

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report June 30,2018

Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: 1825 Donald James Rd	City, State, Zip: Blackshear, GA,31516
Telephone: 912-281-1525	Date of Facility Visit: June 11-12, 2018

Agency Information

Name of Agency Hennepin County Department of Community Corrections and Rehabilitation	Governing Authority or Parent Agency (If Applicable) Hennepin County
Physical Address: 300 South 6th Street, Minneapolis, MN 55487	City, State, Zip: Minneapolis, MN
Mailing Address: Click or tap here to enter text.	City, State, Zip: Click or tap here to enter text.
Telephone: 612-348-8122	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: Enhance community Click or tap here to enter text. safety, promote community restoration and reduce the risk of re-offense.	
Agency Website with PREA Information: http://www.hennepin.us/residents/public-safety/prea	

Agency Chief Executive Officer

Name: Catherine Johnson	Title: Department Director
Email: Catherine.Johnson@hennepin.us	Telephone: 612-543-4951

Agency-Wide PREA Coordinator

Name: Patricia Mullen	Title: PREA Coordinator and Manager
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Email: patricia.mullen@hennepin.us	Telephone: 612-596-7869
PREA Coordinator Reports to: Karen Kuglar, Area Director, Institutional Services	Number of Compliance Managers who report to the PREA Coordinator 3 Compliance Managers

Facility Information

Name of Facility:	Hennepin County Home School (CHS)		
Physical Address:	14300 County Road 62, Minnetonka, MN 55435		
Mailing Address (if different than above):	612-596-0050		
Telephone Number:	Click or tap here to enter text.		
The Facility 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
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other

Facility Mission: CHS: Our mission is to provide intervention that leads to change in an environment that keeps residents and staff healthy and safe and improves the ability of young men and women to live productively and responsibly in their community. We accomplish this by implementing empirically-based interventions that reduce criminogenic risk and needs and by making program changes based on outcome measurement and evaluation.

Facility Website with PREA Information:	http://www.hennepin.us/residents/public-safety/prea
Is this facility accredited by any other organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Facility Administrator/Superintendent

Name: Randy Bacon	Title: Superintendent
Email: Randy.Bacon@hennepin.us	Telephone: 612-596-0607

Facility PREA Compliance Manager

Name: Randy Bacon <small>Click or tap here to enter text.</small>	Title: Superintendent
Email: Randy.Bacon@hennepin.us	Telephone: 612-596-0607 <small>Click or tap here to enter text.</small>

Facility Health Service Administrator

Name: Michelle Blanchard, Nursing Supervisor, Corizon Contract	Title: Nursing Supervisor
Email: Michelle.Blanchard@hennepin.us	Telephone: 612-596-0126

Facility Characteristics

Designated Facility Capacity: 64 (licensed capacity)		Current Population of Facility: 31 (population as of 3/7/18)	
Number of residents admitted to facility during the past 12 months: 69		69	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		69	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		69	
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	13-21 (range)		
Average length of stay or time under supervision:		101.8	
Facility Security Level:		CHS is a secure Facility	
Resident Custody Levels:		Maximum with varying Risk levels low-Very High	
Number of staff currently employed by the facility who may have contact with residents:		95	
Number of staff hired by the facility during the past 12 months who may have contact with residents:		95	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		75	
Physical Plant			
Number of Buildings: 4		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		16	
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.):			
<p>Hennepin County Home School has a video monitoring system that has cameras in the common areas, school area, cottages, on-grounds. These cameras are used to support supervision and not used in place of supervision. We have monitors located in our main control bubble, our Crisis Intervention Unit and School control. Our supervisors and managers have access to the system if needed to review video related to incidents or security and control concerns. We have a room that maintains and records our videos for six months. This system does not have audio and is not used in restrooms. And the only resident rooms that have cameras are the CIU unit and it does not allow you to view the toilet in any of these rooms. There are over 100 video cameras, some capable of tilt and zoom from the control room, located throughout the housing and program areas. All cameras and monitors were operational, and views were clear.</p>			
Medical			
Type of Medical Facility:		Contracted Corizon Staff who utilize a medical clinic with 3 exam rooms and 2 offices, 2 restrooms and 1 medical	

	store room. The medical services are located on the first floor of the County Home School Administrative Building
Forensic sexual assault medical exams are conducted at:	Hennepin County Medical Center (HCMC)
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	Volunteers:37 Contractors:925
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	5

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

Notice of PREA Audit: The Notice of PREA Audit for the facility was posted in areas accessible to residents, staff, contractors, volunteers and visitors. The posting was documented on 4/10/2018 via email from the agency's PREA Coordinator. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence as a result of that posting.

Pre-Audit Questionnaire/ Flash Drive Review: The auditor received the Pre-Audit Questionnaire eight (8) weeks prior to the on-site audit. The PREA Coordinator and staff from the facility prepared one of the most informative Pre-Audit Questionnaires the auditor has ever seen. The Pre-Audit Questionnaire (PAQ) was included in the drive and embedded in the PAQ were multiple policies, procedures, and evidence of practice. Each substandard was addressed and documentation embedded in each substandard. Multiple Memoranda of Understanding were also included in the information. These MOUs confirmed services provided by the SANE's, Sexual Violence Center, and the Hennepin County Sheriff's Office. Another example was in Standard 115.316 where the agency embedded multiple contracts with agencies/companies providing interpretive services for the most prevalent languages in the area. Separate contracts were embedded for review. In Standard 115.331 the facility/agency provided the agency's training matrix accompanied by staff training rosters documenting attendance in the various trainings that were required. The same information was provided for contractors and volunteers (115.332). Reviewing this flash drive was both enjoyable and informative and enabled the auditor to understand the agency's policies and operations.

Outreach to Outside Advocates: The agency has a Contract between the Hennepin County Department of Community Corrections and Rehabilitation, Sexual Violence Center (SVC) and Corizon, Inc. A previous interview with the staff from the SVC confirmed the services they will provide to the residents of the Home School, if needed. These include a 24- hour crisis line, support during evidentiary exams, support groups, one on one counseling, legal advocacy, assistance with filing for reparations, and accompaniment to court/law enforcement.

Selection of Staff and Inmates:

The auditor selected, from a staff roster, by selecting staff representing all shifts, ensuring racial and ethnic diversity, as well as a cross-section of positions within the facility to assess the overall understanding of PREA and the PREA standards.

