

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Hennepin County Adult Corrections Facility			
Physical address: 1145 Shenandoah Lane, Plymouth, MN 55447			
Date report submitted: March 2, 2015			
Auditor Information: Wendy J. Roal Warner			
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Date of facility visit: October 20-22, 2014			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: (612) 596-0001			
The facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> XX County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> XX Jail	<input type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Title: Corrections Institutional Supervisor	
Email address: Thomas.Gorzycki@hennepin.us		Telephone number: (612) 596-0010	
Agency Information			
Name of agency: Hennepin County Department of Community Corrections and Rehabilitation (DOCCR)			
Governing authority or parent agency: Hennepin County Govt.			
Physical address: 300 South 6 th St., Minneapolis, MN 55487			
Mailing address: <i>(if different from above)</i>			
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Agency Chief Executive Officer			
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Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

The Hennepin County Adult Corrections Facility (HCACF) is under the authority of the Hennepin County Department of Community Corrections and Rehabilitation (DOCCR). The HCACF is a medium security facility that provides short-term (up to one year) custody and programming for adult offenders convicted of felony, gross misdemeanor, and misdemeanor offenses. The maximum stay of the residents is 365 days, with an average stay of 43 days. The facility has a capacity of 477; 399 beds in the men's section and 78 beds in the women's section. Over 5,600 men and women were booked into the ACF in 2013. The facility houses an average of 405 residents per day in its two sections. The HCACF correctional staff, in collaboration with Community Offender Management employees, also supervise approximately 190 offenders per day on the Electronic Home Monitoring Program (EHM) within the community. Of the total 2013 resident population, 34 percent had felonies, 42 percent had gross misdemeanors, and 24 percent had misdemeanors. The facility is required to house youthful residents convicted of adult offenses. In the last year, 5 youthful offenders were housed at the HCACF with one at the facility during the on-site 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.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The HCACF is approximately thirteen miles west of downtown Minneapolis. The site consists of approximately 60 acres and is bordered by a lake on one side. There are two major buildings on the grounds; Men's Section and Women's Section. The Industry factory is no longer in operation, however the building is under construction to become a new intake area for both male and female residents. Additionally, two business enterprises operate on site: a golf driving range/chip and putt and a greenhouse/nursery.

The male section of HCACF has 3 housing units; 2 general housing and 1 segregated housing. All male cells are single occupancy. The female section has 6 housing units; 1 single cell segregated housing; 3 general housing units with single occupancy (one of which was off-line due to a floor renovation), and 2 general housing units with multi-occupancy. Indoor and outdoor recreation areas are available for both the men's and women's sections. The food is prepared at the men's section and transported to the women's section prior to each meal.

SUMMARY OF AUDIT FINDINGS:

The audit of the HCACF was to determine compliance with the national Prison Rape Elimination Act (PREA) standards. The audit consisted of a review of the Pre-Audit Questionnaire along with numerous embedded policy, procedures, forms, and training records from the HCACF. The Pre-Audit Questionnaire was initially received on August 27, 2014. The initial review revealed the need for clarification or more information on several standards. A teleconference was held between myself as Auditor, the PREA Coordinator, Superintendent, PREA Compliance Manager and other relevant upper-level management staff to clarify the areas in question.

The notification of the on-site audit was posted July 8, 2014, 15 weeks prior to the first day of the on-site audit. The notices were posted in various locations throughout both the men's and women's sections.

The on-site audit was conducted October 20-22, 2014. After meeting with the PREA Coordinator, Superintendent, PREA Compliance Manager and the facility's management staff, a tour of both the men's and women's section was conducted and I was able to observe the physical plant and grounds of the facility. The tour included: booking; visiting rooms; all housing units; food service; maintenance area; education areas, and indoor and outdoor recreation areas. Cameras were visible throughout both the men's and women's section, with the facility reporting 193 cameras throughout both the men's and women's sections. No cameras appeared to capture residents in the showers or in their cells and no blind spots were noted.

The three-day on-site visit included a review of secondary documentation and interviews. A total of 26 staff including those from all shifts were interviewed; 3 contract Medical/Mental Health Staff; 3 other contractors and 1 volunteer. Additionally, I spoke to 2 Nurses from Hennepin County Medical Center (HCMC) and the Director of the Sexual Violence Center (SVC) in Minneapolis, MN. Staff interviews revealed they have been thoroughly trained on PREA standards and understand their responsibilities and duties to prevent, detect and respond to sexual abuse and harassment.

