training information provided.

Volunteers are sent a letter dated February 2017, explaining PREA. Too, it informs the volunteer that they will be provided with the DOCCR Zero-Tolerance policy and brochure entitled, "Preventing and Reporting Sexual Misconduct with Offenders" and asked to view the video on the Prison Rape Elimination Act. They are also provided the websites for additional PREA related information, including the PREA Resource Center. The agency provided talking points for the volunteer coordinator in explaining information in the PREA brochure. These included, "What PREA Sexual Misconduct, Sexual Abuse and Sexual Misconduct, Abuse of Power is, Why Consensual Relationships are Unethical, Red Flags, what to do if you receive a report of sexual abuse, how to report, Victim Services and Protection from Retaliation. Volunteers then acknowledge receiving the following information: 1) Responsibilities under DOCCR's policies and procedure; 2) DOCCR's Zero Tolerance for sexual abuse and sexual harassment; and 3) Information on how to report sexual abuse and sexual harassment.

A Volunteer Training Roster documented all volunteers except one having received PREA refresher training in 2017. One volunteer missed the training but was on leave. That volunteer did have their initial PREA training in 2015. Contract staff, such a Corizon, who are having contact with residents are required to complete PREA 101 and any specialized training required.

The Pre-Audit Questionnaire documented 297 volunteers and contractors who have been trained in their responsibilities and requirements under PREA.

The reviewed training matrix establishes the level of required training based on the services provided and level of contact with residents. For example, the healthcare services are provided through a contract with Corizon. The training required for Corizon includes the following: Corizon PREA (initial and refresher); DOCCR PREA Boundaries; PREA 101: An Introduction and Overview (E-Learning); HENNEPIN COUNTY ADULT CORRECTIONS FACILITY PREA Policy Acknowledgment; Online PREA Boundaries; PREA-Effective and Professional Communications with LGBTI Residents; and Female Response Program Training. The training/tracking roster documented 100% completion of all the required training. Interviews with the Medical Director, Corizon Health Services Administrator and the Nurse Manager confirmed they have received the required training and additionally have completed their specialized

training required by the standards.

The facility provided ten (10) samples of acknowledgment statements. The acknowledgment statements document having received information on the following: 1) Responsibilities under DOCCR's Policies and Procedures; 2) DOCCR's Zero Tolerance for sexual abuse and sexual harassment and 3) Information on how to report sexual abuse and sexual harassment. By signing the volunteer/contractor affirms have received and understand the material provided. Interviews with both volunteers and contractors confirmed that those individuals were knowledgeable of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. Review of the ten (10) sampled volunteer packages documented nine (9) volunteers having received their PREA Training in 2017 and one in 2016. Six (6) of the ten (10) documented having received PREA training prior to the most recent trainings. Ten (10) reviewed contractor PREA Training Confirmation Forms documented the same training provided for contractors.

**Interviews:** Interviews with the DOCCR Training Director; Facility-Based Trainer; Interviews with three (3) Corizon Contract Staff, Interviews with a Volunteer

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received such education?  Yes  No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

**Policy and Documents Reviewed:** PREA Education Process; DOCCR Policy, Resident Receiving and Orientation, DOCCR Institutions; Ten (10) reviewed acknowledgment forms; Reviewed contracts to provide interpretive services; End the Silence Brochure; Resident Handbook Men and Women; Multiple PREA related posters, posted throughout the facility

**Discussion of Policy and Documents Reviewed:** Residents at the Adult Corrections Facility, male and female units, are “well educated” on PREA and this is accomplished through multiple means, including information provided at intake, education provided during orientation, through the PREA brochures given the resident, the resident handbook, and through multitudes of PREA related posters observed located throughout this facility.

The facility has multiple contracts (7) for LEP, the most common foreign languages in the Minneapolis area) and a contract for services to the hearing and visually impaired. Bilingual staff may serve as translators if they obtain certification through Hennepin County.

Residents receive information at intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This is confirmed through the reviewed policies and interviews with staff responsible for providing that information and with residents from all living units.

DOOCR Policy, Prison Rape Elimination Act, PREA, Resident Receiving and Orientation, DOOCR Institutions requires that the SOP, Prison Rape Elimination Act (PREA) must be read to the resident and all residents, including those incoming and current, ensuring they are fully informed about the DOCCR's zero tolerance policy for sexual abuse, sexual misconduct and sexual harassment. They are also provided information on the processes for reporting sexual abuse, sexual misconduct and sexual harassment as well as the resident's rights to be free from retaliation for reporting sexual abuse and sexual harassment.

DOCCR Policy, Resident Orientation, requires that the Adult Corrections Facility provide orientation for all pre-trial, post-trial and newly sentenced residents. It requires that in cases of illiteracy or language barrier, the institution will provide the assistance needed to ensure adequate understanding.

That same policy requires all residents to receive information explaining the ACF's zero tolerance policy regarding sexual abuse and sexual harassment during the orientation process. This information includes steps to privately report incidents or suspicions of sexual abuse or harassment and the resident's rights to be free from retaliation for reporting such incidents.

Residents detained solely for civil immigration purposes will be given information on how to contact relevant consular officials at the Department of Homeland Security per the PREA standards.

The expectation of policy is that residents will attend orientation on the morning after the first full day at the facility. Those admitted on the weekends or holidays attend orientation the first work day following the weekend or holiday. The facility will provide a translation of rules and procedures is available. Other interpreter services may be requested through the Hennepin County Interpreter Services E-Mail Bulletin Board under AD Interpreter Help.

The Pre-Audit Questionnaire documented that 5228 residents received the required information at intake and that 1450 who received, within 30 days of admission, comprehensive education on their

rights to be free of sexual abuse or sexual harassment, retaliation for reporting and on the agency's policies and procedures for reporting such incidents. The PAQ documented there were no residents who did not receive the information regarding their rights.

When it is discovered during the booking/intake process that a resident doesn't speak English or who is visually or hearing impaired, or has limited cognitive skills, the Duty Officer, will contact a bilingual staff or an agency interpreter. Residents are also provided information on the Sexual Violence Center, Rape Crisis Center providing advocacy services, including information on how to contact them.

Agency policy requires that resident education is to be designed to be age appropriate and delivered in formats accessible to all resident, including those who have limited English proficiency, hearing or visual impairments, or are otherwise disabled. This include residents with limited reading skills.

The agency provided multiple contracts with interpretive service companies, including one for the hearing impaired and vision impaired. Visually impaired youth may listen to the staff explaining the PREA related information and to the PREA video. Youth with limited reading skills are read the information and have it explained to them. The educational program at the facility is operated by the Minneapolis School System and staff include special education teachers who can provide information to any resident who has any type or mental or intellectual issues as well as any other disabling condition such a visual or hearing impairment.

The agency also provides the PREA brochure in four different languages.

PREA related information is available to residents in multiple ways to keep the information ever present before the resident. This is accomplished through posters prominently displayed throughout the facility.

The auditor reviewed twenty (20) Prson Rape elimination Act Orientation Information Acknowledgments. These document the Hennepin County Adult Correction Facility has a zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. They are informed this oncludes any sexual act, holding, comments or gestures. Residents are advised what to do if they become a victim how to report it and if they are in need of counseling to notify staff or contact the Sexual Violence Center 24 hour Crisis Hotline. Lastly the acknowledgment advises residetns if they need this information in a dirrecent language or a different format, notify staff. By signing the acknowledgement the resident affirms he/she has been provided with an orienation and written informaiton regarding polocies and procedures for reporting sexual assaul, sexual misconduct and sexual harassment and how to access crisis counseling.

**Interviews:** Interviews with staff conducting intake, staff conducting orientation, and with twenty-eight (28) residents representing all housing units and genders, including two cognitively challenged residents.

**Discussion of Interviews:** Interviews with Nine (9) female residents confirmed they received their PREA information and education either on the same day as admission or within 3-4 days afterwards. They were all knowledgeable of their rights, zero tolerance and how to report.

Interviewed staff conducting orientation indicated the resident's orientation will be given the day following admission. Staff indicated residents watch the PREA related video and are given a handbook on admission and a PREA Pamphlet at orientation. Following that the resident signs an acknowledgment.

Interviews with twenty (20) randomly selected residents and eight (8) targeted residents indicated that all but 4 said they received all the PREA related information during intake and that they were aware of the facility's zero tolerance policy, their rights related to PREA, and how to report.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This standard is rated exceeds. Agency investigators receive multiple training sessions related to PREA as indicated on the Agency's Training Matrix. In addition, they are required to complete the specialized training provided by the National Institute of Corrections, PREA: Conducting Sexual Abuse Investigations in Confinement Settings. In addition to providing documentation of that specialized training, the Senior Manager, Office of Administrative Services, provided documentation to confirm that she and her investigators have completed another "specialized training" for investigators conducting sexual abuse investigations in confinement setting. That training was a two-day training, conducted by the Minnesota Department of Corrections. The training exceeded the requirements of the standards for specialized training for sexual abuse investigators.

**Policy and Documents Reviewed:** Hennepin County Sheriff's Office, PREA Policy, 904; Hennepin County Sheriff's Office MOU with the DOCCR; DOCCR Policy, Prison Rape Elimination Act, PREA; PREA Refresher Training Matrix; Specialized Training Certificates; Training Transcripts

**Discussion of Policies and Documents:** The Hennepin County Sheriff's Office conducts investigations of allegations that appear to be criminal. The MOU between the Sheriff's Office and the DOCCR affirmed that any Hennepin County Sheriff's Office staff conducting a criminal investigation in a DOCCR facility would have to have completed the specialized training for Investigators: Conducting Sexual Abuse Investigations in Confinement Settings.

Administrative investigations are conducted by the Professional Standards and Conduct Unit. These investigators have completed the specialized training either conducted by the Moss Group, the National Institute of Corrections or through the curriculum provided by the Moss Group on the PREA resource center website. Documentation to confirm the training was provided and these included transcripts or certificates. This training is in addition to the regular PREA training required by the agency staff. Interviews with the Senior Manager, Office of Administrative Services (OAS), who supervises the Professional Standards and Conduct (PS&C) Unit and serves as a trained investigator confirmed the specialized training the staff received. The contents of the training met and exceeded the areas and

topics required by the PREA Standards for specialized training for investigators in conducting sexual abuse investigations in confinement settings. In addition to the initial specialized training for conducting sexual abuse investigations in confinement settings, investigation staff completed a two (2) day, fourteen (14) hour training conducted by the Minnesota Department of Corrections, "PREA Investigator Specialized Training conducted December 18-19, 2017. Training topics included PREA Standards; Trauma and Victim Response; Role of the Victim Advocate; First Response and Evidence Collection; Agency Culture/Legal Issues and Liability; Sexual Harassment; Grooming; Interviewing Victims of Sexual Misconduct; and Report Writing.

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.

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, will be conducted only by DOCCR approved and trained investigators. Hennepin County Sheriff's Office Policy 904.6, Investigations, require sexual abuse investigations to be conducted by investigators who have received office-approved special training. The same is stated in a MOU between the DOCCR and the Hennepin County Sheriff's Office.

This facility has a training matrix to document the PREA training the PREA Standards and the Agency require, including specialized training, required for each of the different job classes. The matrix identified the training required for investigators and that included techniques for interviewing adult and juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case of administrative or prosecution referral. The training block documented for that training is NIC/Investigative Training.

The Pre-Audit Questionnaire and an interview with the Senior Administrative Manager, Office of Administrative Services, that includes the Professional Standards and Conduct Unit, confirmed the numbers of investigators the agency employs and provided training certificates and a transcript confirmed the training.

**Interviews:** Senior Administrative Manager; Office of Administrative Services

**Discussion of Interviews:** An interview with the Senior Administrative Manager, OAS, who is responsible for ensuring all allegations of sexual abuse, sexual harassment or sexual misconduct are professionally and competently investigated confirmed the training her staff have received and provided documentation of specialized training prior to the specialized training conducted by the Minnesota Department of Corrections in 2017. Reviewed investigations were professionally conducted; thoroughly investigated documenting all the evidence collected and reviewed and the rationale for the determinations rendered at the conclusion of the investigations.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCCR Policy, Prison Rape Elimination Act, PREA; Corizon Power Point Presentation – Specialized Training; Training Roster (including all training topics for all staff, including Corizon); Corizon Training Roster Documenting PREA Training (101) and Specialized Training

**Discussions of Policy and Documents:** The agency has a policy related to training for medical and mental health practitioners who work regularly in its facilities. This is accomplished through DOCCR Policy, Prison Rape Elimination Act (PREA), Paragraph 12, Page 4, that requires all full and part time medical and mental health practitioners who work regularly in DOCCR facilities to be trained in PREA requirements.