Random Interviews: (13)

The auditor selected staff at random from the staffing roster. The selection included a cross section of staff to ascertain the training levels of staff in various positions. The randomly selected staff included the following:

Specialized Staff Interviews: (21)

Specialized staff included the following:

- Agency Head Designee
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- Contract Manager Designee (Previous Interview)
- Agency PREA Coordinator
- Facility Administrator
- Human Resources (Previous interview)
- Investigator (Previous interview)
- Staff Supervising Segregation
- Staff Conducting Unannounced Rounds
- Staff Conducting Vulnerability Assessments
- Mental Health Professional
- Health Services Administrator
- Volunteer

Randomly Selected Inmates: (10)

Targeted Inmates: (04)

Targeted inmates included the following:

(2) LGB

(2) Youth reporting prior victimization

On-Site Audit Activities

The audit of the Hennepin County Home School, located in Minnetonka, MN, operated by the Hennepin County Department of Community Corrections and Rehabilitation was conducted by a Certified Auditor, currently certified to conduct audits of adult jails, prisons and lockups.

The auditor, by prior agreement, arrived at the facility at 0800 on June 10, 2018. Met by the Superintendent and the Agency's PREA Coordinator, a brief meet and greet was conducted in which the PREA Audit process, resident, staff, and contractor selections, and logistics were discussed. Those attending were:

Following the meet and greet, the auditor, led by the Superintendent and accompanied by the Agency PREA Coordinator, conducted a complete site review of the entire facility and campus.

At the end of the site review, the auditor began interviews with staff.

Site Review (Please refer for facility characteristics for a complete description of the facility)

The site review included every area, office, space, and living units in the entire facility and campus.

During the site review the auditors made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, locations of showers and privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones and instructions for using the phones to report sexual abuse. The auditor's tested phones in separate units sending a message through the hotline number provided.

Notices of PREA Audit were observed posted in the facility, accessible to detainees, staff, visitors, contractors, and volunteers. The auditor did not receive any correspondence from any detainee/resident, staff, contractor or visitor.

Background Checks/PREA Related Questions/Professional References: (14) Volunteers; (20) Contactors; (20) Contracted Providers; (16) Employees

Facility Staffing Plan Annual Review: The auditor reviewed the staffing plan for the facility for the year 2017.

Shift Reports Documenting Unannounced PREA Rounds: Multiple Shift Rosters

MOU with Sexual Violence Center: The reviewed MOU and an interview with staff from the local Rape Crisis Center, the Sexual Violence Center, confirmed the Memorandum of Understanding between the Hennepin County Department of Community Corrections and the Sexual Violence Center and Corizon, Inc.

Certificates/Documentation of Specialized Training: National Institute of Corrections (NIC): health staff; investigators and mental health

Victimization/Aggressor Assessments: (30) reviewed by the Auditor;

Victimization/Aggressor Reassessments: (30) reviewed by the Auditor;

Incident Reports: (20)

Investigations: (21)

Notifications to Inmates: None required

Coordinated Response Plan: Reviewed plan; Multiple Response Checklists.

Post Audit Activities: Prior to departing the facility, the auditor met initially with the Agency PREA Coordinator and the PREA Compliance Officer/Manager

Following the on-site audit, the auditor requested additional documentation. That documentation was provided expeditiously. Communications continued during the post-audit period.

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 Home School (HCHS) is a state licensed residential treatment center for adolescent males and females ages 13 through 19 who are committed by the court. The campus, located on 167 beautiful acres in a rural setting, provides a safe and secure environment consisting of four 24 bed residential cottages, educational facilities and an administration and services building.

The facility's vision, as outlined in their Statement of Intended Use it to be recognized as a residential program that effects positive change in young men and women by building on individual and family strengths while maintaining community safety and connections.

The facility mission is to provide intervention that leads to change in an environment that keeps residents and staff healthy and safe and improves the ability of young men and women to live productively and responsibly in their community. The facility asserts they do this by implementing empirically-based intervention that reduce criminogenic risk and needs and by making program changes based on outcome measurement and evaluation.

The Home School has been in operation as a Juvenile Correctional Residential facility for over 100 years. The facility is licensed by the Minnesota Department of Corrections. The targeted population for this facility includes females and males who have been adjudicated delinquent by the Juvenile Court, ages 13-19 years old. These are youth who have been committed to the care and custody of the Hennepin County Home School. They have primarily been adjudicated for gross misdemeanor or felony level offenses, including major property offenses, crimes against persons, and criminal sexual conduct. Voluntary or self-referrals are not accepted. Residents with medically fragile conditions, mental health issues or physical disabilities will be individually reviewed prior to being accepted. The population may include resident of all cultural and socioeconomic backgrounds. The facility offers the following programs:

- Adolescent and Family Sexual Health Services (AFSHS)- Long Term Program
- Adolescent and Family Sexual Health Services (AFSHS)- Short Term Program
- Short Term Adolescent Male Program (STAMP)
- Short Term Adolescent Male Program (STAMP Plus)
- Focus – Short Term Program
- Focus – Long Term Program

Admission onto the grounds of the facility is controlled with a crossing arm where visitors are observed on camera and communicate the purpose of their visit through an intercom system. Proceeding from this point the visitor is directed to the administration building. The administration building lies several hundred yards from the security entrance. This very large and spacious building houses enumerable offices, services and program areas on several floors. The administration building contains offices for cottage directors, contracted medical services and clinic area, the Epsilon School providing education for the youth, the Health East Chemical Dependency Program, intake, duty supervisor's offices, food services and dining area, training offices and training room, the room time unit, business offices, art room, gym and the superintendent and assistant superintendent offices. Just beyond the lobby at the visitor's entrance lies a large master control center. This area houses an array of security equipment typically found in juvenile facilities. Staff were observed monitoring radio transmissions and controlling entry and exit into the building. Multitudes of video camera monitors are located there. There are over 100 video cameras, some capable of tilt and zoom from the control room, located throughout the housing and program areas. All cameras and monitors were operational, and views were clear.