A total of 11 residents were interviewed, including both male and female residents and 1 youthful male offender. All residents interviewed indicated that they are aware of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and harassment. No letters were received in advance of the audit.

Results of the HCACF PREA audit indicated the facility needed to implement corrective actions in order to achieve full compliance. A corrective action plan was jointly developed between HCACF's PREA Coordinator, PREA Compliance Manager, Superintendent and myself to correct the standards not in compliance. The corrective action plan was provided to the facility October 26, 2014 and the Interim Report was provided to the facility on November 21, 2014. Corrective action was taken over the course of the next three months, with final documentation provided on February 27, 2015. At this time, the facility has provided sufficient documentation of corrective action, changes to policy and procedures, and staff training to certify they are in full compliance with the PREA standards and as such, this serves as the final report.

Number of standards Exceeded: **0**

Number of standards met: **42**

Number of standards not met: **0**

Number of standards not applicable: **1**

Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

The HCACF's PREA policy has clearly written language mandating a zero tolerance for all forms of sexual abuse and sexual harassment. The agency's approach to preventing, detecting and responding to such conduct is outlined throughout the policy.

The agency has a PREA coordinator who oversees compliance efforts for the Hennepin County DOCCR. She states she has sufficient time and authority to oversee PREA compliance. There are three institution PREA compliance managers, with Thomas (Joe) Gorzycki being responsible for the HCACF. He also serves as a Correctional Institutional Supervisor. The Compliance Manager states he is afforded much latitude in prioritizing his duties and confirms he has sufficient time and authority to oversee the program.

Standard 115.12 Contracting with Other Entities for the Confinement of Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

Auditor Comments:

HCACF does not contract with other entities for the confinement of its residents.

Standard 115.13 Supervision and Monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF has a well thought out, systematic staffing plan. The plan is reviewed at least yearly by the Superintendent, PREA Coordinator, and Institution Compliance Manager. The facility has developed a form which clearly demonstrates the yearly review of substantiated and unsubstantiated incidents of sexual misconduct, analysis of blind spots and areas where staff or residents may be isolated, as well as the number and placement of staff, including supervisory staff.

The institution documents all instances of non-compliance with the staffing plan and justifies the action taken to ensure protection of the residents from sexual assault, which is primarily done by hiring staff on overtime.

During the facility tour cameras were observed in sufficient number and location. Direct observation of possible blind spots were viewed from the control center, (the main area where the cameras are monitored), where I was able to determine adequate camera coverage exists for all areas.

Institution policy requires supervisors to make rounds of the facility; however, interviews with supervisors revealed inconsistency in where and how often rounds were being made and only rounds in the housing units were being documented. During the corrective action period, the facility made policy and procedural changes requiring supervisors to make and document unannounced rounds to all areas of the institution. The changes specify which supervisors are to go to which areas of the facility and the frequency of the visits. Documentation of the revised changes, along with documentation of training of supervisors, was provided.

Standard 115.14 Youthful Offenders

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF does house youthful offenders. In the past year, the facility has housed five youthful residents with one at the facility during the audit. At the initial review, youthful residents were asked upon admission if they wanted to be placed in segregated housing or sign a waiver and be housed in general housing. If the youth chose general housing, they had full sight, sound and physical contact with adult residents in the housing units, common areas, showers, as well as areas outside the housing units. Direct staff supervision was not provided to the youthful resident if they waived segregated housing. If the youthful resident chose segregated housing, there were no written procedures to provide access to daily large-muscle exercise; programs and work opportunities, or document exigent circumstances for not being able to provide programs and work opportunities.

During the corrective action period, the facility revised several policies regarding the housing of youthful offenders. After making its best efforts to avoid such, HCACF found it currently has no alternative other than to place youthful offenders in segregated housing until suitable housing can be found. Policies have been changed to ensure while in segregated housing, youthful residents will have access to large-muscle exercise; required education services, along with other programs or

work opportunities. Direct staff supervision requirements of the standard are included in the policy changes. Policy now requires documentation of why the youthful offender is housed in segregation; if any activities are limited, and the reasons why. Documentation of staff training on the new procedures has also been provided. HCACF will continue to work with the courts on finding alternative housing for youthful offenders.