Healthcare and Mental Health Services are provided through a contract with Corizon, a healthcare provider (to include mental health). The reviewed Power Point presentation, developed by the company for its employees, includes the following topics: 1) What is PREA?; 2) Responsibilities; 3) Medical Role; 4) Specialized Training that includes: how to detect and assess signs of sexual abuse; how to preserve physical evidence or sexual abuse; how to respond effectively and professionally to victims of sexual abuse; and how and to whom to report allegations or suspicions of sexual abuse; 5) Preservation of Evidence; Key components of evidence protection; 6) Response; 7) Detect and Assess; 8) Follow-up care and 9) HIV. Corizon staff take a PREA Test and Review the answer key and then sign a PREA module acknowledgment/orientation checklist documenting a number of PREA related issues including acknowledging that health services staff are to be trained to detect abuse, preserve evidence, and respond effectively and professionally in the event of a reported sexual assault. It also covers evidence preservation.

The Pre-Audit Questionnaire documented that there are twenty-seven (27) medical staff. The facility provided computerized training records for the Corizon staff. Training documents indicated these staff are abundantly trained in PREA, including the specialized training for medical and mental health staff. Documentation confirmed 100% of the staff completed the following training related to PREA:

Corizon PREA

PREA Boundaries

PREA 101 (Introduction and Overview)

HENNEPIN COUNTY ADULT CORRECTIONS FACILITY PREA Policy Acknowledgement

Online PREA Boundaries

PREA Effective Professional Communications with LGBTI Residents

Female Response Program Training

Forensic exams are not conducted at this facility. Agency medical staff do not perform or conduct forensic medical exams. Interviews with the Corizon Medical Director and the Health Services Administrator confirmed the agency medical staff do not conduct forensic examinations. Forensic Medical Exams are performed at the Hennepin County Medical Center where there are Sexual Assault

Nurse Examiners. They related they would call first to ensure the SANE was available. The Sexual Assault Resource Brochure affirms victims of sexual assault taken to the Hennepin County Medical Center will receive a forensic examination performed by a Sexual Assault Nurse Examiner.

**Interviews:** Interviews with the Corizon Medical Director and Corizon Health Services Administrator.

**Discussion of Interviews:** Interviews with the Medical Director (Psychiatrist) and Health Services Administrator, indicated that new employees complete the training provided in the New Employee Binder (containing topics such as what to do if you become aware of a sexual assault; mandated reporting; collecting forensic evidence; and referrals to mental health and specialized training provided by Corizon.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

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

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCCR Prison Rape Elimination Act, Objective Classification; Reviewing 40 Victimization/Abusiveness Assessments; Reviewing 40 Reassessment.

**Discussion of Policy and Documents Reviewed:** The agency has a policy that requires an objective assessment will be administered during the screening intake process to assess all residents within the first 72 hours of incarceration and upon transfer to another facility to determine their risk of being sexually abused by other residents or sexually abusive toward other residents.

Paragraph B of the policy, PREA Assessment, subparagraph 1. Requires the classification supervisor or officer to consider the following criteria, at a minimum, to assess residents during the intake process for risk of sexual victimization.

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

This policy asserts and requires that a resident will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions listed above.

Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse known to the ACF when assessing residents for risk of being sexually abusive.

Resident's needing medical or mental health services because of an incident or history of sexual abuse or harassment will be referred via a Corizon Mental Health In-House Referral Form.

The Reviewed ACF instrument includes the following questions, observations and knowledge of information:

- Have you been raped in prison in the last 10 years?
- Youthful age (under 25)
- Elderly (65 or older)
- Small physical stature (males only)
- Developmental disability/mental health history/physical disability
- First time being incarcerated
- Homosexual/bi-sexual/transgender/overtly effeminate
- History of any sexual abuse (victim within the past 10 years)
- History of correctional facility consensual sex within the past 10 years
- Have you been in protective custody within the past 10 years

- Institutional predatory sexual behavior within the past 10 years
- Current or prior convictions for rape, child abuse, or neglect within the past 10 years
- Sexual abuse or sexual assault toward others or domestic violence within the past
- Current gang affiliation
- Institutional strong arming/assaults within the past 10 years
- Institutional consensual sex within the past 10 years
- Institutional sexual taunting toward staff or offenders within the past 10 years
- Overtly masculine (females only)
- Prior acts of sexual abuse and prior convictions for violent offenses;

The auditor reviewed a sample of forty (40) assessments that indicated the screening occurred within 72 hours of admission.

An additional forty (40) reassessments were reviewed documenting reviews within 30 days following admission. Reassessments are not done using the objective instrument but consist of the counselor meeting with the resident and determining if there have been any changes since the initial assessment.

25 Case Notes, representing documentation of a reassessment were provided indicating reassessment within 30 days of the initial assessment.

This standard is rated “meets” after a thorough review of the policies and procedures related to screening for victimization and abusiveness, interviewing staff conducting the assessments, who described a process consistent with the PREA Standards, reviewed assessments completed by staff, and interviews with residents regarding the questions asked during the assessment process to further confirm the process.

**Interviews:** Superintendent; PREA Compliance Managers; Staff Conducting Vulnerability Assessments; Randomly selected residents and special category residents.

**Discussion of interviews:** Staff conducting the PREA Assessment described the process. Prior to conducting the PREA Assessment, staff indicated pre-screening is done by checking the court systems to review any prior criminal history, felonies, probation status, if any, age, housing moves in the past 12 months, employment and last employment. The PREA Assessment is then conducted on the offender management system (OMS). There are two sets of questions; one set to determine victimization potential and one to determine aggressiveness or predation. Staff conduct the victimization assessment first and this consist of the items described above, followed by the abuser assessment. A score of “0” indicates “no issues” and if there are any issues staff initiate a mental health referral. If the resident scores out “vulnerable” staff generate an incident report and set the alert in the OMS. When the resident says “yes” to a question about prior or current victimization staff generate a referral.

Reassessments, staff stated, are conducted within 30 days. Reassessment, staff stated, involves looking through the notebook entries, referrals to PC or segregation, looking at any incident reports, and seeing if there are any indicators that would warrant a change in their status. Transgender residents are reassessed every thirty (30) days unless something comes up with them prior to that warranting a change in status.

## Standard 115.42: Use of screening information

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

**115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

**115.42 (b)**

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

**115.42 (c)**

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

**115.42 (d)**

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
 Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

**Policies and Documents Reviewed:** DOCCR Policy Prison Rape Elimination Act, PREA; DOCCR Prison Rape Elimination Act, 07-01, Objective Classification; SOP 04-11W and SOP 04-11M; (40) Reviewed victimization assessments; (40) Reviewed reassessments; Interviews with intake staff; Interviews with staff conducting the victimization assessments; Interviews with classification staff; Interview with the Superintendent; Interview with the PREA Compliance Manager.

**Discussion of Policies and Documents Reviewed:** Paragraph 7 requires staff conducting the assessment to notify the Corrections Institution Supervisor (CIS) or designee in writing immediately when assessment results indicate that a resident may be at risk for sexual victimization or sexual abusiveness. If that occurs, policy requires the staff to follow the steps on the DOCCR Sexual Abuse First Responder Checklist, if warranted by the resident's responses to the PERA Screening Checklist. Policy also refers to and requires staff to follow SOP 04-11 Special Management Unit Men's Section or SOP 04-11W Special Management Unit – Women's Section for separating residents involuntarily based on results of the PREA screening checklist.

Policy requires staff to consider and use the PREA screening information when making all housing and program assignments and all assignments are to be documented in OMS. Special Management Unit-Women's Section, DOCCR Policy 04-11 W and 04-11 M, require in paragraph 11 that results from the PREA Risk Assessment will be applied to guide assignments for housing, work, education, and programs. The goal is to separate residents at high risk of sexual abuse from residents at high risk to be sexually abusive.

These same policies provide, in paragraph 12, that when deciding whether to assign a transgender or intersex resident to the Men's Section or Women's Section, and when making other housing and programming assignments, the ACF is required to consider on a case by case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security issues. A transgender or intersex resident's own views regarding his or her safety will be given serious consideration. The Psychiatrist and Health Services Administrator described a thorough and case specific process for determining the best placement for a transgender resident to attempt to ensure his/her safety as well as considering security management issues. The Psychiatrist provided multiple documents he uses in considering these placements.

Agency policy prohibits assigning gay, bisexual, transgender or intersex residents to a housing unit based solely based on such identification or status.

The reviewed PAQ, reviewed incident reports, reviewed grievances, and interviews with staff confirmed there were no residents at risk of victimization who were placed in segregation or isolation during the past twelve (12) months.

**Interviews:** Classification Staff, Superintendent, PREA Compliance Manager; Psychiatrist; Health Services Administrator; Transgender Resident

**Discussion of Interviews:** Staff reported that the risk assessments are used to make decisions regarding housing, program and work details. They related that if a resident were found to be at risk for victimization as a result of the assessment, the resident would be assigned to housing based on his court ordered assignment to work release, school, release, or eligible for weekly furloughs; or in the

units housing those residents who are doing straight time. Classification consider all available information in making assignments to housing, program and work details. If an inmate in any of those categories were assessed at risk of victimization the resident would be housed in an area where he/she could be viewed more easily.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  
 Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review: DOCCR SOP-04-11 M and SOP 04-11 W; Segregation Checks

**Discussion of Policy and Documents:** DOCCR SOP 04-11 M, Section B, Protective Custody from Sexual Abuse, requires staff to avoid placing a resident at risk for sexual victimization involuntarily in Special Management, unless an assessment of all available options is made, and it is determined that there is no alternative way to separate the victim from the abuser. If an assessment cannot be conducted immediately, the resident may be housed there for less than 24 hours during the assessment process. The CIS, Classification Staff and the Cellblock Supervisor are required to explore and discuss all available options to keep the victim of sexual abuse separate from the abuser. This

included, according to policy, exploring multiple protection measures for individuals who fear retaliation for reporting sexual abuse or harassment or for cooperating with an investigation. Staff are required to document thoroughly the basis of concern for the resident's safety and the reason why not alternative housing may be arranged.

If a resident is placed in protective custody involuntarily, staff are required to ensure per the PREA Standards the resident, to the extent possible, has access to programs, privileges, education and work opportunities. If these are limited, the reasons are documented in writing in OMS.

Residents in Protective Custody on an involuntary basis have access to medical services, food services, and access to services. These services include: visitation, mail, telephone operations, library access, canteen and recreational activities.

Review of the status of residents who are housed in Special Management for Protective Custody for more than 30 days to determine the continued need for continued need for separated. The review is documented in writing and results placed in the resident's file.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

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

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This standard is rated "exceeds" because of the multiple ways for residents to report allegations of sexual abuse and sexual harassment both inside the facility and outside the facility. Information is provided to residents through the resident handbook, via orientation, PREA related brochures, and through multiple posters throughout the facility. Reviewed orientation documents affirmed residents are provided information on how to report during orientation. Interviewed residents knew multiple ways to report. Twenty-Four (24) reviewed investigation packages documented that residents consistently preferred to report to a staff member but other means, including writing the Sexual Violence Center and sending kites were used to report as well.

**Policy and Documents Reviewed:** DOCCR Policy, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Chapter 12; Resident Handbook; PREA Brochure, "Sexual Abuse is Not Part of Your Sentence; Multiple PREA Related Posters, including the Sexual Violence Center contact information; Twenty-Four (24) Reviewed Investigation Packages; Interviewed Residents (male

and female; randomly selected and targeted); Interviewed Staff; MOU with the Sexual Violence Center; Brochure for Staff, "Preventing and Reporting Sexual Misconduct with Offenders".

