

Minnesota Department of Corrections

Policy:	202.040
Title:	Offender Intake Screening and Processing
Effective Date:	12/4/18

PURPOSE: To ensure that the health, safety, and security requirements for all offenders are met, all incoming offenders at correctional facilities undergo a thorough screening and assessment during intake.

APPLICABILITY: All adult facilities

DEFINITIONS: None

PROCEDURES:

- A. Intake screening – new court commitment/non-department admissions
The following screening/assessment procedures must be completed on new court commitments and non-department admissions.
1. Staff must examine COMS to ensure an Offender identification number (OID) has been created and the commitment has been entered for admission requirement.
 2. Staff must complete Prison Rape Elimination Act (PREA) screening as follows:
 - a) Health services staff must screen offenders for potential vulnerability to sexual assault and/or tendencies to act out with sexually aggressive behavior using the MN DOC PREA screening tool in COMS.
 - b) Designated staff review Correctional Operations Management System (COMS) Classic daily for PREA subscriptions and complete follow-ups.
 - c) The facility associate warden of operations (AWO) and facility sexual abuse response team (SART) use the Screening Tool Follow-up Matrix (attached) as a guide to identify the appropriate follow-up response and case-by-case decision making.
 - d) Staff must complete PREA screenings in COMS Obligation. All follow-up responses are documented in COMS Obligation.
 - e) Offenders must not be disciplined for refusing to answer, or for not disclosing complete information, when screened by health services staff completing the MN DOC PREA Screening.
 3. The offender must submit to an unclothed body search.
 - a) A search is not conducted for the sole purpose of determining gender.
 - b) If the offender's genital status is unknown, it may be determined during conversations with the offender, 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.
 - c) The offender must remove all body piercings which can be removed, and either dispose of them, or mail them out of the facility at the offender's cost.
 - d) Intake staff must photograph all body piercings which cannot be removed, and document them in an incident report and also in COMS.
 4. Staff photograph the offender, including photos of all identifying marks, scars, tattoos and unusual physical characteristics, and issue the offender an identification card.

5. Staff fingerprint the offender and enter the fingerprints in LIVESCAN sending them to the Bureau of Criminal Apprehension (BCA).
6. Staff must read the Data Privacy/Monitoring Notice (attached) to the offender and conduct the intake interview. Staff must witness the offender's signature on the Data Privacy/Monitoring Notice or indicate the offender's refusal to sign on the form. All signed data privacy/monitoring forms must be scanned to the electronic base file and are retained according to the applicable retention schedules.
7. Facility staff must assess offenders/residents to identify offenders/residents with special concerns or needs. The assessment includes written assessments, interviews, and observation of behavior.
8. Staff inventory and secure the offender's personal property, complete the appropriate disposition forms, and process any incoming funds.
9. A nurse practitioner, registered nurse, licensed practical nurse, or other health screening staff must complete a medical, dental, mental health, and sexual assault risk assessment screening within 24 hours of the offender's arrival to the facility.
 - a) Health services staff perform screening to determine if the offender has any physical impairments that would qualify as a disability.
 - b) If the offender has a disability, staff must refer to Policy 203.250, "Modifications for Offenders/Residents with Disabilities."
 - c) All medical/dental/behavioral health screening information must be retained in the appropriate medical/behavioral health file.
10. Health services staff identify any obvious disabilities and immediate modification needs and ensure implementation by notifying the proper individuals (living unit staff, etc.). Any potential disability needing a reasonable modification under the Americans with Disabilities Act (ADA), which is not observed during intake, may be initiated by the offender at any time throughout the offender's incarceration through an Offender/Resident Request for Modification form (see Policy 203.250, "Modifications for Offenders/Residents with Disabilities."
11. If any staff person observes that the offender has any obvious or potential physical, developmental or mental impairment(s), or if the offender reports such impairments to staff, the staff person must refer to Policy 203.250, "Modifications for Offenders/Residents with Disabilities." Any modifications for an offender with a disability are recorded in COMS in the health section under the ADA access plan tab.
12. Behavioral health staff conduct an admission mental health screening within 14 calendar days of offender admission (refer to Division Directive 500.303 "Mental Health Assessment").
13. Staff document the admissions intake process according as appropriate.
14. Staff assign a living unit and a caseworker to the offender.