Standard 115.15 Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy and procedures clearly states cross-gender pat searches, cross-gender strip searches, and cross-gender body cavity searches (meaning searches of the anal or genital opening) are prohibited, with no allowance for exigent circumstances. Interviews with staff reveal only female staff search female residents and only male staff search male residents.

The tour of the facility and interviews with both male and female residents reveals they are able to shower, change clothing and perform other bodily functions without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia outside of incidental incidents due to routine cell checks.

HCACF procedures have periodic announcements throughout the day advising residents that staff of the opposite gender may make rounds in the housing units. However, staff working or making rounds of the opposite gender housing units were not announcing their presence upon entering the units. During the corrective action period, modifications were made to policy requiring staff to announce their presence when making rounds of housing units of the opposite gender. Documentation of corrective action and staff training has been provided.

HCACF policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Interviews with male and female transgender residents reveals they are asked their preference on the gender of staff searching them. However, staff interviews revealed confusion on how to pat search a transgender or intersex resident and adequate training had not been provided. Corrective action was taken and policy modified to specify how to conduct pat searches of transgender residents. Documentation of corrective action and staff training has been verified.

Standard 115.16 Inmates with Disabilities, Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

The HCACF policy Reception and Admission Men’s and Women’s, provides for equal access to programs and services for persons who are special needs and whose primary language is not English. The policy does allow for resident interpreters in limited circumstances. However, HCACF has not used a resident interpreter for these purposes to date. It was suggested policy be revised to include the requirement to document the use of resident interpreters should they be utilized. The facility has more than one Service Agreement with entities to provide translation in several languages prominent in the Minneapolis and St. Paul communities, including Spanish and Somali. If a resident has disabilities rendering them unable to read or understand PREA material, the facility has a staff member read and/or explain the documents to the resident.

Standard 115.17 Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy and procedures requires background checks on all prospective employees and contractors, and they go above and beyond by also conducting background checks on volunteers. A review of staff files and documentation received from Human Resources staff, as well as staff who oversee Volunteers and Contractors, verify criminal background checks are conducted on every employee, contractor and volunteer prior to hiring or allowing entrance to the facility. The facility performs a background check on all staff being considered for promotion, and new hires are asked directly about previous misconduct related to PREA.

Standard 115.18 Upgrades to Facilities and Technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF currently has a construction project for expanding the intake area. A review of documentation reveals the facility considered PREA during the design and layout and has planned for the placement of surveillance cameras to assist in protecting the residents from sexual abuse in the new area.

Standard 115.21 Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

The HCACF staff and resident investigations are conducted by the DOCCR's Professional Standards and Conduct Unit. The investigative staff are certified to conduct administrative investigations and have been certified by NIC to conduct PREA related investigations. Interviews and a review of investigative files reveal a highly organized investigative unit that conducts thorough investigations in accordance with all evidence collection procedures required by the standard. The Hennepin County Sheriff's Office is responsible for conducting criminal investigations and a specific investigator is assigned to HCACF. The Sheriff's Office is aware of the PREA Standards for conducting investigations of sexual assault. The rapport between HCACF and the Sheriff's Investigator is open and their offices are at the same location rendering ease of communication about investigations.

Forensic medical examinations are conducted at HCMC. Interviews with HCMC SAFE/SANE nurses confirms they have Certified SAFE/SANE practitioners who provide Forensic Examinations for sexual assault residents and are available 24 hours a day seven days a week. There were no cases of sexual assault in the last 12 months and no forensic medical examinations conducted. HCACF has a Memorandum of Understanding (MOU) with the SVC in Minneapolis. Contact with the SVC Director reveals an exceptional working relationship not just with HCACF but also with HCMC. The SVC's agreement with HCMC is when the request for a SAFE/SANE is made, the SVC is automatically called and a victim advocate is dispatched to the hospital. The advocate explains all services available to the victim including being present during the examination and investigative interviews. They also explain the support services they provide. The SVC has a hot-line at the HCACF for the residents, provides one-on-one counseling to residents and currently conducts a group counseling session at the women's side.

Standard 115.22 Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF PREA policy requires all allegations of sexual abuse or harassment to be immediately referred to the Department's Professional Standards and Conduct Unit which is responsible for all

investigations, and that all such allegations are to be thoroughly investigated by the proper authorities. As stated in 115.21, the facility works closely with the Hennepin County Sheriff's Office which is responsible for criminal investigations. In the past year, the facility has had 29 allegations investigated. Of those, 8 were substantiated; 5 were unsubstantiated; 13 were unfounded, and 3 were still pending investigation.