The Focus Program is designed for female youth between the ages of 13-19 who are at risk to themselves and/or the community. There is a short-term component lasting between 90-120 days for youth at moderate to high risk and a long-term component designed for high to very high-risk youth. The STAMP and STAMP PLUS Programs were developed for male youth 13-19 years of age and are designed to help juvenile male offenders break the cycle of dysfunction. Programs are structured on evidence based curricula. The STAMP Program is a 90 to 12- day intervention and STAMP PLUS, with a longer transition component, lasts between four to six months. An Adolescent and Family Sexual Health Services Program (AFSHS) targets male youth between the ages of 13-19 who are committed by the court for committing sexual offenses or displaying sexual issues that disrupt their daily lives. AFSHS is a state-certified therapeutic program.

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ages 13-19 years old. These are youth who have been committed to the care and custody of the Hennepin County Home School. They have primarily been adjudicated for gross misdemeanor or felony level offenses, including major property offenses, crimes against persons, and criminal sexual conduct. Voluntary or self-referrals are not accepted. Residents with medically fragile conditions, mental health issues or physical disabilities will be individually reviewed prior to being accepted. The population may include resident of all cultural and socioeconomic backgrounds. The facility offers the following programs:

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- Short Term Adolescent Male Program Plus (STAMP)
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- Focus – Long Term Program

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The HCHS has a total of 152 staff. These include, in addition to the Superintendent and Assistant Superintendent, 19 other administrative staff, six maintenance staff, 17 educational staff (contracted through the local board of education), 10 social workers and corrections counselors, 9 corrections supervisors and 76 juvenile correctional officers.

Medical and mental health services are provided contractually through Corizon. Corizon provides on-site health care services with licensed nurses on duty from 6:30AM through 11:00PM, seven days per week. Health care services are directed by the nurse supervisor. A physician is on site weekly for seven hours and a dentist for three hours. A psychologist is on site twice a week for a total of 10 hours per week. Psychiatric services are provided on site and these services have recently had an increase in on site hours. There are total of 13 full time and two part time social workers and corrections counselors. There aren't any SAFE/SANES employed by Corizon however the facility has a Memorandum of Understanding with the Hennepin County Medical Center and Nurse Examiners are available through the Sexual Assault Resources Services. The Sexual Assault Resources Services has 22 Certified Nurse Examiners.

Educational services are provided through the local school board. The Epsilon School provides educational services that enable a smooth transition for youth back into their local school systems. There are 17 educational staff including the principal, teachers and support staff.

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: 7

115.311; 115.313; 115.317; 115.331; 115.333;115.351;115.371

Number of Standards Met: 36

115.312; 115.315; 115.316; 115.321; 115.322;115.334;115.335; 115.341;115.342;115.352; 115.353; 115.354; 115.361; 115.362;115.363; 115.364; 115.365; 115.366; 115. 367; 115.368; 115.372; 115.373;

115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; 115.388; 115.389; 115.401; 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

None required at this time.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (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

115.311 (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

115.311 (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.

This standard is rated exceeds. The agency's commitment to PREA and to Zero Tolerance is evidenced by a number of factors. The Agency's Director, on two separate audits, arrived at the facility for the entrance briefing and came back the next day with an Area Director for an additional interview. Prior to the audit of the County Home School, she arrived early on the first day of the audit, met the auditor in the parking lot and took part in the entrance briefing after which she consented to another interview during which she explained changes in the organization to more effectively manage and deliver services more effectively. The Director related she fully supports her agency's efforts to prevent, detect, respond and report sexual abuse and sexual harassment. The Area Director likewise participates in all audits and makes herself available for support and interviews. The agency has appointed a PREA Coordinator who is exceptional as evidenced in the development of the agency's policies and procedures and the full implementation of PREA based on all the sub-standards. She is educated and possesses a PhD in Psychology. The Director and Area Director indicated the coordinator is hands on and takes care of PREA for the agency and that she is quick to monitor and get corrected any identified issues. The Director and Area Director confirmed their support to the PREA Coordinator and indicated they are prepared to provide the resources to continually make improvements to their program to keep kids sexually safe. The PREA Coordinator for the County Home School is the Superintendent, reflecting the value PREA has in this program. Staff have been trained and understand zero tolerance and their roles in preventing, detecting, responding and reporting sexual abuse and sexual harassment. Residents are trained in PREA and understand not only zero tolerance but also multiple ways they can report allegations of sexual abuse and sexual harassment.

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 is 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.

An interview with the newly appointed Agency Head confirmed she is committed to zero tolerance and the maintenance of the PREA standards in each of her facilities.

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 the Superintendent who reports directly to the Regional Area Director who reports directly to the Agency Head. This is confirmed through interviews with the Superintendent and PREA Coordinator and through reviewing the facility's organization chart that depicts the PREA Compliance Manager's Position and his position within the structure of the facility. The fact that the Superintendent serves in this capacity indicated to the auditor, the seriousness with which the facility takes PREA. Obviously, he 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.

Interviews: Agency Director; Regional Area Director, PREA Compliance Manager; PREA Coordinator (previous interviews), interviews with randomly selected staff (12) and specialized staff (22)

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 continues to be impressed at the agency's commitment to PREA demonstrated 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 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; Staff to Youth Ratios exceeding the standards; Interactions with residents; video monitoring throughout the facility.

...

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies

or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.) Yes No NA

115.312 (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 residents OR the response to 115.312(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 (previously); 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 115.313: Supervision and monitoring

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

115.313 (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 residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents 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 residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring:

Generally accepted juvenile detention and correctional/secure residential practices?

Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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: Prevailing staffing patterns? 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

115.313 (e)

- Has the facility 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? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA

- Does the facility 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? (N/A for non-secure facilities) 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: Department of Community Corrections and Rehabilitation (DOCCR) Policy, Chapter 12, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse; DOCCR Policy, County Home School Division, Routine and Emergency Staffing; County Home School Staffing Plan Assessment/Review; Shift Rosters; Deviation Reports; Worksheets E. documenting staffing and staff to resident ratios

Discussion of Policy and Documents Reviewed: 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.

DOCCR Policy, County Home School, Routine and Emergency Staffing, 1.9. requires, in policy, that the Hennepin County Home School will maintain a staffing plan that meets the safety and security requirements of the facility during regular operations and in emergencies declared by the Superintendent or designee. It also asserts that adequate post coverage staff will be maintained on campus at all times.

The staffing plan is predicated on a rated capacity of 64. The documented average daily population since the last PREA Audit was 37.9.