**Discussion of Policy and Documents:** The agency has established policies requiring and established procedures allowing for, multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment; retaliation by other residents of staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. DOCCR Policy, Chapter 12, Prison Rape Elimination Act; PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse.

Paragraph B of the policy establishes procedures for multiple internal ways for residents to report privately about sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Paragraph B.6 requires staff to inform residents that they may also report through multiple outside agencies and these include:

- Inspections and Enforcement Unit (address provided)
- Sexual Violence Center (phone and address provided)
- Hennepin County Professional Standards and Conduct Unit
- MN Department of Human Rights (address provided)

The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. DOCCR Policy, HENNEPIN COUNTY ADULT CORRECTIONS FACILITY PREA Reporting and Responding Process provides these agencies for residents to contact:

- To the PS&C Hotline 24/7 (number provided)
- To the SVC (Confidential Call, number provided)

Procedures state that calls to these agencies are confidential, however the resident may also volunteer information to staff about the abuse.

Paragraph B.10 requires these ways for residents to report incidents:

- Directly, verbally to staff
- In writing
- Through the Sexual Violence Center hotline
- Contacting a supervisor to arrange for a court-certified interpreter

Residents are given the brochure, "Sexual Abuse is Not Part of Your Sentence". This brochure, in addition to information on zero tolerance, what to do, preventing it, what to do if you are sexually assaulted, and the resident's options for reporting that include: Report to the toll free number ( it also advises the resident that his/her family may report using that number), to the Sexual Violence Center (address provided), talk to any staff resident's feel comfortable with, send a kite, file a grievance, put a note under a staff's door, call the DOCCR Professional Standards and Conduct Unit (phone number and mailing address provided).

Posters all over the facility provide residents with information on how to report on a continuous basis

Agency Policy, requires that residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Agency policy requires staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly report and document them in writing. Interviews with staff confirmed they are expected to accept reports of sexual abuse and sexual harassment through any source or means through which the report or information comes. They said they are also required to report even a suspicion of sexual abuse or sexual harassment. They are also required to document all reports.

Staff named third parties as a way for residents to have reports of sexual abuse or sexual harassment made for them. Staff stated they are mandated reporters and if they received a third-party report, they would report it to the supervisor and complete a written statement or report preferably immediately but not later than the end of their shift.

**Interviews:** Superintendent, PREA Compliance Manager, Randomly selected and specialized staff; random and targeted residents (male and female)

**Discussion of Interviews:** Residents consistently reported they would report by telling a staff member however they also were aware of other ways to report. They also reminded the auditor of the posters throughout the facility giving them the contact information for multiple offices and agencies.

## Standard 115.52: Exhaustion of administrative remedies

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

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, E. Administrative Remedy Process addresses the resident grievance process and asserts that a grievance may be submitted on behalf of the alleged victim for any report of sexual abuse, sexual misconduct and sexual harassment. If such a grievance is initiated, paragraph 2, requires the PREA Compliance Manager or Duty Supervisor to inform the alleged victim of the grievance and of their right to request that it not be processed. This policy also establishes procedures for filing an emergency grievance where a resident is subject to a substantial risk of imminent sexual abuse.

Policy, in paragraph 3, allows a parent or legal guardian of a resident to file a grievance regarding sexual abuse, on behalf of the resident, regardless of whether the resident consents.

Emergency Grievance Procedures are also described in the Grievance Policy. Paragraph 11 provides that a resident seeking immediate protection from imminent sexual abuse will be deemed to have exhausted his/her administrative remedies 48 hours after notifying any agency staff member of his need for protection. The procedures for filing an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse requires the grievance to be forwarded to a level of review at which corrective action may be taken and an initial response if required within 48 hours. A completed final agency decision will be made within 5 calendar days.

DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, E. Administrative Remedy Process, provides the policy and procedures for handling grievances, including third party grievances filed on behalf of a resident. Paragraph 12.a, provides that grievances involving allegations of sexual abuse have no time limits to be filed. It also allows a grievance involving sexual abuse to be filed without having to go through an informal process.

DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, paragraph 13., establishes procedures for filing an emergency grievance where a resident is subject to a substantial risk of imminent sexual abuse. Emergency grievances are immediately forwarded to a level of review at which corrective action may be taken.

Interviews with staff affirmed that a resident may file a grievance without it being referred to the staff member who is the subject of the complaint.

DCCOR Policy, Resident/Family Grievance Procedures, paragraph 3., states that the agency will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Paragraph 10., requires that a final decision needs to be made within 90 days of filing the grievance. Extensions of up to 70 days may be permitted in the event a decision requires more consideration and time.

The auditor reviewed twenty-four (24) investigation packages. Consistently the packages indicated reports were made to staff however the PAQ documented seven (7) grievances alleging sexual abuse or sexual harassment. The auditor reviewed sampled grievances filed during the year. None of those reviewed alleged sexual abuse or sexual harassment, apart from the PREA related grievances provided to the auditor upon request.

## **Standard 115.53: Inmate access to outside confidential support services**

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

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.53 (b)**

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

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### **Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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This standard is rated exceeds. The rationale for this rating is based on the resident's access and availability to outside confidential support services and legal representation. Agency policies and procedures provide for access. The agency has a Memorandum of Understanding with the Sexual Violence Center enabling residents to have access to them for services, including advocacy services and to report an allegation of sexual abuse and sexual harassment. An interview with the Director of the SVC confirmed the availability of these services. She related her agency is required to and does comply with State Statute to operate in Minnesota. Too, State Statutes, she said, required 40 hours of training for advocates but the SVC requires 54 hours of training prior to service. She related to the auditor that in the event of a sexual assault, her organization would automatically be contacted and dispatched to the Hennepin County Medical Center to provide support services, if requested by the victim, including being with them through the forensic exam, interviews, and investigations etc. SVC services are available 24/7. Residents are provided contact information on the Sexual Violence Center in a variety of ways, including in the PREA Brochure, Sexual Abuse is Not Part of Your Sentence; the resident handbook, and through numerous posters providing information on the SVC and how to contact them.

There was one allegation in the last 12 months made through the SVC. The resident wrote the SVC to report.

Residents have access to home calls and visitation, providing residents with easy access to the outside world. According to the interviewed residents, their attorney's and probation officers can visit at any time. If an attorney or other professional visitor comes to visit, they visit in an office or other area providing privacy. Residents also can write parent(s)/guardian(s), attorneys and probation officers if they want to. The SVC provides weekly groups at the female unit.

**Policy and Documents Reviewed:** DOCCR, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Paragraph 6; MOU with the Sexual Violence Center; PREA Brochure, Sexual Abuse is Not Part of Your Sentence;

**Discussion of Policies and Documents Review:** The facility has a MOU with the Sexual Violence Center. The Center provides a 24/7 crisis line and agreed to provide advocates to accompany the resident through the exam process as well as any investigation and law enforcement meetings/appointments. An interview with a staff from the Sexual Violence Center confirmed that the facility has a MOU with the Sexual Violence Center for the provision of a 24/7 hotline and advocate support either at the facility or at the hospital if needed. Residents, according to the SVC staff, can call the hotline and ask an advocate to come to the facility to meet with them. When asked if an advocate would be available at the hospital if the facility called them she related they are automatically dispatched to the hospital and a call to them would not be necessary to access the emotional support services. The reviewed MOU indicates that the Sexual Violence Center (SVC) will provide direct services to victims/survivors of sexual violence. The services are free and confidential. These include a

24/7 crisis hotline; support during evidentiary exams, support groups, 1:1 counseling; legal advocacy; assistance in filing for reparations; and accompaniment to court/law enforcement.

DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Paragraph 6, provides residents ways to report to multiple outside agencies, including the Sexual Violence Center. Policy provides the address and phone number to enable the resident and family members to contact them for the resident.

The Resident Handbook provides a section entitled, "What to do if you've been abused or if sexual misconduct has occurred. This section provides "Ways to Report" and one of the ways described states this: "You may call (number provided) the Sexual Violence Center hotline. This number has been unlocked for your use. The number is not recorded or monitored at the facility. It goes directly to the SVC where staff is available 24/7. The hotline can also be used by anyone in the community to report incidences of sexual abuse or staff sexual misconduct. The SVC address is provided.

This information is reiterated in the next paragraph "Seek support for yourself". Contact information is provided yet once again.

The SVC provides groups for the female residents on a weekly basis, along with the Native American group who also provide groups dealing with a variety of topics including sexual abuse.

**Interviews:** Superintendent; PREA Compliance Manager; Director of the Sexual Violence Center; Randomly and Special Category Residents; Random and Specialized Staff.

**Discussion of Interviews:** Some of the residents were aware of the SVC. Others, when asked if they had seen information pertaining to the SVC on posters or in their handbook stated they had. Residents in the women's section were unanimous in their understanding of the services of the Sexual Violence Center. They also related the SVC provides groups at their unit on a weekly basis along with a Native American Group providing support services for sexually abused victims.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** The DOCCR Policy, Reporting and Responding to Maltreatment and Sexual Abuse, B. Resident Reporting, paragraph 3. (24) reviewed investigation packages.

**Discussion of Policy and Documents:** DOCCR Policy, Reporting and Responding to Maltreatment and Sexual Abuse, requires staff to receive verbal, written, anonymous and/or third-party reports of sexual abuse/harassment.

Policy requires the DOCCR Professional Standards & Conduct (PS&C) Unit will ensure that all allegations of sexual abuse from all sources, including third party and anonymous reports are reported, assessed, and/or investigated.

There was one third-party report during the past twelve (12) months. One resident wrote the SVC and reported an allegation of sexual abuse/sexual harassment. The report was referred to the agency investigators who conducted an investigation, as required by policy.

The agency's website provides contact information for any viewer to submit a report. In addition to an email address, the viewer is provided the phone number to report to the Office of Professional Standards and Conduct. Viewers are instructed that if the allegation is criminal, the viewer is instructed to contact the Hennepin County Sheriff's Office and the phone number is provided. This was confirmed through observation of the agency's website and a provided screen shot of the website.

**Interviews:** Superintendent; PREA Compliance Manager; Randomly selected and specialized staff; Randomly selected and targeted residents; PS&C Investigator.

**Discussion of Interviews:** 100% of the interviewed staff stated they would accept a report from any source, including a third-party report. They also, when asked stated they would report it verbally to their immediate supervisor. When asked if they would document the report, they indicated they would do a witness statement and it would have to be done prior to the end of their shift. Interviewed residents did not identify third-parties per se as a method for reporting but when asked, they stated their family members or someone else could report for them. All of them had someone who did not work at the facility they could report to.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.61 (b)

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

### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

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

### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

## Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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**Policy and Document Review:** DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, in section A., Staff Reporting; Staff PREA Brochure, "Preventing and Reporting Sexual Misconduct with Offenders"; Twenty-Four (24) Investigation Packages.

**Discussion of Policy and Documents Reviewed:** DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, in section A., Staff Reporting, affirms staff are mandated to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a confinement setting, whether or not it is a part of Hennepin County. Also, required to be reported by staff is retaliation against residents or staff who reported an incident and staff neglect or violations or responsibilities that may have contributed to an incident of sexual abuse/sexual harassment or retaliatory behaviors.

In the same policy, the Division Manager/Designee is required in Paragraph A.2, to provide a private reporting mechanism to report sexual abuse and sexual harassment of residents. Procedures provided the contact information for four (4) separate entities enabling staff to privately report allegations, knowledge, suspicions of sexual abuse, sexual misconduct, sexual harassment or retaliation for reporting. Staff are instructed they are to follow established institutional policy and procedure and report any abuse of an individual under the age of 18 or a vulnerable adult to the state or local agency under applicable mandatory reporting laws.

The Hennepin County PREA brochure for staff, entitled, "Preventing and Reporting Sexual Misconduct with Offenders" asserts that "all staff are required to immediately report any instances of sexual abuse, sexual misconduct and sexual harassment whether it be staff-to-offender or offender-to-offender. It then advises staff that they can report by: 1) Contacting their immediate supervisor; 2) Contacting their Division Manager; or 2) Contacting the Professional Standards and Conduct Unit (phone number provided). In red, staff are instructed to report directly to the PS&C if a staff member is involved. The Hennepin County PREA brochure for staff, "Preventing and Reporting Sexual Misconduct with Offenders" requires that "all reports are taken seriously and any report, whether it's made verbally, in writing, anonymously or by a third-party must be reported."