Standard 115.31 Employee Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF has an excellent staff training department which ensures all staff receive training on PREA definitions, policy and requirements. The training curriculum is thorough, covers both male and female residents, and is presented in a manner easily understood. A review of training records and interviews with staff verify staff has received training on PREA. Documentation also exists verifying comprehension of PREA training material. The facility has plans for annual refresher training, and presents PREA on a periodic basis to all staff in between annual training.

Standard 115.32 Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF has an excellent training department which, along with the employees is responsible for overseeing contractors and volunteers, ensures all contractors and volunteers receive training on PREA definitions, policy and requirements prior to entrance to the facility. The training curriculum is thorough, covers both male and female residents, and is presented in a manner easily understood. A review of training records and interviews with contractors and volunteers verifies they have received training on PREA. Documentation also exists verifying comprehension of PREA training material.

Standard 115.33 Inmate Education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with

the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HACF Resident Orientation policy requires residents to receive comprehensive information regarding PREA during orientation. At intake, residents are provided the Resident Handbook which thoroughly explains PREA; the facilities zero tolerance policy, and how to report sexual misconduct, abuse or harassment, and what to expect in response to an allegation. The handbook is available in Spanish, Somali, and interpretative services are available. However, interviews with staff revealed there were no procedures for ensuring interpretative services were provided to residents who needed them. During the correction action period, the institution revised policy specifying which staff are responsible for identifying if a resident requires interpretative services or special assistance in the case of mental impairment, and which staff are to provide interpretative or special services for the resident. Documentation of staff training on the new procedures has been provided.

Residents are placed in the Intake Housing Unit and attend orientation ordinarily the next business day where PREA is presented again through a video. A Correctional Officer obtains signatures from the residents which verifies they received and understand the material. Documentation of resident signatures was checked, and random interviews with male and female residents confirmed they were educated on their right to be free from sexual abuse and sexual harassment and reporting procedures. During the tour of the facility, posters outlining the sexual misconduct/abuse, zero tolerance policy, and instructions for reporting incidents were posted throughout the facility. Residents are able to call both the SVC as well as an internal number to the investigative department. Both numbers were tested and working properly.

Standard 115.34 Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF PREA policy requires investigators receive specialized training in conducting investigations of sexual misconduct in facility settings. Documentation of training was reviewed and is in compliance with the requirements of the standard. The investigators attended a three (3) day investigators training which was conducted by the PREA Resource Center and the MOSS Group at the National Corrections Academy.

Standard 115.35 Specialized Training: Medical and Mental Health Care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with

the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF PREA policy requires medical and mental health care staff receive specialized training in PREA. Corizon Health, Inc., has specialized training for their staff on PREA. Additionally, the facility provides basic PREA training for contractors to all Corizon staff. Interviews with Corizon staff confirm training has been conducted. It was suggested Corizon add more PREA material to their Continuing Education material.

Standard 115.41 Screening for risk of Victimization and Abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy PREA, Resident Receiving and Orientation, requires all residents be screened for risk of being sexually abused or sexually abusive upon intake or transfer to another facility. An initial Health Screening is required within 24 hours of the resident's arrival, followed by an Intake Interview by health services staff within 72 hours. Interviews with staff and residents, along with a review of resident intake forms, confirms the screenings are being conducted and all areas required by the standard are considered. Interviews confirm controls are in place regarding the dissemination of information from responses to questions asked. At the time of the review, a reassessment of residents was being conducted within 30 days; however, only when warranted due to referral, request or incidents of sexual victimization. During the corrective action period, the institution made procedural changes requiring all residents be reassessed for their risk of being sexually abused or sexually abusive. The modifications specify which staff will conduct the reassessment, and documentation of these staff being made aware of the modification was provided.

Standard 115.42 Use of Screening Information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy requires an assessment of resident's risk of sexual victimization or sexual abusiveness when making housing and programming assignments. However, interviews with staff revealed

information from the screening form was not consistently being utilized when making these decisions. During the corrective action period, the facility provided documentation of policy changes requiring all staff who make housing or programming decisions to consider and document the use of PREA screening information when making such assignments. Verification of staff training on the new procedures has been provided.

HCACF policy requires a reassessment of housing and programming assignments for each transgender or intersex resident at least twice a year to review any threats to safety experienced by the resident. Further, transgender and intersex residents in both the men's and women's sections confirm they are allowed to shower separately if requested.