A note on the PAQ, as well as interviews with the Superintendent and PREA Coordinator indicated that agency participated in the Matrix Staffing Analysis in 2016. As part of that analysis, staffing plans for 2015 and 2016 were reviewed extensively with the DOCCR Executive Team and Superintendents of each Institution. Matrix issued a final staffing report and set of recommendations that are in keeping with PREA Standards. The report was made available during the on-site audit.

The staffing plan requires, in enumerated procedures, that the shift supervisor is responsible for managing all immediate staffing needs.

Video monitoring is a part of the staffing plan and serves as a supplement to staff supervision. Cameras are liberally and strategically placed throughout the facility.

Residents are required to be supervised by HCHS staff or other professionals at all times while in the facility. Staff assigned to supervise those residents must meet minimum age and educational and training requirements.

The HCHS staffing plan is required to be maintained seven days a week, 24 hours per day. The plan identifies the number of staff assigned each shift and each staff's assignment.

The staffing plan uses the following factors in determining its staffing plan:

1. Age, number, and gender of residents.
2. Physical and mental health of residents.
3. Vulnerability and/or disabilities.
4. Risk of absconding, harming self, or harming others.
5. Capacity for self-preservation in the event of an emergency.
6. Daily programming needs.

Paragraph 6, Procedures, asserts and affirms that HCHS follows the PREA standards for staffing ratios of one staff per eight residents during awake hours and one staff to 16 residents during sleeping hours.

The auditor reviewed day time staffing ratios for seven complete months (January 2017 through July 2017). Day shift ratios, with the exception of two days, exceeded 1 to 4.9 or 4.8. Evening shift ratios for the same period never exceeded 1:4.9 and most frequently lower than that. Overnight ratios were most commonly 1:2.4 or less.

Minimally, one Corrections Supervisor (CS) will be on duty at all times. The Corrections Supervisor (Shift Supervisor) will assign staff to designated work areas based on the criteria listed when deemed appropriate.

The Shift Supervisor is required to conduct a minimum of (2) unannounced rounds per shift. These are documented in the Superintendent's Log, including the times of the rounds.

Intermediate or higher-level staff conduct unannounced rounds to identify and deter staff and resident sexual abuse and sexual harassment. Procedures prohibit staff from alerting other staff members that these rounds are occurring.

Procedures (paragraph 11) requires a minimum of one JCO scheduled of each gender staffing the campus at all times. Gender-specific staff are to be assigned to residents who require such staff assignments due to their mental health needs, medical needs, or to appropriately care for a resident who was a victim of sexual abuse. If, as the result of exigent circumstances, there is a shortage of staff of a particular gender, the Shift Supervisor will make arrangements to have staff of the needed gender will report immediately for duty.

Staff, in Procedures, Paragraph 12, affirm staff will not be assigned to supervise residents in a manner that invades their privacy, embarrasses, or diminishes the dignity of residents by requiring staff of the opposite gender to perform their duties related to resident searches, Daily programming, lavatory use, showering, and personal hygiene activities where staff of the opposite gender has view of breasts, buttocks, or genitalia.

The shift supervisor is required to document any deviation from the approved staffing plan (in the Superintendent's Log) to include but not limited to:

- Staffing shortages
- Gender specific issues
- Special status
- Mental health issues, suicidal ideations, Intensive Observation Status
- Special Housing

Procedures require staff of the opposite gender to announce their presence when entering a resident housing unit at the beginning of each shift or when there is a change in the status quo and when entering an occupied resident or bedroom area.

Paragraph 17 requires the Superintendent or designee, whenever necessary and at least once a year, in consultation with the DOCCR PREA Coordinator, will review, assess, and document whether adjustments are needed to the following:

- The established staffing plan
- Staffing patterns
- The facility's deployment and use of video and audio monitoring capability
- Resources available to ensure adherence to the staffing plan

The County Home School procedures also address "emergencies" and procedures for securing adequate post coverage.

The reviewed Staffing Plan Assessment documented an extensive review including consideration of the following, all of which is documented on the DCCOR, Workplace Safety, Environment and Safety Training Unit, Staffing Plan Assessment. Included in the assessment are these major headings with subtopics under each major heading:

- Confirmation that the current staffing plan has taken all the required items (required in Standard 115.313)
- Prevailing staffing patterns (plan documented changes to 12- hour shifts enabling more effective staffing and coverage more evenly distributed)
- Assessment of Video Monitoring Systems and Other Monitoring Technologies
- Available resources

Interviewed: Agency Head, Area Director, PREA Coordinator, Superintendent/PREA Compliance Manager, Randomly Selected Staff (12); Specialized Staff (21); Residents (13)

Discussion of Interviews: The Superintendent and PREA Coordinator discussed how the agency called in private consultants "Matrix" to conduct staffing analyses of all the DOCCR facilities. The consultants recommended that staff work 12 hours shifts to achieve greater staff coverage. The Superintendent related the minimum staffing will ever be deviated from. The ratios are exceeded on every shift and this has been documented by publishing the actual staff to youth ratios on each shift for multiple months. Interviewed youth described staffing that exceeded the standards as did staff, randomly selected. Multiple shift reports as well as staffing spreadsheets were reviewed, and all documented no deviations from the minimum.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (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

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

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

115.315 (d)

- Does the facility implement policies and procedures that enable residents 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 a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.315 (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 residents 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.

Policy and Documents Reviewed: Pre-Audit Questionnaire; DOCCR, County Home School Division, 3.10, Resident Searches, Paragraph 1; Training Matrix;

Discussion of Policy and Documents Reviewed: The Facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. This was confirmed through reviewed policies and procedures, as well as through interviews with staff and residents.

DOCCR, County Home School Division, 3.10, Resident Searches, Paragraph 1., requires that all searches must be conducted by the HCHS, trained to conduct searches. Searches must be completed in a manner that avoids, unnecessary force, embarrassment, or indignity to protect the personal and civil rights of residents as well as mandating a zero tolerance toward all forms of sexual abuse and sexual harassment.

The facility provided a requested training roster for staff completing search training. The Excel Spreadsheet, "Training Matrix" documenting 78 staff completing "search" training.

Hennepin County Department of Community Corrections and Rehabilitation, County Home School Division 3.10, Policy, Resident Searches, Paragraph 3. requires that staff will conduct searches of same the same gender of residents. This requirement is asserted once again in the facility search procedures section of the policy. Page 5., Clothed Pat Search reiterates that staff shall not conduct

cross-gender pat searches except in exigent circumstances and will be documented in an incident report on “Main” the agency’s database.