Twenty-Four (24) reviewed investigation reports confirmed that staff were conscientious about making their reports immediately. Reports were detailed and documented the allegations as well as the actions taken upon becoming aware of the allegations or incidents.

**Interviews:** Superintendent; PREA Compliance Manager; Randomly selected and specialized Staff; Randomly and targeted residents.

**Discussion of Interviews:** 100% of the interviewed staff confirmed they are trained to take every allegation or report seriously, regardless of how they received the information. They stated they would report anything they suspected. Each interviewed staff related they would report it immediately to their immediate supervisor and would follow-up with a written witness statement. They indicated the witness statement documentation would be completed as soon as possible but before the shift was over. Staff were aware residents could report in a variety of ways, including verbally, in writing, anonymously and through third parties.

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** DOCCR PREA Institutional Report; DOCCR Grievance Policy; (40) reviewed grievances; (24) reviewed investigation reports.

**Discussion of Policy and Documents:** DOCCR Policy, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prisons Rape Elimination Act, C.17, requires staff take immediate action to protect the resident upon learning the resident is subject to a substantial risk of imminent sexual abuse Reviewed Department of Community Corrections and Rehabilitation Policies and Procedures affirm that staff are to take immediate action to protect a resident who asserts, in any manner, that he/she is at risk of imminent sexual abuse. Staff, in their interviews, related they would take the allegation seriously, place the resident with them and probably take him/her to a safe place, such as the supervisor's office, and report the incident/allegation to their immediate supervisor. The

Pre-Audit Questionnaire documented that there were no allegations or incidents in which a resident was at risk of imminent sexual abuse. The auditor reviewed 40 grievances that had been filed during the past 12 months. None of the reviewed grievances alleged being at risk of imminent sexual abuse. Twenty-Eight (28) residents were interviewed and all of them stated they felt safe at this facility and none had made any allegations of imminent sexual abuse.

The DOCCR Grievance Policy, Section A, Receiving and Resolving Grievances specifies each step to be taken upon receiving a grievance, particularly an allegation of resident on resident physical touching, sexual contact, abuse or harassment. Staff are told to follow the steps outlined in the Coordinated Response Plan for PREA-Related Incidents and to refer to the DOCCR First Responder Checklist when responding to reports of sexual abuse or sexual misconduct or harassment. Following the protocol, staff are required, upon receiving an emergency grievance alleging they are at risk of imminent sexual abuse, staff are to notify the Professional Standards and Conduct Office immediately.

The Pre-Audit Questionnaire documented there have been no occasions in which a resident alleged or was found to be at risk of imminent sexual abuse. A sample of the total grievances for the year were reviewed and none of those alleged risk of imminent sexual abuse. Interviews with staff and residents also conformed there were no occasions in which a resident was identified or known to be at risk of imminent sexual abuse.

**Interviews:** Superintendent; PREA Compliance Manager; Randomly selected and Specialized Staff; Randomly and Targeted Residents.

**Discussion of interviews:** Interviews confirmed that staff take any information or allegation that a resident is at risk of imminent sexual abuse seriously. 100% of those interviewed related they would immediately remove the resident from the potential threat. All of them said they would notify their immediate supervisor and either keep the resident with them until a decision could be made about where best to safely house the resident or take the resident to an office, to medical or intake. Most of the staff believed the resident would be placed in separation until staff could find out what was going on and ensure the threat had been identified.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCC Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse; DOCCR Policy, 01-13, PREA, Sexual Abuse Data Management; Professional Standards and Conduct Notifications Checklist; DOCCR Policy, Adult Corrections Facility, 07-21, Resident Grievance and Complaint Procedure, Paragraphs 10 and 11.

**Discussion of Policy and Reviewed Documents:** DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, A.3., requires the Division Manager or designee to provide the PS&C a written report of allegations of any alleged abuse at another facility within 24 hours of learning of the allegation. Staff are required to report allegations received from any source.

DOCCR Policy, 01-13, PREA Sexual Abuse Data Management, Procedures require, when receiving any allegation of alleged sexual abuse, the Superintendent or designee will promptly report the allegation to the appropriate agency office.

DOCCR Policy, Adult Corrections Facility, 07-21, Resident Grievance and Complaint Procedure, Paragraphs 10 and 11 require that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Superintendent will notify the head of the facility or appropriate office of the agency in which the alleged abuse occurred. This notification will be documented and issued as soon as practical but not later than 72 hours from receiving the allegation. The Superintendent will notify PSC as soon as practical upon being notified by another correctional facility or agency that a resident was allegedly sexually abused while confined at the Adult Corrections Facility.

The agency documented that there were no allegations received from another facility during the past twelve (12) months that a resident was allegedly abused while at the Adult Corrections Facility (ACF) however the ACF did document the allegations of two ACF residents who alleged that they were sexually abused while at other facilities. One alleged being abused at the Hennepin County Sheriff's Office while another alleged having been abused by a Salvation Army worker. The Professional Standards and Conduct Unit documented the notifications. Reports were provided to the auditor for review.

**Interviews:** Superintendent, PREA Compliance Manager; PS&C Investigator

**Discussion of Interviews:** Staff, in their interviews confirmed that upon receiving notification that a former resident of the ACF had reported sexual abuse while at the ACF, the PS&C will be notified, and an investigation conducted. The ACF will cooperate with the investigation and provide whatever information they may be able to provide to facilitate the investigation. They also confirmed if they become aware of a resident alleging sexual abuse at another facility, they notify the PS&C who notifies the agency where the alleged sexual abuse occurred.

## **Standard 115.64: Staff first responder duties**

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

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Review:** DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse; DOCCR -7-21, Resident Grievance and Complaint Procedures; Sexual Abuse Response Checklist; Reviewed Investigation Packages; Staff "Blue Card"; Pre-Audit Questionnaire.

## **Discussion of Policy and Documents:**

The Pre-Audit Questionnaire, reviewed investigation packages and interviews with staff, including the Superintendent and PREA Compliance Manager indicated that in the period November 2016 through November 2017, there have been no allegations of sexual abuse however facility staff were knowledgeable of their roles as first responders. In addition to having been trained in their roles in the event of a sexual assault. Staff are issued, as a part of their uniform, a “blue card”, detailing their required actions in. First Responding is addressed in several DOCCR Policies. These include DOCCR Policy PREA, institutional Reporting and Responding to Maltreatment and Sexual abuse and the Agency’s Resident Grievance and Complaint Procedures.

The facility has a Coordinated Response Plan. The reviewed plan is consistent with the PREA standards and agency policies. Staff are knowledgeable of their individual responsibilities in response to an allegation of sexual abuse. Medical staff, stated, they are trained to respond as all other staff. Staff carry a first responder card as a part of their uniforms to guide them, if needed. The Supervisors have a Supervisor Sexual Abuse Response Checklist guiding them in responding.

DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, C. Follow-Up Process, addresses staff responses and instructs staff to request that the alleged victim not take any action that could destroy physical evidence and immediately notify the Duty Supervisor and/or designee and Immediately separate the alleged perpetrator and victim making certain they cannot see or hear one another. The Sexual Abuse Response (SAR) First Responder Checklist is initiated.

Paragraph 4, requires that the on-duty supervisor or designee review and determine the most appropriate method of separation, direct the party (ies) to remain in a designated area. In subparagraph a., separation is not a form of punishment for involved parties. It also requires supervision of the resident until the arrival of the Corrections Institutional Supervisor or local law enforcement. The supervisor also is required to make certain the alleged abuser does not wash, shower, brush teeth, change clothes or otherwise compromise physical evidence on his/her body prior to medical examination.

Staff, in paragraph 4, are required to remain with the victim to provide safety and support and make certain the victim does not wash, shower, brush teeth, change clothes or otherwise compromise physical evidence on his/her body prior to medical examination. They are also required to explain to the victim the necessity of a physical exam to assess medical needs, provide any necessary treatment and to ensure preservation of evidence.

The on-duty supervisor or designee notifies medical staff or contact the ‘on-call’ medical provider to provide immediate treatment. Transportation must be arranged if needed. The area is contained as a crime scene. Photos are taken of the scene as necessary and appropriate.

Additional duties are required and documented for the Division Manager/Designee and Contracted Behavioral Health Staff.

First responder duties are also identified in the Agency’s Resident Grievance and Complaint Procedures.

**Discussion of Interviews:** All the interviewed staff articulated their roles as first responders. They consistently stated they would “ask the questions on the “blue card”, including asking them if they felt safe, if they would tell them who, there would be no contact until an investigation was concluded. They would also move the resident to an area where he/she felt safe. Staff related they would contain the evidence by securing the crime scene and advise the resident not to shower, use the restroom, or any other action that might compromise the evidence. Staff who were interviewed included security and non-security first responders.

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCCR, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse; DOCCR Resident Grievance and Complaint Procedures; Reviewed Investigation Packages.

**Interviews:** Random staff, Specialized Staff; Superintendent; PREA Compliance Manager.

### Policy and Documents Review:

The facility has a Coordinated Response Plan. The reviewed plan is consistent with the PREA standards and agency policies. Staff are knowledgeable of their individual responsibilities in response

to an allegation of sexual abuse. Medical staff, stated, they are trained to respond as all other staff. Staff carry a first responder card as a part of their uniforms to guide them, if needed. The Supervisors have a Supervisor Sexual Abuse Response Checklist guiding them in responding.

DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, C. Follow-Up Process, addresses staff responses and instructs staff to request that the alleged victim not take any action that could destroy physical evidence and immediately notify the Duty Supervisor and/or designee and immediately separate the alleged perpetrator and victim making certain they cannot see or hear one another. The Sexual Abuse Response (SAR) First Responder Checklist is initiated.

Paragraph 4, requires that the on-duty supervisor or designee review and determine the most appropriate method of separation, direct the party (ies) to remain in a designated area. In subparagraph a., separation is not a form of punishment for involved parties. It also requires supervision of the resident until the arrival of the Corrections Institutional Supervisor or local law enforcement. The supervisor also is required to make certain the alleged abuser does not wash, shower, brush teeth, change clothes or otherwise compromise physical evidence on his/her body prior to medical examination.

Staff, in paragraph 4, are required to remain with the victim to provide safety and support and make certain the victim does not wash, shower, brush teeth, change clothes or otherwise compromise physical evidence on his/her body prior to medical examination. They are also required to explain to the victim the necessity of a physical exam to assess medical needs, provide any necessary treatment and to ensure preservation of evidence.

The on-duty supervisor or designee notifies medical staff or contact the 'on-call' medical provider to provide immediate treatment. Transportation must be arranged if needed. The area is contained as a crime scene. Photos are taken of the scene as necessary and appropriate.

Additional duties are required and documented for the Division Manager/Designee and Contracted Behavioral Health Staff.

First responder duties are also identified in the Agency's Resident Grievance and Complaint Procedures.

DOCCR Resident Grievance and Complaint Procedures in Section A, 1-14, describe the actions staff must take upon receiving a grievance alleging sexual abuse. Staff are required to notify the Superintendent immediately if the resident's allegation involves sexual abuse or sexual misconduct. Actions included informing the victim staff is required to report the incident, followed by asking the following questions: 1) Do you feel safe? 2) Do you want to be moved? 3) Do you feel comfortable telling me who did this? 4) Where did it happen? and 5) When did it happen and separating the victim and perpetrator; ask the resident to write a statement if able; Determine if the resident(s) involved will be placed in Administrative Separation to ensure the safety and security of the individuals as well as the safety and security of the facility. The crime scene is to be secured and residents asked not to take any actions that could compromise the evidence including taking a shower, using the restroom or brushing their teeth.

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

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

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The agency provided five contracts for review. The auditor did not see any language in the reviewed contract that prevented the agency from removing from contact with residents, any staff who is alleged to have violated any agency/facility sexual abuse policy.

Interviews with the Superintendent confirmed there is nothing in any collective bargaining agreement.