Standard 115.43 Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

Current practice and HCACF policy states residents will not be placed in segregated housing for protective custody unless all other options have been assessed and no other options exist. To date, no resident at HCACF has been involuntarily placed in segregated housing for protective custody due to PREA reasons. A review of Weekly Special Management Reviews forms revealed while the cases of residents in segregated housing were being conducted, documentation as to what was discussed, specific reasons why a resident needed to stay in segregated housing, and their access or limitations to programs and work was not documented.

During the corrective action period, the institution provided documentation of policy revision to require documentation of the security concerns requiring an involuntarily placement in segregated housing for PREA reasons; the duration of the placement; the continuing need for placement, and if programs and/or work opportunities have been limited, the reasons why. Further, this information is reviewed by supervisory staff during weekly reviews of all residents in segregation. Documentation of staff training on the new procedures has been provided.

Standard 115.51 Inmate Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF has done a very good job of informing residents of the definitions of sexual abuse and sexual

harassment; their right to be free from sexual abuse and harassment, and the various ways to report incidents. Both male and female resident handbooks include detailed PREA information, and PREA Brochures are visible throughout the facility. The written material provides the toll free number to the SVC and informs residents the line is unmonitored and available 24 hours a day 7 days a week. The written material also informs residents how to contact the Department's Professional Standards and Conduct Unit, which is the internal investigative unit. Interviews with residents confirms their knowledge about PREA and the various ways they can report incidents of sexual abuse or harassment.

Standard 115.52 Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy Resident Grievance and Complaint, as well as Institutional Reporting and Responding to Maltreatment and Sexual Abuse policy, both address how residents may file grievances, emergency grievances, and the time frames for reporting. Interviews with residents confirm they are aware of their ability to file grievances on PREA related issues. A review of grievances filed in the last year reveals zero PREA grievances have been filed.

Standard 115.53 Inmate Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF has a MOU with the SVC in Minneapolis, MN. A telephone interview with the Director of the SVC confirms their relationship with the facility. The SVC has received phone calls from residents, primarily female, and provides a weekly counseling group at the women's section for residents with a history of prior sexual victimization. Additionally, the Director informed me there have been a few cases where the facility called and requested an advocate come to the facility to provide individual counseling to a resident who had a history of prior victimization. Interviews with female residents confirms they are fully aware of the services provided by the SVC. Male residents were not as aware of the services, but several male residents admitted they had not read the information provided to them regarding PREA. It is recommended the PREA Brochure be handed to residents along with the handbook as some residents may be more apt to read a small brochure rather than the handbook.

Standard 115.54 Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF's website informs individuals in the community how they can report sexual abuse or sexual harassment of residents. Additionally, resident interviews confirm their general knowledge of third-party reporting of incidents on their behalf.

Standard 115.61 Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

All staff, contractors and volunteers are informed of their duty to report any incidents or knowledge, suspicion or information regarding sexual abuse or harassment in a confinement setting, whether it is part of Hennepin County or not; any retaliation against staff or residents who have reported incidents; or any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse/harassment or retaliation. Interviews with staff, contractors and volunteers confirms their understanding of this policy and their compliance with this standard.

Standard 115.62 Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy directs staff to take immediate action when they learn of a resident being at substantial risk of imminent sexual abuse. Interviews with staff confirm their understanding of their need to take immediate action when a resident is at imminent risk. A review of secondary documentation indicates there were zero incidents of residents being at imminent risk of sexual abuse in the last year.

Standard 115.63 Reporting to Other Confinement Facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy states upon receiving an allegation of sexual abuse at another facility, the Superintendent will notify the head of the facility or agency in which the alleged abuse occurred. It further specifies the notification is to be documented and occur as soon as practical but no later than 72 hours from receiving the allegation. Similarly, policy requires an investigation upon receiving notice from another facility of an allegation of sexual abuse at the HCACF. A review of secondary documentation confirms investigations are being completed when allegations are being received from other facilities, and timely notifications are being sent to other facilities.

Standard 115.64 Staff First Responder Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy is clear regarding steps first responders are to take upon learning of an allegation of sexual abuse. The facility has made laminated cards for all staff to carry outlining the steps a first responder should take. Interviews with staff resulted in several showing me their laminated cards and listing the various steps to take. Interviews with both contractors and volunteers also resulted in reciting various steps to take if they are made aware of an incident of sexual abuse. The facility is commended for their efforts with the laminated cards.