In clothed pat searches, two staff are required to be present and procedures say, “staff completing the clothed pat search will be of the same gender as the resident. The secondary staff is charged with the responsibility for ensuring the safety of the staff completing the search.

At intake/admission procedures require that male residents are to be taken to the CIU shower room. Female residents are taken to the Medical Unit Shower to complete the search.

A high degree of privacy is afforded residents during standard searches, in which residents remove their clothing. Residents being “standard searched” are required to stand behind a half-curtain or half-door for privacy. The resident’s head, shoulders, lower calf, and feet are visible.

Procedures, “Reporting Searches”, page 11, Paragraph 4., requires staff to document and justify all cross-gender searches.

3.10, Resident Searches, also, in paragraph 4 of the policy, prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

The PAQ documented there have been no cross-gender searches, either pat search or standard search, during the past 12 months.

DOCCR, County Home School Division, 1.9, Routine and Emergency Staffing, Paragraph 12., asserts that staff will not be assigned to supervise residents in a manner that invades their privacy, embarrasses, or diminishes the dignity of residents by requiring staff of the opposite gender to perform their duties related to resident searches, daily programming, lavatory use, showering, and personal hygiene activities where staff of the opposite gender has view of breasts, buttocks or genitalia. Exceptions would be in exigent circumstances or when such viewing is incidental to routine well being checks.

Interviews: Superintendent/PREA Compliance Manager; Shift Supervisors; Randomly Selected Staff (12); Randomly Selected and Targeted Residents (12)

Discussion of Interviews: Interviewed staff related they are prohibited from conducting any form of cross-gender search absent exigent circumstances. They also reported they have never conducted or witnessed a cross-gender search, including a cross-gender

Standard 115.316: Residents with disabilities and residents who are limited English proficient

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (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 residents 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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident'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

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Policy and Documents Reviewed: Pre-Audit Questionnaire; DOCCR Policy, Chapter 12, Prison Rape Elimination Act; Institutional Reporting and Responding to Maltreatment and Sexual Abuse; Agency PREA Policy, Resident Receiving and Orientation; Nine (9) Reviewed Contracts with Interpretive Services Providers; End the Silence Brochures in seven (7) languages;

Discussion of Policy and Documents Reviewed: The Pre-Audit Questionnaire documented that there were no occasions in the past twelve (12) months where an interpreter was required.

The agency has also developed a Limited English Plan and staff are trained in the plan. The JDC provided documentation to confirm staff have been trained. Documentation was provided to confirm that staff, have been trained in the plan. Agency policy, Chapter 12, Prison Rape Elimination Act, PREA, Resident Receiving and Orientation, DOCCR Institutions requires in paragraph 5, that resident education is 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 also includes residents who have limited reading skills.

Chapter 12, Prison Rape Elimination Act, Chapter 12, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Paragraphs 8 and 9, require residents who are limited English proficient and/or have any cognitive impairment which may impact their ability to report sexual abuse/harassment must be provided with assistance and only county certified interpreters will be accepted as reporters on behalf of limited English proficiency residents.

This Policy, in paragraph 9, prohibits use of residents as interpreters or for reporting or communicating written policy to other residents. Only county certified interpreters are accepted as reporters on behalf of limited English proficiency residents.

The agency provided nine (9) contracts with companies and organizations providing interpretive services. Seven of those contracts were for interpretive services for limited English proficient residents. These contracts included face to face services and via phone (Language Line). The contracts were established by Hennepin County Agencies, including the DOCCR. They were based on an assessment of the most common languages in the area.

The “End the Silence” brochure is published and available in seven (7) different languages. area.

Interviews: Superintendent; PREA Coordinator; Randomly Selected and Specialized Staff; Interviews with Targeted Youth (one cognitively challenged youth).

Discussion of Interviews: Interviews with the PREA Coordinator, Facility Director and PREA Compliance Manager indicated that bilingual staff may also provide interpretive services if they have been certified by the County as an interpreter. Certified staff interpreters are provided incentive pay for their willingness to become certified and for performing the services.

Interviews with staff, both specialized and randomly selected, confirmed that the agency prohibits the use of resident interpreters and resident readers except in exigent circumstances. There was not one staff who did not know that interpretive and translator services were available. They also knew there were some bilingual staff who had been certified by the county to interpret. Medical staff were aware of the availability of contracted translators as well. None of the interviewed staff could recall having had a resident who required any interpretive services.

One of the thirteen interviewed youth was cognitively challenged. He was able to talk about PREA and how to report and said he watched the video as well. When asked, he was able to name ways to report sexual abuse or sexual harassment. One of the thirteen (13) interviewed youth was cognitively challenged and none hearing impaired, visually impaired or limited English proficient.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents 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 residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (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 residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, 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

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (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 residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.317 (g)

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

115.317 (h)

- Unless prohibited by law, 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

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 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; Sixteen (16) Regular Staff; Twenty (20) Contractors; Twenty (20) Contracted Service Providers; (14) 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 5th 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.

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 with former employers)
- 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 (for contractors, contract providers, and volunteers)

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

Reviewed checks included those for 14 volunteers, 20 contractors, and 20 contracted providers.

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)-Previous interview; PREA Compliance Manager/ Superintendent; Interviews with contractors, staff and volunteers.

Discussion of Interviews: A previous 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.

The hiring process as well as the scrutiny for volunteers and contractors is thorough and well documented.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (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 residents 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

115.318 (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 residents 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.

The Superintendent, in an interview, related that sexual safety is paramount in consideration of modifying any structure, constructing any new buildings, and in adding or enhancing video monitoring technology. The Superintendent also related the only changes since the last audit was the addition of cameras in the libraries as the result of an allegation that and incident occurred in the library.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (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

115.321 (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

115.321 (c)

- Does the agency offer all residents who experience 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

115.321 (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

115.321 (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

115.321 (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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(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

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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 Advocate; Previous Interview with the Senior Administrative Manager (Office of Administrative Services), Previous Interview with PS&C Investigator, Medical Director/Facility and Agency Psychiatrist (Corizon); Health Services Administrator, (Corizon); Nurse Supervisor (Corizon); and Randomly Selected and Specialized Staff and Randomly Selected and Targeted residents.