A letter of reprimand documenting that a staff was suspended without pay for a day for violating a sexual harassment policy by making inappropriate remarks to a resident, documented the administration's ability to take appropriate disciplinary action, including suspending a staff as a part of the disciplinary process.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

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

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** DOCCR Policy, Prison Rape Elimination Act (PREA), in paragraph 6, and DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse prohibits staff, volunteers, interns, and/or contractors from retaliating against a client/resident or

fellow staff member who makes an allegation of sexual abuse. Retaliatory behavior will result in disciplinary action up to and including dismissal. Pre-Audit Questionnaire.

**Discussion of Policy and Documents Review:** The Department of Community Corrections and Rehabilitation Retaliation Monitoring Process, requires the PREA Compliance Manager to assign each incident to a retaliation monitor. If the incident requires monitoring staff activity, the Division's PREA Compliance Manager will be designated to monitor retaliation and if the incident requires monitoring a resident the PREA Compliance Manager may designate the monitoring of retaliation to a Corrections Supervisor or above.

The agency has promulgated a retaliation monitoring process in the Hennepin Department of Community Corrections and Rehabilitation Retaliation Monitoring Process. The process requires that the monitoring activity will be for a minimum of 90 days per the PREA Standards. The procedures require that on day one the retaliation monitor will check-in with the resident or staff verbally to determine if the resident or staff has any concerns. When talking with a staff the staff is told to contact them if they have any issues. Daily then, the monitor will review resident individual journals, shift logs, daily logs, incident reports and any housing or programming changes to monitor the conduct and treatment of the resident. For staff the monitor will daily monitor and review shift assignments, duty logs and any conference notes or performance reviews that are produced or conducted during the 90- day monitoring period.

The monitoring process is documented in the following Retaliation Monitoring Process:

- 1) The PREA Compliance Manager reviews the PS&C investigative report or any report indicating fear of retaliation resulting from a staff's or inmate's cooperation with an investigation
- 2) The PREA Compliance Manager is required to assign each incident to a retaliation monitor. If the incident requires monitoring staff activity, the PREA Compliance Manager monitors the potential for retaliation. If the incident involves monitoring a resident, the PREA Compliance Manager may designate the monitoring to a Corrections Supervisor or above.
- 3) The person designated to monitor retaliation in Step 2 will continue such monitoring for a minimum of 90 days per PREA standard 115.67(c)/115.367(c).

Day 1: The designated Retaliation Monitor will check-in with the resident/inmate or staff verbally. This is simply to ask how they are doing and if they need anything from the monitor.

Day 2: If the incident is a staff incident, the designated Retaliation Monitor will request at this meeting that if the staff experiences any retaliation or have any concerns to notify them as soon as possible. If the concern is emergent, the Retaliation Monitor will instruct staff to report it to the Duty Supervisor/On-Duty Supervisor or a Corrections Supervisor or above.

Daily, the designated Retaliation Monitor will review resident/inmate individual journals, shift logs, daily logs, incident reports, and any housing or programming changes to monitor the conduct and treatment of the resident.

If the incident involves a staff, the Retaliation Monitor will monitor/review shift assignments, duty logs and any conference notes or performance reviews that are produced or conducted during the 90-day monitoring period.

Weekly, the designated Retaliation Monitor will check in with the Resident/Inmate or staff verbally each week. (This check-in could be as simple as asking, 'How are you doing?' And 'Do you need anything from me?' DO NOT delve into any details of the incident).

The person designated to monitor retaliation will document daily and weekly monitoring.

- 4) If retaliation occurs or is suspected, the Retaliation Monitor/designee in his absence, will report this information to the PREA Compliance Manager.
- 5) The designated Retaliation Monitor will document the allegation/retaliation on the PS&C Incident Report and refer the allegation to PS&C for investigation.
- 6) The PS&C will conduct an investigation of the report.
- 7) The PS&C will report their findings to the DOCCR Administration for allegations pertaining to Staff.
- 8) If additional information arises during the 90-day monitoring process, the Retaliation Monitor will continue monitoring for an additional 30 days.
- 9) If no additional information arises, the designated Retaliation Monitor will conduct a final check-in and documentation review at 90 days.

The facility's retaliation monitor is the PREA Compliance Manager. An interview with the PREA Compliance Manager indicated the monitoring process he described is consistent with the agency's procedures. There have been no cases in which an inmate or staff was retaliated against in the past 12 months. The Superintendent indicated the facility has a zero tolerance for retaliation. He also described the process for monitoring for retaliation. That process was consistent with the Agency's procedures.

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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**Policy and Documents Reviewed:** DOCCR Policy PREA, Resident Receiving and Orientation, DOCCR Institutions; Pre-Audit Questionnaire.

**Discussion of Policy and Documents:** DOCCR Policy requires that Segregated housing for vulnerable residents will be the last option and then only until an alternative means of separation from likely abusers can be arranged. It also requires Divisions to make individual determinations about how to ensure the safety of each resident.

Paragraph A., High-Risk Residents, also requires staff to notify the on-duty corrections supervisor/designee of a resident who is either vulnerable to exploitation or has potential to act out in a sexually aggressive nature.

In an effort to protect residents, policy in Paragraph 2., requires staff to maintain separation in housing and programming between those resident at high risk of being sexually victimized from those residents who present a high risk of being sexually abusive.

Policy requires staff to ensure safety and security measures are in place when high risk residents are offered opportunities to access programs and employment and to implement procedures that restrict the assignment of residents at high risk for sexual victimization to segregated housing involuntarily for a period exceeding 30 days. This policy requires the following:

- 1) Staff are required to review the continued need for separation every 30 days.
- 2) Strictly limit information related to sexual information or abusiveness that occurred in the institution 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.
- 3) Provide access to programs, privileges, education, exercise, and work opportunities to the extent possible. If the institution restricts access the institution will document the reasons for such limitations.
- 4) Provide juvenile residents with daily visits from a medical mental health care clinician.

The reviewed Pre-Audit Questionnaire documented there were no inmates who suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment.

It also documented there were obviously no inmates assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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This standard is rated exceeds. The agency's Professional Standards and Conduct Unit conducts administrative investigations while the Hennepin County Sheriff's Office conducts investigations of incidents that appear to be criminal in nature. The Agency has a MOU with the Sheriff's Department documenting and affirming the Sheriff's Investigators, who are trained to conduct sexual abuse investigations in confinement setting, will conduct criminal investigations at the Adult Corrections Facility. The Senior Manager who is an investigator and who supervises the unit, explained the referral and investigation process. That process ensures that investigations are conducted in a professional and very thorough manner. This is confirmed through a review of twenty-four (24) completed investigation packages. Allegations were often allegations of inappropriate verbal remarks, that often, did not meet the criteria for repeated acts, however the agency investigated the allegations fully and completely. The quality of the investigations, as documented, indicate a quality and professional investigation and reports were consistently thorough and when the most minor allegation was made, the investigators took those allegations seriously and investigated them with the same approach and thoroughness as those that appeared more serious. The approach was consistent. Too, the investigators have all received specialized training in conducting sexual abuse investigations in confinement settings. In addition to their initial specialized training they recently were provided specialized training in conducting sexual abuse investigations in confinement settings provided by the Minnesota Department of Corrections.

**Policy and Documents Reviewed:** Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR, 2017; Hennepin County Sheriff's Office PREA Policy 904; Professional Standards and Conduct Policy, Incident Intake and Triage Policy; Duty Supervisor Sexual Assault Response Checklist; First Responder Cards; Sexual Assault Resource Services Brochure; MOU with the Sexual Violence Center; Twenty-four (24) Reviewed Investigation Files.

**Discussion of Policy and Documents:** The agency (DOCCR) is responsible for conducting administrative investigations only. This was confirmed through reviewing agency policy, the Hennepin County Sheriff's Office policy and interviews with the Director of the Office of Professional Standards

and Conduct, an agency investigator, the Superintendent and the PREA Compliance Manager. The Hennepin County Sheriff's Office conducts criminal investigations and the reviewed agency Memorandum of Agreement affirms that. Administrative investigations are conducted by the DOCCR Professional Standards and Conduct unit.

DOCCR Policy, Professional Standards and Conduct: Investigations, Paragraph 2, requires that department investigations will be conducted only by DOCCR approved and trained investigators. It also requires, in paragraphs 3 and 4, that all allegations of sexual abuse and sexual harassment will be referred to the PS&C for investigation and/or when required, to law enforcement, pursuant to the MOU with the Hennepin County Sheriff's Office and that when complaints involved criminal misconduct, they will be immediately referred to law enforcement. DOCCR Policy: Incident Intake and Triage, paragraph 4., requires criminal misconduct complaints to be immediately referred to law enforcement by PS&C pursuant to the MOU with the Hennepin County Sheriff's Office. Paragraph 6, requires all referrals and investigations are subject to MS 13-43, Minnesota Governmental Data Practices Act and PREA requirements. PS&C will initiate all DOCCR requests for law enforcement investigation and/or County Attorney consultation as appropriate. The reviewed Hennepin County Sheriff's Office, Policy 904, Prison Rape Elimination, requires that only investigators who have received office approved special training will be allowed to conduct sexual abuse investigations. Policy also provides a consistent protocol for conducting sexual abuse/assault investigations. Those procedures were consistent with the PREA Standards.

When conducting sexual abuse investigations, the investigators follow a uniform evidence protocol. The Department's Professional Standards and Conduct unit refers all sexual abuse allegations to the Hennepin County Sheriff's Office (HCSO) for investigations. The agency provided a Memorandum of Understanding between the Hennepin County Department of Community Corrections and Rehabilitation and the Hennepin County Sheriff's Office, dated May 4, 2017 and effective May 31, 2017, affirms that the Hennepin County Department of Community Corrections (DOCCR) Personal Standards and Conduct (PS&C) Unit will triage initial complaints prior to referring to the HCSO for criminal complaints; provide departmental contact information to HCSO; serve as a point of contact for any referred cases or complaints; conduct administrative investigations for all cases returned as a result of no criminal complaint being filed; and providing requested records or information to aid in the investigation. The Hennepin County Sheriff's Office agrees to fully investigate complaints forwarded by the DOCCR; submit completed investigations to the Hennepin County Attorney's Office in a timely manner to allow for prompt completion or any internal administrative investigation deemed necessary by the DOCCR; adhere to PREA guidelines for investigations, where applicable; provide DOCCR a point of contact for reasonable status reports regarding active investigations; and providing final investigation reports on referred cases. Hennepin County Sheriff's Office Prison Rape Elimination Policy, 904.3 requires the SO PREA Coordinator to ensure a protocol is developed for investigating allegations of sexual abuse and the protocol must include evidence collection practices that maximize the potential for obtaining usable physical evidence based on the most recent edition of the US DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or a similarly comprehensive and authoritative protocol.

The protocol is developmentally appropriate for youth. This is confirmed through a review of the MOU with the Hennepin County Sheriff's Office. Hennepin County Sheriff's Office Prison Rape Elimination Policy, 904.3 requires the Sheriff's Office PREA Coordinator to ensure a protocol is developed for investigating allegations of sexual abuse and the protocol must include evidence collection practices

that maximize the potential for obtaining usable physical evidence based on the most recent edition of the US DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or a similarly comprehensive and authoritative protocol.

The agency has a Memorandum of Understanding with the Hennepin County Sheriff's Office. The MOU confirms the agency has requested the Sheriff's Office to follow the requirements of paragraphs 115.321 (a) through 115.321 (e) of the standards. Interviews with staff from the Professional Standards and Conduct Office confirmed they have and maintain a close relationship with the Sheriff's Office. The Hennepin County Sheriff's Office, in their policy, 904, state they will follow a standard protocol for collecting evidence and their procedures indicated they will follow the nationally established protocols.