Standard 115.65 Coordinated Response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

While the facility is commended for ensuring first responders know of their responsibilities, further work was needed to ensure a coordinated response plan beyond first responder steps. Specifically,

while HCACF has a well-developed policy on coordinated response, interviews with staff revealed a disconnect between preserving evidence and providing timely and unimpeded access to medical and mental health care. The majority of staff interviewed were very clear as to first responder actions to take, notifying the correctional supervisor, and preserving the evidence. However, very few could tell me about how or when the resident receives medical care or if the resident is taken to the local hospital. Interviews also revealed the need to emphasize the steps to take to ensure the alleged abuser does not take any actions that can destroy or alter evidence collection.

During the corrective action period, documentation of modified policy and procedures on coordinated response was provided. The facility now clearly delineates the order in which staff are to be notified and includes immediate notification to health services staff to ensure unimpeded access to medical care for the victim of sexual abuse. Additionally, policy now clearly states the appropriate steps staff are to take to prevent an alleged abuser from possibly destroying or altering evidence. Documentation of staff training on the new procedures has been provided. It is recommended the facility consider mock scenarios to assist in training staff.

Standard 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

A review of the numerous collective bargaining agreements HCACF has with staff confirms there is nothing in any of the contracts that would limit the administration from removing an alleged staff sexual abuser from contact with residents. Interviews with the Director, Superintendent, Investigator, and staff responsible for personnel actions further confirms their ability to remove staff if necessary pending investigation.

Standard 115.67 Agency Protection Against Retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy clearly prohibits retaliation against staff, volunteers, contractors or residents who report information regarding sexual abuse or harassment. Policy also lists several methods staff, volunteers or contractors may report knowledge of sexual abuse or harassment. Random interviews with staff confirms their understanding of retaliation being prohibited, and an interview with the supervisor responsible for monitoring retaliation indicates these duties are taken seriously.

Standard 115.68 Post-Allegation Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy states residents placed in Special Management housing (protective custody) for PREA reasons will have access to programs, privileges, education and work opportunities to the extent possible, and that limited to denied access will be documented. However, as stated in 115.43, a review of Weekly Special Management Reviews forms revealed while the residents in segregated housing were being reviewed, documentation as to what was discussed, specific reasons individuals need to stay in segregated housing, and their access or limitation to programs and work was not documented.

Corrective action was taken to change policy and procedural to require documentation of the security concerns requiring post-allegation protective custody; the duration of the placement; the continuing need for placement, and if programs and/or work opportunities have been limited, the reasons why. Further, this information is reviewed by supervisory staff during weekly reviews of all residents in segregation. Documentation of staff training on the new procedures was provided.

Standard 115.71 Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy on investigations requires administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The HCACF has a MOU with the Hennepin County Sheriff's Office who conducts all criminal investigations. A dedicated investigator from the Sheriff's Office is assigned to HCACF and his office is in the same location as the DOCCR Investigator assigned to the HCACF which lends to a very good working relationship. An interview with the Investigator for the HCACF, along with a review of PREA investigations, confirms a well-organized department with detailed investigative reports. Further, reports are kept in accordance with the timeframes outlined in the standards and documentation reviewed confirms investigators have received specialized training on how to conduct PREA investigations.

Standard 115.72 Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy on investigations states substantiation of an allegation of sexual abuse, misconduct or harassment will be established by proof at a preponderance of evidence. An interview with the lead investigator and a review of past investigative reports confirms well written reports with clear documentation of the use of preponderance of evidence to substantiate cases. Additionally, certificates of training on PREA investigations were also reviewed. The lead investigator is commended for her knowledge and documentation of PREA investigations as well as her commitment to duty.

Standard 115.73 Reporting to Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy requires residents who report allegations of sexual abuse or harassment be notified of the conclusion of each case investigated. It also requires residents be informed whenever an alleged staff abuser is no longer posted within the resident's unit or is no longer employed at the facility. Policy requires resident victims be informed whenever the alleged abuser, be it staff or another resident, has been indicted and/or convicted of the incident. Documentation of these notifications is required. However, staff interviews revealed it was not clear who was responsible for making these notifications to residents. During the corrective action period, policy was clarified to designate which staff member is responsible for notifying the residents of such information.