Discussion of Interviews: Interviewed medical staff, including the Facility's Nurse Supervisor; Facility's Medical Director (MD)/Psychiatrist; 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 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (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

115.322 (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

115.322 (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 115.321(a).]

Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (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

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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-One (21) reviewed incident reports; Twenty-One (21) 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 County Home School 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 eighteen (18) 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 (as reported in Standard 115. 371) documented allegations that were the result of someone alleging someone made a comment to them that was inappropriate or sexual in nature or that they had seen someone engaged in inappropriate touching or who said something inappropriate. There were no allegations of sexual abuse involving sexual penetration or any other allegation that required a forensic exam. Staff took every allegation seriously, regardless of what it appeared to be, and reported it to their immediate supervisor. The Office of Professional Standards Investigators subsequently investigated each allegation with the same detail, diligence and professionalism as any other investigation.

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: Agency Director; Area 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: Three previous Interviews with the Senior Manager, Office of Administrative Services and one of her investigators, confirmed a professional and thorough approach to investigations. The reviewed investigation reports documented that not only do staff take everything seriously and report it, but that they investigators take every seriously and investigate all allegations with diligence, thoroughness and competency. Interviewed staff confirmed they are required to report "everything" including suspicions. 100% of the interviewed staff were aware that the Office of Professional Standards and Conduct conducts PREA investigations at the County Home School. The reviewed investigations documented residents frequently reporting to staff, indicating they trusted staff to report for them and have the allegations

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

- Have all current employees who may have contact with residents 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

115.331 (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: Pre-Audit Questionnaire; 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; Documentation of all staff training.

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:

1) 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 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: 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 County Home School Staff, 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:

- November 2017 Policy Acknowledgment (PREA Policies)
- CHS Annual PREA Documentation
- Limited English Proficiency E-Learning
- Mandated Reporting
- Online PREA Boundaries
- PREA 101: An Introduction and Overview (E Learning) New Employee Initial
- Scenario Based PREA Boundaries (2017)
- PREA Policy Acknowledgment (New Employee Initial)
- PREA: Effective and Professional Communication with LGBTI Residents and Clients (E-Learning)-New Employee Initial
- PREA: Victim Responses to Sexual Assault
- Restrictive Procedures – Pat Searches and Handcuffing
- Trauma Informed Service Delivery

Staff at this facility are not reassigned to living units housing opposite gender residents. Staff at the facility are both male and female and are regularly and routinely assigned to cross-gender housing units. Male staff are trained in Gender Specific Issues and Trauma Informed Care. All staff receive training in working with pregnant residents and all staff receive the same PREA Training.

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

Interviews: A prior 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 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.332 (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: Pre-Audit Questionnaire; PREA Brochure for staff, and volunteers; Volunteers (How to report, protection from retaliation, receiving a report, red flags, abuse of power, consequences of sexual abuse/harassment and misconduct; Talking 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); Training Matrix and Roster for Volunteers.

Discussion of Policy and Documents Reviewed: A previous interview with the agency volunteer coordinator, in an interview during the first audit of the County Home School and during the current on-site audit, 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.

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); Online PREA Boundaries; PREA-Effective and Professional Communications with LGBTI Residents; and others.

The training/tracking roster documented volunteers having received the following training:

- DOCCR PREA Policy
- DOCCR PREA Reporting and Responding Policy
- PREA Volunteer 101 Video/Elearning

The PREA 101 ELearning course is a National Institute of Corrections (NIC) course whose agenda includes key components of the Prison Rape Elimination Act; understanding sexual abuse; describing how sexual behaviors impact the corrections system and security, legal implications in the areas of staff sexual misconduct and inmate-inmate sexual assault; ways to effectively and appropriately respond when you first learn of an allegation of sexual abuse; and the principles of investigation and importance of a fair and timely investigative process.

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

Discussion of Interviews: Interviews indicated the facility takes training volunteers seriously. The agency website requires prospective volunteers to view the PREA 101 Class on-line prior to submitting their applications. An interviewed volunteer confirmed he viewed the PREA 101 video prior to becoming a volunteer and periodically since that time. Contracted staff indicated they complete the same training required of all County Home School employees and Corizon staff stated they have to take the Corizon PREA training as well.

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

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

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident 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.

Residents receive information at time of 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.

Policy and Documents Reviewed: DOOCR Policy, Prison Rape Elimination Act, PREA, Resident Receiving and Orientation

Discussion of Policy and Documents Reviewed: 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.

Policy also requires Divisions to meet department time parameters for providing DOCCR institutional residents with the information specified by policy (Statement #2)

Policy also requires Divisions to schedule and present annual refresher training for residents regarding the subjects of zero tolerance and incident reporting processes.

Resident education must be designed to be age appropriate and delivered in formats accessible to all residents, including those who have limited English proficiency, hearing or visual impairments, or are otherwise disabled. This also includes residents who have limited reading skills.

Division Managers or designees are charged with ensuring Orientation Content includes the following:

- Comprehensive, age appropriate educational format including but not limited to:
 - a) DOCCR's zero-tolerance policy regarding sexual abuse and sexual harassment;
 - b) How to avoid risk situations related to sexual assault;
 - c) How to safely report rape or sexual activity;
 - d) How to obtain counseling services and/or medical assistance if victimized;
 - e) The risks and potential consequences for engaging in any type of sexual activity while incarcerated; and
 - f) DOCCR
 - g) Sexual abuse response policies and procedures.

Resident participation is required to be documented and maintained.

Lastly, policy requires staff to ensure that key information is continuously and readily available for visible to clients/residents through posters, client/resident handbooks and pamphlets.

The Pre-Audit Questionnaire documented 69 residents receiving all the required PREA related information during the past twelve (12) months. It also documented that there were no residents who did not receive the required PREA education within 10 days.

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 for the hearing 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 six different languages. These were observed in the lobby of the program and are accessible to all visitors.

PREA related information is available to residents in multiple ways to keep the information ever present before the resident. Information is provided in the PREA brochure given to the resident at admission, the resident handbook, the Hennepin County Juvenile Detention Center Safety Guide, and through a host of posters strategically posted throughout the facility.

This facility maintains a large variety of PREA related posters throughout the facility. These inform the resident of the zero-tolerance policy, how to maintain boundaries, what to do if sexually abused, how to

report it and a variety of phone numbers and mailing addresses of outside agencies to whom reports may be made. The auditor observed no less than five (5) poster containing information related to the services provided by the Sexual Violence Center as well contact phone numbers and mailing addresses. Interviewed residents also pointed out to the auditor that they can find out anything they need to know about PREA from all the posters located throughout this facility. Too, the PREA related information is always accessible in the resident handbook.