The Department of Community Corrections and Rehabilitation (DOCCR) Professional Standards and Conduct Unit (PS&C) conducts administrative investigations while the Hennepin County Sheriff's Office conducts criminal investigations. The agency has an agreement with the Sheriff's Office documenting that they Sheriff's Office will conduct the investigations and utilize a uniform process for collecting evidence. According to the Hennepin County Sheriff's Office Policy 904, The reviewed Hennepin County Sheriff's Office, Policy 904, Prison Rape Elimination, requires that only investigators who have received office approved special training will be allowed to conduct sexual abuse investigations. Policy also provides a consistent protocol for conducting sexual abuse/assault investigations. Those procedures were consistent with the PREA Standards. The reviewed Hennepin County Sheriff's Office, Policy 904, Prison Rape Elimination, requires that only investigators who have received office approved special training will be allowed to conduct sexual abuse investigations. Policy also provides a consistent protocol for conducting sexual abuse/assault investigations. Those procedures were consistent with the PREA Standards. The protocol is developmentally appropriate for youth. This is confirmed through a review of the MOU with the Hennepin County Sheriff's Office. Hennepin County Sheriff's Office Prison Rape Elimination Policy, 904.3 requires the SO PREA Coordinator to ensure a protocol is developed for investigating allegations of sexual abuse and the protocol must include evidence collection practices that maximize the potential for obtaining usable physical evidence based on the most recent edition of the US DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or a similarly comprehensive and authoritative protocol.

The auditor reviewed twenty-four (24) Investigation Packages. These included: the following allegations:

- Sexual Harassment (14)
- Sexual Misconduct (4)
- Staff Abuse (2)
- Sexual Abuse Inmate (2)
- Strip Search Related (1)
- Required Audience (1)

Fifteen (15) were found to be Unfounded; Five (5) Unsubstantiated; and Four (4) Substantiated.

Investigations are thorough and detailed and indicate a credible and professional process. They also indicate that staff take allegations for all sources seriously and report them as required.

Typically included in an investigation package are the following:

- 1) Investigators Names
- 2) Type of Incident
- 3) Immediate Response to the Incident
- 4) Documents Reviewed (these also typically include the Sexual Abuse Response Checklist (as applicable); DOCCR Policies; Log Entries; Inmate's Notebook; and other evidence reviewed)
- 5) Interviews (Recorded and transcribed)
- 6) Video Review (when available); Note that all video reviews document actions and specific times, as well as what was observed on the cameras)
- 7) Policies that are applicable to the allegation
- 8) PREA Review Findings (based on the "preponderance of evidence")
- 9) Rationale – The investigator describes the policies applicable and the rationale for his/her conclusions regarding the evidence)
- 10) Next Steps – Identifies the actions taken now that the investigation results have been made available.
- 11) Mental Health Assistance Provided
- 12) Complainant Notified
- 13) PREA Incident Review (required or not required)

**Interviews:** Superintendent; PREA Compliance Manager; SVC Director, Senior Administrative Manager (Office of Administrative Services), PS&C Investigator, Medical Director, Health Services Administrator, Superintendent, PREA Compliance Manager and randomly selected staff and randomly selected and targeted residents.

**Discussion of Interviews:** The Superintendent and PREA Compliance Manager explained that all allegations are referred to the Office of Professional Standards for investigation. They also affirmed the Hennepin County Sheriff's Office, with whom they have a MOU, conducts of all allegations that appear criminal in nature. Staff indicated they are required to report everything, including suspicions, for investigation. An interview with the Senior Administrative Manager, Office of Administrative Services, who is also a PS&C Investigator, explained that she and/or her staff are available 24/7 to receive a referral packet (submitted via email). She related she is available to give an immediate response, even on weekends One a referral is received the unit launches an investigation. If the allegation is of sexual abuse, the response and investigation is immediate. If the allegation is sexual harassment; the investigation is begun within 24 hours.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCCR, Professional Standard and Conduct: Investigations; MOU between the Hennepin County Sheriff's Office and the DOCCR; Hennepin County Sheriff's Office PREA Policy, 904; Twenty-Four (24) reviewed Investigation Packages

**Discussion of Policy and Documents Reviewed:** The interviewed investigative staff related the standard for substantiating an allegation of sexual abuse and/or sexual harassment is the preponderance of the evidence. Hennepin County Sheriff's Office Policy 904.5.5, Policy #9. Requires that substantiating an allegation of sexual abuse, sexual misconduct, or harassment will be established by proof at a preponderance of the evidence. This standard is also required in DOCCR Policy, Professional Standards and Conduct Investigation in paragraph 9. DOCCR Professional Standards and Conduct: Investigations policy, #9., requires that all investigative standards set forth by the Prison Rape Elimination Act will be adhered to including: substantiating an allegation of sexual abuse, misconduct or harassment is established by proof of a preponderance of the evidence.

One-hundred percent (100%) of the 24 reviewed investigation packages documented the findings were based on a preponderance of the evidence.

**Interviews:** Interviews with the Senior Administrative Manager of OAS (responsible for Professional Standards and Conduct Unit), the Superintendent, PREA Coordinator, PREA Compliance Manager, Random staff and Contract staff

**Discussion of Interviews:** Interviews with the Senior Administrative Manager of OAS who is a trained investigator and who supervises the PS&C Investigators, stated the evidentiary standard for substantiating a case is the preponderance of the evidence.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.73 (b)

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

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCCR Professional Standards and Conduct, Investigations, Paragraph 9; Six (6) Examples of Written Notifications; Pre-Audit Questionnaire.

**Discussion of Policy and Documents Review:** 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 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 facility provided 18 notifications to residents following the conclusion of an investigation into allegations of sexual abuse. The notifications were made by the Professional Standards and Conduct Unit, via the Agency's Notification of Investigation Findings. Interviews with investigators from PS&C confirmed that they are responsible for completing the notification letter to the resident following the

conclusion of the investigation. The auditor examined six (6) of those and all were documented using the Notification of Investigation Finding.

The outside entity responsible for conducting sexual abuse investigations is the Hennepin County Sheriff's Office. This is established in the Memorandum of Understanding between the Hennepin County Sheriff's Office and the Hennepin County Department of Community Correction and Rehabilitation.

The MOU between the Hennepin County DOCCR and the Hennepin County Sheriff's Officer, promulgated and signed in May 2017 in Paragraph B. 4. Affirms that the Hennepin County Sheriff's Office will provide final investigative reports to investigative information will be provided in a timely manner. The Pre-Audit Questionnaire reported that there were no outside investigations conducted in the past 12 months. This was also confirmed through reviewed incident reports/investigations and interviews with the PREA Compliance Manager and the Superintendent.

There have been no substantiated or unsubstantiated allegations of a staff member committing sexual abuse against a resident during the past 12 months. Agency Policy however requires notification in compliance with each of the elements of the substandard. DOCCR Professional Standards and Conduct Investigations, Paragraph 9, as discussed earlier in this standard narrative.

Interviews with the PS&C investigators confirmed the process for notification of residents after an investigation into an allegation of sexual abuse. One of the investigators related that if the youth has more rapport with a counselor or social worker he may request that they deliver the notification letter to the resident.

The Professional Standards and Conduct conducts administrative/non-criminal investigations and the Hennepin County Sheriff's Office conducts allegations that appear criminal. The PS&C, is responsible for informing the Adult Corrections Facility, when the investigation has been concluded, provides a letter of notification of the results of the investigation to be given to the resident, and maintains contact with the Hennepin County Sheriff's Office to ensure if the alleged incident is criminal that the HENNEPIN COUNTY ADULT CORRECTIONS FACILITY is informed of the results of the investigation.

Interviews: Interviews with the Senior Manager, OAS, who supervises the PS&C Investigation Unit confirmed the process for notifying residents of the outcome/results of an investigation.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCCR Policy, Prison Rape Elimination Act; DOCCR Human Resources, Rules, Sections 16 and 17; DOCCR Human Resources, 16.2, Violations and Penalties; DOCCR Human Resources, 16., General Rules of Conduct; Reviewed Pre-Audit Questionnaire.

**Discussion of Policy and Document Review:** DOCCR Prison Rape Elimination Act Policy, requires that staff must never tolerate any level of incidents of sexual abuse, sexual harassment, and sexual misconduct directed toward residents by staff, volunteers, interns, and/or contractors and that staff failure to address these behavior, as mandated by PREA and DOCCR policy, will result in disciplinary action up to and including dismissal. Interviews with administrative staff indicated the presumptive

action that would be taken if an investigation determined a staff violated an agency sexual abuse, sexual misconduct or sexual harassment policy would be termination and the Hennepin County Sheriff's Office may refer the case for prosecution.

Policy also requires the Labor Relations Manager to administer discipline per agreed upon sanctions and to ensure that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will 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. It also requires that staff will be subject to disciplinary sanctions up to and including termination for violation of sexual abuse or sexual harassment policies.

Policy requires the facility to 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.

DOCCR HR Rules govern employee discipline, Section 16 and 17 address expectations and disciplinary actions for violations. Paragraph 16.1, Compliance with the Act and the Rules of Conduct requires officers and employees of the County to conform to and aid in all proper ways in carrying into effect the provisions of the Act and the Rule. The rules of conduct are deemed conditions of employment in the County service. 16.2, Violations and Penalties, follows and requires that any County employee or applicant for a County position who refuses or neglects to comply with or conform to the provisions of the Act or these Rules or violates any of these provisions are subject to disciplinary action or disqualification unless the employee or applicant can prove to the appropriate authority the existence of significant or mitigating circumstances sufficient to modify or eliminate the disciplinary action. 16.3 provides the general rule of conduct and 17 addresses removal of an employee from the site and dismissal or involuntary demotion of employees. 17.3. Dismissal or involuntary Demotion of an Employee requires that an employee who does not have regular status and is not a veteran may be dismissed or involuntarily demoted at any time without right of appeal. Any employee who has regular status or is a veteran will be dismissed or involuntarily only for just cause based on incompetency/failure to meet job performance requirements, misconduct and/or gross misconduct. 17.4 addressed Immediate Removal from Worksite, addresses removing an employee from the worksite as a result of accused misconduct and provides for any employee accused of misconduct or charged by formal complaint or indictment with a gross misdemeanor or felony, where there is a relationship between the charge and the employee's job, may be immediately removed from the worksite without a right to prior written notice if the supervisor determines there an immediate need and such action would be in the best interests of the County. Where an employee is removed from the worksite, he/she may be paid until the process of written notice, opportunity for response and hearing have taken place. The Department Director of Human Resources Director must be promptly notified of all removals with pay; the Human Resources Director will approve or disapprove the continued use of leave with pat. An immediate removal from the worksite, even a removal without pay, shall not limit the appointing authority's right to investigate and take disciplinary action, including discharge, as he/she deems appropriate.

The DOCCR PREA Policy 1., Administer Discipline Per Agreed Sanctions, Paragraph a., requires that the facility ensure that disciplinary sanctions for violations of agency policies relating to sexual abuse and sexual harassment (other than engaging in sexual abuse) is required to 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. It also requires that staff are subject to disciplinary sanctions up to and including termination for violation of sexual abuse or sexual harassment policies. Terminations for violations of DOCCR sexual abuse or sexual harassment policies. 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. The PAQ documented that the facility would ensure that sanctions would be commensurate with the nature and circumstances of the acts committed, the staff's disciplinary history and the sanction imposed for comparable offenses by other staff with similar histories.

The Pre-Audit Questionnaire documented that there was one staff disciplined short of termination for violations of agency sexual abuse and sexual harassment policies. The staff was alleged to have made inappropriate comments to an inmate. The investigation resulted in the allegation being substantiated. The facility provided a letter placing the staff on suspension without pay for one day.

The reviewed DOCCR Policies, reviewed incident reports and investigations, and Interviews with administrative staff confirmed the agency has and enforces a zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment. Policies provide for disciplinary actions to be taken if a staff is substantiated for violating an agency sexual abuse policy. The Superintendent indicated in an interview that there is nothing in employee's contracts that could prevent him from removing a staff from the HENNEPIN COUNTY ADULT CORRECTIONS FACILITY if the resident violated a sexual abuse policy. The presumptive sanction would be termination and the staff would likely be referred for prosecution.

**Discussion of Interviews:** Interviews with the Superintendent indicated that if an allegation was made against a staff, he would possible reassign the staff, to the female unit of male unit, as indicated. He also indicated he may put the staff on administrative leave and would discipline the staff, up to and including termination.

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, paragraph 5; Adult Corrections Facility Policy, 07-02, Resident Rules and Discipline; Pre-Audit Questionnaire; Twenty-Four (24) Reviewed Investigation Reports.

