DEPARTMENT OF CORRECTIONS

Policy:	**202.040**
Title:	**Incarcerated Person Intake Screening and Processing**
Effective Date:	**6/4/24**

PURPOSE: To ensure that the health, safety, and security requirements for all incarcerated persons are met and all incoming incarcerated persons 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 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) Nursing staff must screen incarcerated people 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) Incarcerated people must not be disciplined for refusing to answer, or for not disclosing complete information, when screened by nursing staff completing the MN DOC PREA Screening.

3. The incarcerated person must submit to an unclothed body search.
   a) A search is not conducted for the sole purpose of determining gender.
   b) If the incarcerated person's genital status is unknown, it may be determined during conversations with the incarcerated person, 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 incarcerated person must remove all body piercings which can be removed, and either dispose of them, or mail them out of the facility at the incarcerated person's cost.
   d) Intake staff must photograph all body piercings which cannot be removed, and document them in an incident report and in COMS.

4. Staff photograph the incarcerated person, including photos of all identifying marks, scars, tattoos, and unusual physical characteristics, and issue the incarcerated person an identification card.

5. Staff fingerprint the incarcerated person 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 incarcerated person and conduct the intake interview. Staff must witness the incarcerated person's signature on the Data Privacy/Monitoring Notice or indicate the incarcerated person's refusal to sign on the form. All signed data privacy/monitoring forms must be scanned to ODocS and are retained according to the applicable retention schedules.

7. Facility staff must assess incarcerated people to identify incarcerated persons with special concerns or needs. The assessment includes written assessments, interviews, and observation of behavior.

8. Staff inventory and secure the incarcerated person'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 incarcerated person's arrival to the facility.
   a) Nursing staff perform screening to determine if the incarcerated person has any physical impairments that would qualify as a disability.
   b) If the incarcerated person has a disability, staff must refer to Policy 203.250, "Modifications for Incarcerated Persons/Residents with Disabilities."
   c) All medical/dental/behavioral health screening information must be retained in the appropriate medical/behavioral health file.

10. Nursing 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 incarcerated person at any time throughout the incarcerated person's incarceration through an Incarcerated Person/Resident Request for Modification form (see Policy 203.250, "Modifications for Incarcerated Persons/Residents with Disabilities." Incarcerated persons can reach out to the ADA facility coordinator for non-education-related modification requests. Regarding education-related modification requests, incarcerated persons will also be screened by education staff to determine educational need and to identify any disability-related educational needs per Policy 204.035, "Secondary Education."

11. If any staff person observes that the incarcerated person has any obvious or potential physical, developmental, or mental impairment(s), or if the incarcerated person reports such impairments to staff, the staff person must refer to Policy 203.250, "Modifications for Incarcerated Persons/Residents with Disabilities." For observations of disability-related educational needs or reports of such impairments to staff, the staff person must refer to Policy 204.035, "Secondary Education." Any modifications for an incarcerated person

with a disability are recorded in COMS under the ADA Access Plan tab, the ADA Title II Smartsheet, or in COMS in the Education Summary Page.

12. Behavioral health staff conduct an admission mental health screening within 14 calendar days of incarcerated person admission (refer to Policy Directive 500.303 "Mental Health Assessment").

13. Staff document the admissions intake process by getting required signatures and uploading forms to ODocS.

14. Staff assign a living unit and a caseworker to the incarcerated person.

15. Incarcerated people 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, "Incarcerated Person/Resident Dress/Linen Exchange/Hygiene/Hair Care."

16. The incarcerated person is given a written packet of orientation materials.

B. Intake screening – release violators

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

1. Staff must carefully examine the incarcerated person's return authorization documents to ensure the incarcerated person meets the facility admission requirements.

2. Staff must also verify the incarcerated person's OID.

3. Staff must follow procedures A.2 through A.16, above, except for A.5 (fingerprinting).

4. Staff verify and update as necessary the incarcerated person's photograph, including photos of scars, marks, tattoos, non-removable piercings, and unusual physical characteristics.

5. Staff must interview the incarcerated person and update the incarcerated person's information as necessary.

C. Intake screening – department transfers

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

1. Staff must verify the incarcerated person's OID.

2. Staff must follow Procedures A.2 through A.16, above, with the exception of A.5 (fingerprinting).

3. Staff verify and update as necessary the incarcerated person's photograph, including photos of scars, marks, tattoos, non-removable piercings, and unusual physical characteristics.

4. Staff interview the incarcerated person and updates the incarcerated person's information as necessary.

D. Intake screening – other offender movement

1. MN DOC PREA Screening is completed when an incarcerated person returns to a facility from a jail delegation (writ).

2. MN DOC PREA Screening is not completed when an incarcerated person 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 incarcerated person's medical/behavioral health file according to the appropriate retention schedules.

C. The Data Privacy/Monitoring Notice is retained in the incarcerated person's ODocS file.

D. Modifications for an incarcerated person with a disability are recorded in COMS under the ADA Access Plan tab, per Policy 203.250, "Modifications for Incarcerated Persons with Disabilities."

REFERENCES: Minn. Stat. §§ 241.021, subd. 4; and 243.49
Policy 202.050, "Incarcerated Person/Resident Orientation"
Policy 203.250, "Modifications for Incarcerated Persons/Residents with Disabilities"
Policy 204.035, "Secondary Education"
Policy 300.100, "Incarcerated Person/Resident Accounts"
Policy 202.056, "Sexual Harassment Prevention, Reporting, and Response"
Policy 202.057, "Sexual Abuse Prevention, Reporting, and Response"
Policy 500.303 "Mental Health Assessment"

REPLACES: Policy 202.040, "Offender Intake Screening and Processing," 12/4/18.
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) (public pdf)
Sexual Violence Prevention (PREA) Checklist (available in COMS)
Sexual Violence Prevention (PREA) Checklist – Spanish (202.040CSpanish) (public pdf)
Screening Tool Follow-up Matrix (202.040D) (public pdf)

APPROVED BY:
Deputy Commissioner, Chief of Staff
Deputy Commissioner, Client Services and Supports
Assistant Commissioner, Agency Services and Supports
Assistant Commissioner, Facilities
Assistant Commissioner, Facilities
Assistant Commissioner, Community Services and Reentry
Assistant Commissioner, Health, Recovery, and Programming