15. Offenders must be allowed to shower and/or wash their hair upon admission if necessary. Other hygiene/haircare may be provided according to Policy 303.020, "Offender/Resident Dress/Linen Exchange/Hygiene/Hair Care."

B. Intake screening – release violators

The following screening/assessment procedures must be completed on release violators.

1. Staff must carefully examine the offender's return authorization documents to ensure the offender meets the facility admission requirements.
2. Staff must also verify the offender's OID.
3. Staff must follow procedures A.2 through A.15, above, with the exception of A.5.
4. Staff verify and update as necessary the offender's photograph, including photos of scars, marks, tattoos, non-removable piercings, and unusual physical characteristics.
5. Staff must interview the offender and update the offender's information as necessary.

C. Intake screening – department transfers

The following screening/assessment procedures must be completed on all department transfers.

1. Prior to transfer, behavioral health staff from the sending facility review the transferring offender's mental health file, prepare a report summarizing the offender's current involvement with mental health services (including any sexual violence PREA concerns) and notify the receiving facility of the offender's need for mental health services.
2. Prior to a transfer, if a current modification under the ADA exists for an offender, the caseworker, ADA coordinator, or transitions coordinator from the sending facility must communicate with the receiving facility's ADA coordinator (see Policy 203.250, "Modifications for Offenders/Residents with Disabilities.")
3. Staff must verify the offender's OID.
4. Staff must follow Procedures A.2 through A.15, above, with the exception of A.5, fingerprinting.
5. Staff verify and update as necessary the offender's photograph, including photos of scars, marks, tattoos, non-removable piercings, and unusual physical characteristics.
6. Staff interview the offender and updates offender information as necessary.

D. Intake screening – other offender movement

1. MN DOC PREA Screening is completed when an offender returns to a facility from a jail delegation (writ).
2. MN DOC PREA Screening is not completed when an offender returns to a facility from:
 - a) An offsite trip, such as a delegation (e.g., medical, deathbed visit, etc.); or
 - b) An off-grounds site as part of a minimum security work crew assignment (e.g., Institution Community Work Crew (ICWC), Challenge Incarceration Program (CIP) restorative justice work crew, etc.).

INTERNAL CONTROLS:

- A. MN DOC PREA Screenings are retained in COMS Obligation.
- B. Admission medical and behavioral health screenings are retained in the offender's medical/behavioral health file according to the appropriate retention schedules.
- C. The Data Privacy/Monitoring Notice is retained in the offender's electronic file.
- D. Modifications for an offender with a disability are recorded in COMS in the health section under the ADA access plan tab, per Policy 203.250, "Modifications for Offenders with Disabilities."

ACA STANDARDS: 2-CO-4A-01, 4-4285, 4-4362, 4-4366, 1-ABC-3D-06-1 through 1-ABC-3D-06-6, 1-ABC-4A-01, 1-ABC-4A-02, 1-ABC-4E-20, 1-ABC-4E-21

REFERENCES: Minn. Stat. §§ [241.021, subd. 4](#); and [243.49](#)
[Policy 202.050, "Offender/Resident Orientation"](#)
[Policy 203.250, "Modifications for Offenders/Residents with Disabilities"](#)
[Policy 300.100, "Offender/Resident Accounts"](#)
[Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response"](#)
[Policy 500.303 "Mental Health Assessment"](#)

REPLACES: Policy 202.040, "Offender Intake Screening and Processing," 11/21/17.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: [Data Privacy/Monitoring Notice](#) (202.040A)
Sexual Violence Prevention (PREA) Checklist (available in COMS)
[Sexual Violence Prevention \(PREA\) Checklist – Spanish](#) (202.040CSpanish)
[Screening Tool Follow-up Matrix](#) (202.040D)

APPROVED BY:

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Instruction

[202.040LL, "Sexual Violence Prevention Checklist"](#)