The youth in this facility are knowledgeable of PREA and know how to report it. They are aware of the zero-tolerance policy and reviewed investigations, in at least 90% of the cases, made their reports to a staff.

Interviews: Superintendent/PREA Compliance Manager; Randomly Selected and Targeted Residents

Discussion of Interviews: Thirteen (13) of thirteen (13) interviewed residents reported they received information about PREA the same day they arrived and then were required to watch the PREA Video. They indicated they received information regarding their rights and other PREA related information either the same day or a few days later. They also affirmed unanimously that they must watch the PREA Video monthly and take a quiz on it.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, 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 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 115.321(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 115.321(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 115.321(a).] Yes No NA

115.334 (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 115.321(a).] Yes No NA

115.334 (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

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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; Investigator (previous interviews)

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 end of the investigations.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (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 juvenile 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

115.335 (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

115.335 (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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? 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 §115.332? 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 eight (8) medical staff and three (3) mental health 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)

Online PREA Boundaries

PREA Effective Professional Communications with LGBTI Residents

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; Corizon Health Services Administrator; Nurse Supervisor

Discussion of Interviews: Interviews confirmed that Corizon staff have their own specialized training they provide newly hired staff. The reviewed curriculum covers the topics addressed in the NIC training and more. Staff also stated they are required to complete the same PREA training that all staff at the facility receive. Interviews confirmed they are knowledgeable of PREA and their roles in responding to an allegation of sexual abuse, including the steps they would take to protect the evidence.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No

- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- 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 resident's detriment by staff or other residents? 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, Resident Receiving and Orientation, DOCCR Institutions. Page two, paragraph 7; Vulnerability Assessments

Discussion of Policy and Document Review:

The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

DOCCR Policy, PREA, Resident Receiving and Orientation, DOCCR Institutions, requires the CHS to conduct an intake assessment and screening each resident to identify predatory risk factors and potential vulnerability of victimization. It requires

Page two, paragraph 7 requires all residents to be screened and reassessed, in compliance with the PREA Standards, for the risk of being sexually abused or sexually abusive at intake/classification; upon transfer from another facility; and at subsequent classification reviews to be held, as necessary and appropriate, according to the "Procedures" of the SOP. Procedures require the following minimum criteria for screening residents:

- Prior acts of sexual abuse and prior convictions for violent offenses;
- Any gender non-confirming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual

- abuse;
- Current charges and offense history;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness;
- The resident's own perception of vulnerability;
- Mental, physical or developmental disability;
- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
- Procedures caution that determination of sexually abusive behavior should not be solely on whether the resident is lesbian, gay, bisexual, transgender or intersex.

The CHS uses an objective screening tool. The vulnerability assessment must be done within 72 hours from the time of admission. JDC Policy, JDC PREA Resident Reporting, Assessment, Classification and Orientation, 01-12, Policy #1 requires the facility use an objective screening tool that is completed within 72 hours of a resident's arrival and admittance to the JDC and used to reassess residents.

Additionally, DOCCR Policy, PREA, Resident Receiving and Orientation, DOCCR Institutions.

Paragraph 2, Intake Staff Procedures, of DOCCR policy, requires staff conduct an objective risk assessment within 72 hours of the time the resident is admitted to the JDC. The reviewed PREA Assessment identifies whether the assessment is an initial assessment, a 30- day reassessment or "as needed". The instrument considers the resident's criminal history, whether detained solely for civil immigration purposes, age, experience in institutions, social skills, perception of risk, history of victimization, unwanted sexual experience, offense type, sexually aggressive behavior, intellectual impairment, "lack of fit" with juvenile justice facility culture (including physical appearance, presentation and behaviors, features of youth that make them stand out and sexual orientation. Overall risk scores are assigned and a score of 9 or higher indicates the youth is vulnerable to victimization, whereas a score of 4 or higher on sexually aggressive behavior indicates the youth is potentially sexually aggressive/abusive. This instrument contains blocks for verifying if certain responses match collateral information that the screener reviews.

The Agency uses a computerized assessment that is objective. It considers the following: Immigration Status, Violence, Age, Institution experience, Victimization, Victim Response, Sexual Experience, Offense Type, Behavior in School, Speech Impediment, appears to be slow or "dull", Behaviors are likely to irritate and annoy other residents, Behaviors that appear related to mental illness, having a lack of exposure to criminal lifestyle, Membership in a gang, and the Resident identifies themselves as lesbian, gay, bisexual, transgender or intersex.

In addition to asking the questions on the objective screening instrument, staff stated they confirm the information the youth gives them insofar as possible.

Policy requires that privacy is maintained and responses to screening questions are not exploited or disclosed except to those with a legitimate need to know. The agency prohibits residents from being disciplined for refusing to answer particular questions or for not disclosing complete information on sexual abuse or sexual harassment.

Interviews with staff who conduct the initial risk screening assessment stated they do the initial screening either on the same day as admission and not later than then next day. Staff said they read the any documents on file for the resident, any recent psychological assessments, screening reports,

out of home screening reports and other relevant documents. The completed instrument gives a score and if the resident is identified as either a potential aggressor or a potential victim, the information is put into the database and it flags them.

The PAQ and interviews with staff indicated there were 69 residents during the past 12 months who were in the facility longer than 72 hours. Multiple samples of screening assessments were provided for review. These documented screening within 72 hours as required.

The auditor reviewed a sample of twenty (20) assessments that indicated the screening occurred within 72 hours of admission.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

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

115.342 (f)

- Are each transgender or intersex resident'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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, 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.

Policies and Documents Reviewed: DOCCR Policy, Prison Rape Elimination Act, PREA, Resident Receiving and Orientation, DOCCR Institutions and CHS Policy, PREA, Resident Receiving, Assessment, Classification and Orientation.