**Discussion of Policies and Reviewed Documents:** DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse paragraph 5 requires that residents will be subject to disciplinary sanctions following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. Too, it requires that residents making false allegations will be held strictly accountable through all means available to the DOCCR.

Adult Corrections Facility Policy 07-02, Resident Rules and Discipline, Paragraph 16, requires that residents will be subject to disciplinary sanctions pursuant to the facility's disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

## Standard 115.78: Disciplinary sanctions for inmates

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

**115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

**115.78 (b)**

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

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

**115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

**115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

**115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

**115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

*compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse paragraph 5 requires that residents will be subject to disciplinary sanctions following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. Too, it requires that residents making false allegations will be held strictly accountable through all means available to the DOCCR. DOCCR Policy PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse; DOCCR Policy, Resident Disciplinary Process; Twenty-four (24) reviewed investigation packages; Pre-Audit Questionnaire.

**Discussion of Policy and Documents Reviewed:** DOCCR, Adult Corrections Policy, 07-02, Resident Rules and Discipline, requires the following: 1) Sanctions will be commensurate with the nature and the circumstances of the abuse committed; 2) the disciplinary history of the resident; and 3) Sanctions imposed for comparable offenses by other residents with similar histories.

The Disciplinary Report process must consider issues such a mental disability or mental illness and whether it contributed to the violation/incident.

Residents, according to policy may be disciplined for sexual contact with a staff member only upon a finding that the staff did not consent to such contact.

Reports made in good faith based on a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying and will not be subject to disciplinary action.

The PAQ reported there were no inmates subject to disciplinary sanctions following a criminal finding of guilt for resident-on-resident sexual abuse during the period 11/1/16 through 11/1/17. The PAQ did report two (2) administrative findings of inmate-on-inmate sexual abuse in the period 11/1/16 through 11/1/17.

The agency has a zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment. Consensual sex is prohibited. This is confirmed through reviewing numerous polices, brochures and posters as well as interviews with staff and residents.

**Interviews:** Superintendent; PREA Compliance Manager; Randomly selected staff; Specialized Staff; Randomly selected and Targeted Residents.

**Discussion of Interviews:** The Superintendent articulated the disciplinary process for any inmate who is found guilty, through a formal due process hearing, of violating any agency sexual abuse or sexual

harassment policy. He referred to the Disciplinary Standard Operating Procedures and indicated sanctions could include segregation, separation, loss of good time and loss of privileges. If a resident was substantiated criminally, the resident may be referred for prosecution. The PREA Compliance Manager confirmed the process. None of the interviewed residents had been found guilty of violating any agency sexual abuse or sexual harassment policy.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (b)

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

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

## 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** DOCCR Policy, PREA, Resident Receiving, Assessment, Classification, and Orientation; Reviewed PAQ; Reviewed Investigation Packages (24); Reviewed Consent Form.

**Discussion of Reviewed Policy and Documents:** DOCCR Policy, PREA: Resident Receiving, Assessment, Classification and Orientation governs the screening processes. Staff complete the victimization screening and If the screening indicates that a resident has been previously sexually abused, staff will document in MAIN (database) and pass this information on to the Corizon medical staff by completing the Medical Referral Form. Intake Staff complete the victimization assessment and ask if a resident has been previously sexually abused and if so, the intake staff documents it on the referral form. Policy also requires Corizon Medical Staff to complete an initial health screening within 23 hours to include completion of the sexual violence prevention screening questions and if a resident discloses prior sexual victimization or abusiveness determine whether it occurred in an institutional setting or the community and ensure that the resident is offered a follow-up with medical or mental health practitioners within 14 days of the initial health screening.

A mental health review flowsheet asks incoming residents vital questions related to suicide potential, mental health issues, intellectual or cognitive functioning, and questions about prior victimization and prior assaultive behavior. Based on those responses the screener identifies whether a resident is "Red Alert" which requires contacting mental health immediately or follow site procedures for management of potentially suicidal inmates; or Yellow Alert" which requires a referral to mental health. The screening assesses the resident's current mental status as well.

Residents who, on the victim/aggressor assessments who score out as a potential victim, are referred to mental health for a follow-up. Documentation was provided to confirm the process and the referrals

being made. Interviewed inmates confirmed they are offered mental health follow-up after having disclosed prior victimization. Residents, who alleged sexual abuse and/or sexual harassment were, according to the investigation reports, referred to mental health.

The facility provided the auditor with samples of informed consent forms for residents over the age of 18. They also provided documentation from the database demonstrating that this information is tracked and indicates if the consent was obtained for those residents 18 and over. The tracking sheet covered the period May 1, 2017 through May 4, 2017 and documented there were four (4) admissions who were 18 or over and who had acknowledged informed consent.

The reviewed informed consent forms contained the following verbiage: "Your mental health information must be released where required by laws, rules or regulations. These include: Child Abuse Reporting, Adult abuse reporting and by signing the consent form, the resident is acknowledging that the consent form was read to him/her and that the resident understood what it means. There were no residents in the facility during the audit period 18 or over. This was confirmed by reviewing resident rosters and interviewing staff.

The Pre-Audit Questionnaire documented that 100% of the residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

**Discussion of Interviews:** An interview with the Facility Medical Director, who also serves as the facility's Psychiatrist and the Health Services Administrator related they are mandated reporters and if the alleged abuse occurred outside the corrections setting, informed consent is required. The facility has an informed consent process for anyone 18 or over and all informed consents are tracked in the database to confirm they have been provided.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.82 (b)

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

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** Corizon Policy Y-B 06.00 Procedure in the Event of Sexual Assault, in Paragraph 3b; MOU with the Hennepin County Sheriff's Office; Hennepin County Sheriff's Office Policy, 904.5.4, Sexual Assault and Sexual Abuse Victims

**Discussion of Reviewed Policies and Documents:** The facility offers medical and mental health evaluation and, as appropriate treatment to all inmates who have been victimized by sexual abuse in the facility. Female victims are offered pregnancy tests and if pregnancy results from sexual abuse, the victim will be offered and receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections, as medically indicated.

The reviewed policies and procedures comply with the PREA Standards. The facility has a contract with Corizon to provide healthcare in the facility. The interviewed Medical Director and Health Services Administrator were knowledgeable of the PREA related standards. They readily articulated their responses to a sexual assault or sexual abuse at the facility. They explained the informed consent process as well as their roles as mandate reporters. Healthcare staff have been PREA trained as first responders in addition to their roles in the event of a sexual assault or abuse. All of them related that residents would receive a forensic exam at the Hennepin County Medical Center and that there were Sexual Assault Nurse Examiners located there. Too, they said the victim would be offered STI tests and

prophylaxis and if the victim was female, access to the emergency contraceptive if desired. The interviewed Social Worker explained her role in responding to a victim of sexual abuse.

Corizon Policy J-B 05.00 Procedure in the Event of Sexual Assault, states that in the event of a sexual assault, the victim will receive an evaluation and necessary care at the Hennepin County Medical Center. In Paragraph 3b., states that the facility healthcare staff may provide testing, counseling, prophylactic treatment and follow-up care for sexually transmitted and other communicable diseases are offered to victims, as appropriate. Procedure Details, from the same policy, paragraph 3 affirms that prophylactic treatment and follow-up care for infectious diseases are offered to the victim in the ER. If that is not completed, the MD on duty when the resident returns from the ER will begin the necessary treatment. For continuity of care, the procedures state that following the resident's release and medical exam, any discharge orders will be followed up with by Adult Corrections Facility medical providers and nursing staff.

Hennepin County Sheriff's Office Policy, 904.5.4, Sexual Assault and Sexual Abuse Victims, requires that any inmate or detainee who alleges sexual abuse shall receive timely, unimpeded access to emergency medical treatment and 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.

**Interviews:** Superintendent; Medical Director; Health Services Administrator; Randomly selected staff; Special Category Staff; Randomly selected and Targeted Residents.

**Discussion of Interviews:** Interviews confirmed that resident victims of sexual abuse will be sent to the Hennepin County Medical Center's Emergency Room where they will be treated as needed and examined by a forensic examiner (Sexual Assault Nurse Examiner). The hospital will offer STI prophylaxis. Follow-up care is provided at the facility and is based on the discharge orders from the hospital and orders from the facility's medical director.

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

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

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.83 (b)**

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

### **115.83 (c)**

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

#### 115.83 (d)

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

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.83 (f)

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

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** DOCCR 01-11, PREA Reporting and Responding Process; Reviewed Victimization Assessments (20); Reviewed Pre-Audit Questionnaire.

**Policy and Document Review:** This facility's medical services are provided by a contract with Corizon. Resident victims of sexual abuse are provided access to care and a forensic exam at no cost to the victim. This is confirmed through interviews with medical staff and reviewed policies including Hennepin County Sheriff's Office Policy 904.

Services are provided at the Hennepin County Medical Center Emergency Rooms where a Sexual Assault Nurse Examiner will conduct a forensic exam. Sexually transmitted disease prophylaxis is offered at the hospital and, if for some reason, not offered, the prophylaxis is available from the facility on order from the ACF Medical Director.

Corizon's Policy, J-B-04.00, Federal Sexual Assault Reporting Regulations require the following:

- 1) Inmates identified as high risk with a history or sexually assaulted behavior area assessed by a mental health professional;
- 2) Inmates at risk for sexual victimization are assessed by a mental health professional

J-B-05.00 Requires that sexual assault victims of sexual abuse at ACF receive an evaluation and necessary care at Hennepin County Medical Center. It also requires a referral be made to mental health.

Female Victims of sexually abusive penetration while incarcerated are offered pregnancy testing and if pregnancy results victims will receive timely information about and timely access to, all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

During the past twelve (12) months there were no sexual assaults with any form of penetration requiring treatment or a forensic exam.

**Interviews:** Interviews with the Superintendent, PREA Compliance Manager, Medical Director, Health Services Administrator

**Discussion of Interviews:** Interviews with the Corizon Healthcare Staff confirmed that residents who disclose prior sexual abuse either during intake or afterwards to any staff, are offered a follow-up meeting with mental health. This is accomplished by completing a Medical Referral Form that is transmitted to Medical, who ensures the follow-up with Mental Health Staff (Licensed Professional Clinician). Previous interviews confirmed residents are

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

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

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**Policy and Document Review:** DOCCR Policy, PREA, Sexual Abuse Data Collection and Review, 5; DOCCR Sexual Abuse Incident Review;

**Discussion of Policies and Documents:** DOCCR Policy, PREA, Sexual Abuse Data Collection and Review, 5., requires that incidents are reviewed within 30 days of the conclusion of the investigation, using the DOCCR Prison Rape Elimination Act (PREA), Incident Review Team Process and DOCCR Sexual Abuse Incident Review Form. The procedures for implementation of that same policy, in paragraph 6, require the PREA Coordinator to review all incidents within 30 days following completion of the investigation and bring concerns and further recommendations to the Area Director responsible for the facility.

Additionally, the agency provided the auditor with the document entitled: "DOCCR Prison Rape Elimination Act (PREA); Incident Review Team Process." This document states that the DOCCR Executive Team has decided to review substantiated and unsubstantiated sexual misconduct incidents. The document then goes on to document the items the team will consider in their review. The team consists of the Area Director, Division Manager, PREA Coordinator, Professional Standards and Conduct Unit Investigator with input from Line Supervisors and the Contract Medical Provider. The team, according to the process, requires that all findings and recommendations are reported to the DOCCR Executive Team. Principles governing the team review process include: 1) Information discussed during the Sexual Abuse Incident Review will remain confidential with the exception of reporting findings and recommendations to the DOCCR Executive Team and membership on the team is restricted to those individuals that are required for the incident review.

The reviewed policies and procedures were consistent with the requirements of the standard. The facility conducts a sexual abuse incident review within 30 days of the conclusion of the investigation. The processes are described, and the form used to document the Sexual Abuse Incident Review Form documents the requirements of the PREA Standards. Reviewed investigations documented, for the facility, whether a particular investigation requires an Incident Review based on the allegation and the findings. Too, weekly reports are provided by the Senior Administrative Manager (Office of Administrative Services; responsible for the Professional Standards and Conduct Unit) to the PREA Coordinator documenting the status of every allegation that has been made. The review team reviewed one incident that was substantiated. Apart from that incident, which occurred beyond the 12- month period, the HENNEPIN COUNTY ADULT CORRECTIONS FACILITY has not had any sexual abuse allegations. The review team did not recommend a change in policy, but that staff are reinforced in the procedures for supervising residents being transported on the elevator. The incident review is

forwarded to the Agency Head and the PREA Coordinator is on the review team. A review of the sub-standards for the standard were reviewed and the standard was determined to meet the standard.