Standard 115.76 Disciplinary Sanctions for Staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy states staff shall be subject to disciplinary action up to and including termination for failure to comply with the facility’s policy prohibiting sexual abuse and harassment. Policy states disciplinary action is to be commensurate with the nature and circumstances of the acts committed. Interviews with staff and a review of documentation reveal zero substantiated staff abuser cases in the last year. During the on-site audit, interviews with staff revealed it was not clear who is responsible for notifying law enforcement agencies and/or relevant licensing bodies of substantiated staff/contractor/volunteer cases of sexual abuse of residents. Corrective action was taken to modify policy and designate which staff member is responsible for these duties.

Standard 115.77 Corrective Action for Contractors and Volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy states any contractor, volunteer or intern who engages in sexual abuse will be prohibited from contact with residents and the incident will be investigated. It further states appropriate remedial measures will be taken. A review of secondary documentation confirms zero violations from contractors, volunteers or interns in the last year. However, the Superintendent did show me documentation regarding the removal of a contractor for inappropriate actions not related to PREA confirming the facility does not tolerate unprofessional or unethical behavior from any contractor, volunteer or intern.

Standard 115.78 Disciplinary Sanctions for Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy clearly states it has a zero tolerance policy against all sexual activities between residents, and that residents will be disciplined for engaging in such activity. It further states residents will be subject to disciplinary sanctions following administrative or criminal findings of resident-on-resident sexual abuse. The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Residents may also be disciplined if found to have made allegations of sexual abuse in bad faith. Interviews with medical and mental health staff verify counseling would be conducted for residents who have committed sexual abuse.

Standard 115.81 Medical and Mental Health Screenings; History of Sexual Abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy states when a resident reveals a prior history of sexual victimization or abusiveness, whether in an institutional setting or the community, staff are to ensure the resident is offered a follow-up appointment with medical or mental health practitioners within 14 days of initial screening. However, interviews confirmed there was not a systematic method of how to inform health services of the need to see a resident for these reasons. During the corrective action period, policy was modified to ensure staff at booking and/or classification complete a mental health referral if a resident reveals a prior history of sexual victimization or abusiveness. The modification specifies who is to complete the form and the timeframe for completion. Documentation of staff training on the new procedures has been provided.

As for informed consents, interviews with medical and mental health staff verify they are obtained, and information obtained during the initial screening is limited to staff on a need to know basis.

Standard 115.82 Access to Emergency Medical and Mental Health Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

Interviews with staff revealed a lack of knowledge regarding the need to immediately notify institution medical and mental health staff should an incident of sexual abuse occur at HCACF. During the corrective action period, policy was revised requiring staff to immediately complete and deliver a medical/mental health referral should an incident of sexual abuse occur. Documentation of staff training on the new procedures has been provided.

Both HCACF and Corizon policy state resident victims of sexual abuse will be taken to the HCMC. An interview with the Director for the SVC confirms in addition to a forensic examination, counseling and support services are provided for the resident by an advocate from the SVC. Access to treatment is not at the expense of the resident and they are offered timely access to emergency contraception and sexually transmitted infections prophylaxis. When the resident returns from

HCMC, Corizon staff are able to access the medical records from HCMC and continue both follow-up medical and mental health care.

Standard 115.83 Ongoing Medical/Mental Health Care for Sexual Abuse Victims/Abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF and Corizon policy indicate victims of sexual abuse will be seen the next clinic day for follow up care by both medical and mental health practitioners. Interviews with medical and mental health staff verify their knowledge of policy regarding seeing the victim, as well as the abuser. The SVC also offers counseling with the resident victim upon their return to the facility.

Standard 115.86 Sexual Abuse Incident Reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy requires a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated, unless the allegation has been determined to be unfounded. Policy states the reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The review team includes upper-level management with input from line supervisors, investigators, and medical or mental health staff. Interviews with staff and a review of incident review reports reveals an excellent form is utilized which includes a review of all areas listed in the standard.

Standard 115.87 Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy on Sexual Abuse Data Collection and Review specifies data that is to be collected regarding PREA and the length of time required for retention. All areas of the standard are covered in the policy.

Standard 115.88 Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy regarding data collection and PREA include reviewing data to assess and improve the effectiveness of its sexual abuse prevention program. Policy further states the data will be published annually on the public website.

Standard 115.89 Data Storage, Publication and Destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments:

HCACF policy specifics how to securely retain PREA data collected and requires redaction of all personal identifiers prior to making data publicly available.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.



Auditor Signature

March 2, 2015
Date