Reviewed policies and procedures as well as interviews with the Superintendent, PREA Compliance Manager, PREA Coordinator, the Area Director and Professional Standards and Conduct Unit Investigators confirmed that in the event of an allegation of sexual abuse, at the conclusion of the investigation, the Incident Review Team will conduct an Incident Review.

The reviewed DOCCR Sexual Abuse Incident Review documents all the items required by the PREA Standards. The auditor reviewed seven (7) Incident Reviews documented on the DOCCR Form, DOCCR Sexual Abuse Incident Review.

The DOCCR Sexual Abuse Incident Review form documents the membership, Incident Title, and Review of the following:

- What policies and procedures were in place to address the incident?
- Were the policies and practices followed?
- Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse? If “yes”, What policies need to be changed? What practices need to be changed?
- Does the allegation/investigation show that the incident or allegation was motivated by race; ethnicity; gender identify; lesbian; gay; bisexual’ transgender; or intersex identification, status, or perceived status, or, gang affiliation, or was motivated by otherwise caused by other group dynamics at the facility?
- If “yes” what does the allegation or investigation indicate? If “no” what were the factors that motivated or caused the group dynamics to occur”
- 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
- What are the recommendations for improvement? How do we prevent this incident from happening in the future?

Signatures of the following documented themselves as being members of the incident review team: Area Director, Superintendent, PREA Compliance Manager, Principal Administrative Assistant, Professional Standards and Conduct Unit, Senior Administrative Manager, Office of Administrative Services, and Safety Manager and PREA Coordinator.

The reviewed incident reviews document consideration of all the required items and indicated an effort to determine if anything could have been done differently.

**Interviews:** Interviews with the PREA Compliance Manager, Superintendent, PREA Coordinator, Agency Head, Area Director, Senior Administrative Manager

**Discussion of Interviews:** Interviews confirmed the incident review process. The Office of Professional Standards Investigator documents on the investigation report whether the investigation requires an incident review or not. Staff indicated the incident review process is conducted within 30 days of the conclusion of an investigation of sexual abuse unless the investigation is deemed to be unfounded.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

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

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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**Policies and Documents Reviewed:** DOCCR Policy, Sexual Abuse Data Collection and Review; DOCCR Data Collection Instrument; 2017 Annual Report

**Policies and Documents Review:** DOCCR Policy, PREA, Sexual Abuse Data Collection and Review, affirms that DOCCR Divisions and contactors will collect data concerning every allegation of sexual abuse, sexual misconduct and sexual harassment at facilities and confinement settings. The agency uses and has published the standard set of definitions established by the PREA Standards.

The agency has a 36- page data collection instrument. Too, weekly, the Professional Standards and Conduct Unit submits a report of all allegations that were received for investigation, including the status of the investigation. The data collected exceeds that required for the SSV.

The reviewed 2017 Annual Report affirmed the DOCCR collects data from the referrals for investigation of sexual abuse, sexual misconduct, and sexual harassment; both offender-on-offender and staff-on-offender. The report contains the aggregated data for the year and a comparison of the number of incidents reported between calendar year 2013 and calendar year 2017. All allegations are entered and tracked through a secure electronic database by the DOCCR Professional Standards and Conduct (Investigations) Unit

DOCCR Policy, PREA, Sexual Abuse Data Collection and Review, procedures, A. Data Review, requires Division Managers or Designees, Contactors, Safety Manager/PREA Coordinator, Professional Standards and Conduct Unit to identify the problem areas using collected data, study the data to improve the safety of residents, assess effectiveness of DOCCR's sexual abuse prevention, detection and response policies, practices and training and identify responses to problems , to take corrective action as required and for the PREA Coordinator to prepare an annual report that addresses findings as well as corrective actions taken to address problem areas; a comparison of the current year's data with previous year's data and an assessment of the Department's progress addressing sexual abuse and sexual harassment and sexual misconduct.

A review of the 2017 Annual Report documented corrective actions promulgated as a result of reviewing the data confirmed that the agency took specific actions in applicable facilities to address the identified issues.

The agency provided PREA Audit Reports documenting compliance with PREA and an interview with the Agency PREA Coordinator indicated she collects incident-based and aggregated data from every private facility with which it contracts for the confinement of residents.

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, makes comparisons, and corrective action. Corrective actions, if applicable, were identified for each of the DOCCR Facilities. The Adult Corrections Facility had one corrective action and that was to review the content of the resident orientation to ensure residents were well informed on PREA and how to report it regardless of their circumstances. It also documented that all three DOCCR institutions are fully PREA compliant.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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**Policy and Documents Reviewed:** DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, Policy, Paragraph 3., Annual Report; DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, B. Data Management, 2.a and b; Annual Report for 2017.

**Policy and Document Review:** Policy 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 2017 annual report discusses the aggregated data, analyzes the data, comparisons, and corrective action. Corrective actions were identified for each of the DOCCR Facilities. The Adult Correction Facility had one corrective action and that was to review the content of the resident orientation program to ensure residents were well informed on PREA and how to report regardless of their circumstances. It also documented that all three DOCCR institutions are fully PREA compliant.

The reviewed Comparative Data documented staff/offender sexual abuse, staff/offender sexual misconduct, staff/offender sexual harassment, offender/offender sexual abuse, offender/offender sexual misconduct, and offender/offender sexual harassment and compared the stats from 2013, 2014, 2015, 2016 and 2017. These statistics document reductions in allegations for each of the three DOCCR facilities/programs.

The reviewed annual report compares the data collected since 2013 and the 2017 report shows a decline in PREA incidents.

The annual report is readily available to any viewer on the DOCCR website, <http://www.hennepin.us/residents/public-safety/prea>. The agency makes the report available on the agency's website.

The Director of the Department of Community Corrections and Rehabilitation approved the annual reports. This was verified by interviewing the Director and through reviewing the 2017 annual report.

DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, B. Data Management, 2.a and b, requires the agency to remove all personal identifiers before making sexual abuse data publicly available and requires managers to redact information from the reports when publicizing it if would present a clear and present threat to the safety and security of a facility. When that occurs, the agency is required to indicate the nature of the information that has been redacted. An interview with the PREA Coordinator confirmed the agency does not place any personally identifiers in any report.

The agency has not redacted any information contained in the annual report. This is confirmed through review of the annual report (did not contain any personal identifiers) nor was there a statement describing any information that had to be redacted for any reason. Agency policy does require if information is redacted, the report will indicate the nature of the information that was redacted.

The 2017 Annual Report is signed by the Agency Director.

## **Standard 115.89: Data storage, publication, and destruction**

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

#### **115.89 (a)**

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

#### **115.89 (b)**

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

### 115.89 (c)

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

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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**Policy and Documents Reviewed:** DOCCR Adult Corrections Facility Policy, 6-03, Resident Records, Paragraphs C-1-5; DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, B., Data Management, Paragraph 1.,

**Policy and Documents Review:** requires that Division Managers/Designees, Contractors, and Department Director ensure that data collected is stored in a central controlled location with oversight by designated staff.

Incident based data and aggregate data are securely retained. DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, Paragraph 4, requires date collection, storage, retention, access, publication and destruction of reports and data must be implemented according to statute, rules and policies. Exceptions would occur when the release of information would present a clear and present threat to the safety and security of a facility or confinement setting.

DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, B. Data Management, 2, requires Division Managers/Designees, Contractor and Department Director to post all sexual abuse data from private facilities the institution contracts with and make it readily available to the public at least annually through its website.

DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, B. Data Management, 2.a, requires that all personal identifiers are removed before making sexual abuse data publicly available.

Interviews with the PREA Coordinator confirmed that personal identifiers are never placed in annual reports. The reviewed annual report, including data related to sexual abuse, did not contain any personal identifiers.

DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, Policy 5., States that data pertaining to sexual abuse, sexual misconduct, or sexual harassment must be retained a minimum of 10 years following the date of the initial collection. Exceptions would be directed by Federal, State, or local laws or rules and policies. An interview with the PREA Coordinator and the reviewed Pre-Audit Questionnaire confirmed the agency will retain data pertaining to sexual abuse, sexual misconduct, or sexual harassment for a minimum of ten (10) years after the date the data was collected.

The Department established policies related to record retention for PREA related incidents. These are required by policy:

1. Collaborate with investigators from the Professional Standards and Conduct Unit to ensure that accurate and uniform data is collected and documented for each allegation reported and each incident substantiated involving sexual abuse under the facility's jurisdiction.
2. Ensure that data collected for each individual alleged to have violated PREA standards is thoroughly documented and accurately entered into the Incident Module of OMS.
3. Ensure that the Survey of Sexual Violence Adult Incident Form is completed for each substantiated incident of sexual abuse.
4. Ensure that the Survey of Sexual Violence Summary Form, which summarizes all incidents of sexual abuse reported under the ACF's jurisdiction, is completed annually and sent to the US Census Bureau by May 1 of each calendar year.  
Note: Upon request, the ACF will also provide all PREA-related data collected from the previous calendar year to the Department of Justice no later than June 30 of each calendar year.
5. Ensure that all PREA-related data collected is secured for at least 10 years in the facility's records storage unit and electronically in the OMS database.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Document Review:** The agency operates three facilities; two (2) juvenile facilities and one adult corrections facility). They have all been audited as required. Over six weeks prior to the on-site audit the facility posted the Notice of PREA Audit providing viewers the opportunity to communicate with the auditor if they needed to. There was no correspondence as a result of those postings. The PREA Coordinator and staff at the facility provided an excellent Pre-Audit Questionnaire (PAQ) containing agency and facility policies and procedures as well as documents to support practice. All the documents to support each substandard, as applicable, were embedded in the PAQ. In addition to the embedded documents, including policy, procedures and supporting documentation, enabling the auditor to easily and efficiently to access that information, the facility provided a host of other documents that were helpful in helping the auditor become familiar with the facility and facility operations. Prior to the on-site audit, the auditor listed documents requested to be provided during the on-site audit. They were provided as requested. During the on-site audit, when additional information was requested it was provided.

The auditor had access to the entire facility at any time during the on-site audit. The auditor also had access to residents at any time during the on-site audit. When additional documents were requested, the PREA Coordinator affirmed to staff that the auditor had access to anything needed to conduct the audit. The auditor was given access to every area of the facility and to any staff or resident. The agency valued the process and the Agency's Director as well as the Area Director came over to the facility to be interviewed. The Senior Administrative Manager, responsible for background checks and investigations, also came over to the facility to be interviewed. This staff person brought a flash drive containing the 25 requested investigation packages documenting investigations conducted during the past 12 months.

The agency's commitment to PREA and the audit process was indicated when the Director of the Agency was present the first morning of the audit for the entrance briefing and meet and greet. She also returned the following day, along with the Area Director to be interviewed by the PREA Auditor, The PREA Coordinator arranged interviews with agency level personnel and staff, including the agency's Training Director along with the facility's training staff; the Corizon Medical Director (Psychiatrist) and Corizon Health Services Administrator; The agency's Contracts Manager came to the facility from the agency office for his interview.

Residents were randomly selected to be interviewed. Interviews were conducted in an office affording complete privacy. Following the on-site audit, the auditor communicated with the PREA Coordinator and requested clarification and additional documentation. The requested information was consistently provided the same day and not later than a day or two. The entire team took the process very seriously and indicated that they had been involved in PREA since its inception. The DOCCR team, from Agency Director to line staff, constantly demonstrated that they were operating as a "team"

## **Standard 115.403: Audit contents and findings**

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

### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The reviewed agency website contained all the previous PREA Reports. These are posted, along with annual reports and information on how to report allegations of sexual abuse and sexual harassment. The auditor reviewed prior PREA reports as well as prior annual reports that were posted on the agency's website.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

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

Robert Lanier  
**Auditor Signature**

March 23, 2018  
**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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