Discussion of Policies and Documents Reviewed:

The agency/facility uses information from the risk screening required by 115.341 to inform housing, bed, work, education and program assignments with the goal of keeping all residents safe and free from sexual abuse. DOCCR procedures require the JDC to use all information obtained in PREA Standard 115.341 to make housing, bed, program and education assignments for residents. Procedures also require that specific information derived from the intake assessment may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. When screening identifies a resident with a potential vulnerability and/or tendency to act out with sexually aggressive behavior the on-duty Corrections Supervisor must be notified. Resident Classification of DOCCR Policy, CHS PREA: Resident Receiving, Assessment, Classification and Orientation, Resident Classification requires the Corrections Supervisor is notified if there are any security or safety concerns which may affect placement. Interviews with staff conducting the initial risk screening and staff who make housing assignments confirmed that housing is based on the results of the initial risk screening assessment, the residents size and age and consideration of the resident's own views for his/her own safety.

If a resident has been previously sexually abused, staff are required to document it in the database and complete a DDC Medical Referral Form to make a referral for follow-up. The referral goes to the Corizon Medical Staff who give it to the Licensed Clinician.

PREA, Resident Receiving and Orientation, DOCCR Institutions, 3., requires the division manager/designee to maintain separation in housing and programming between those residents at high risk of being sexually victimized from those residents who present a high risk of being sexually abusive.

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the CHS 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 concerns. However, residents, in compliance with policy and procedures, who identify as lesbian, gay, bisexual, transgender, or intersex are not to be placed housing assignment based solely on the basis of this identification or status. The facility did not have any transgender residents at the time of the audit. This was confirmed through interviews with staff, observation and reviewed risk screening assessments. Staff indicated in their interviews that transgender or intersex residents are not housed in any living unit based on their identification. They also stated that care would be taken to ensure the resident would feel safe in a living unit.

Staff are required, by agency procedures, to take into serious consideration the resident's own views with respect to his/her own safety. Lastly, policy and procedures require placement and programming assignments for each transgender or intersex resident will be assessed at least twice a year to review any threats to safety experienced by the resident.

Policy (DOCCR, PREA, Resident Receiving and Orientation, Institutions, Paragraph 8 of the 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. Divisions (including CHS) are required to make individual determinations about where best to safely house youth. Too, it requires, once again, that divisions make housing and program assignments for transgender and intersex residents in a facility on a case-by-case basis. Policy prohibits placing lesbian, gay, bisexual, transgender or intersex residents in dedicated facility, units or wings solely based on such identification or status.

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

In compliance with agency policy and procedures, paragraph 6 of DOOCR Policy, PREA Resident Receiving, Assessment, Classification and Orientation, residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe. If a resident was segregated for his/her own safety, procedures require the facility to provide access to programs, privileges, education, exercise and work opportunities to the extent possible and if the institution restricts access the institution will document the reasons for the limitations.

CHS PREA Resident Receiving, Assessment, Classification and Orientation, 01-71, requires in paragraph 5, page 6, that residents who self-identify as lesbian, gay, bisexual, transgender, or intersex will not be placed housing assignment based solely based on this identification or status. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the JDC 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 concerns

An interview with the agency's contract psychiatrist during this audit and in two additional PREA Audits confirmed the agency has a thorough and professional process for determining where to house transgender or intersex residents and in one case at the Adult Correction Facility, based on a thorough process review, the agency made the decision to house one transgender female (transitioning from male to female) in the female unit, believing, after going through the agency's process, that this would be the safest place to house the offender. The agency is reported to have a Centralized Committee consisting of the PREA Compliance Manager, Duty Supervisor, Mental Health, Health Services Administrator, Psychiatrist, and Psychiatrist Assistant. The review would consider any mental health information available, any information security has about the youth that might impact a decision, consideration of the youth's views and preferences, and reviewed medical information. The psychiatrist indicated that the committee must consider whether the move would cause new trauma and the ramifications of those issues.

The facility does not use isolation to house or protect a resident. Even disciplinary room restriction is restricted to a minimum amount of time in their rooms, most often only until the resident has his behavior under control. This was confirmed through interviews with both staff and resident's

The facility does not use isolation to protect residents or to separate them from the general population.

Interviews: Superintendent/PREA Compliance Manager; PREA Coordinator; Psychiatrist/Medical Director; Health Services Administrator; Nursing Supervisor; Targeted Residents; Randomly Selected and Specialized Staff.

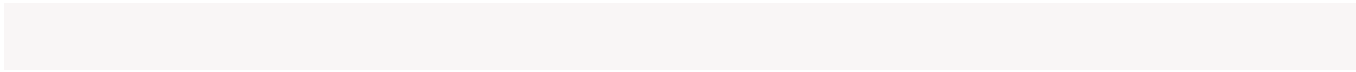
Discussion of Interviews: Interviews with staff and residents confirmed residents are not segregated for their protection.

Gay and bisexual residents confirmed they are not housed in any housing separate from general population and that they are treated no differently.

Interviews with staff indicated the facility would not use isolation to protect a resident. However, JDC Policy, does require that residents in any form of disciplinary room restriction are provided all educational programming, special education services and daily large muscle exercise.

Interviews with staff who conducted the initial risk screening related that the assessment is mostly objective and that a resident's identification or status is not considered as an indicator of the likelihood of being sexual abusive. A determination for being a potential predator is based on the objective screening instrument and not on identification or status.

This standard is rated “meets” based on a thorough review of the agency and CHS policies, procedures, and practice; reviewed victimization assessments; and interviews with staff responsible for conducting victimization assessments and others, including interviews with residents.



REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?
 Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? 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: Pre-Audit Questionnaire; DOCCR Policy, Chapter 12, Prison Rape Elimination Act; PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse. Paragraph B; "End the Silence" Brochure given to residents; CHS Resident Safety Guide; Multiple PREA Related Posters, including the Sexual Violence Center contact information; PREA Brochure, "Preventing and Reporting Sexual Misconduct with Offenders, How to Make a Report (for staff); Review of incident reports; Reviewed investigation reports; Resident Handbooks

Discussion of Policy and Procedures: Agency policy (1.5, PREA: Reporting and Responding Process, paragraph 1 and 2 asserts the HCHS will comply with and follow the DOCCR PREA Institutional Reporting and Responding to Maltreatment and Sexual Abuse Policy and that all staff are required to immediately report any instances of sexual abuse, sexual misconduct and sexual harassment whether it is staff-to-resident or resident-to-resident. Paragraph 3 affirms HCHS will encourage residents and staff to report any incident of sexual contact or abuse and/or any staff neglect or violation of responsibilities that may have contributed, witnessed, have second-hand information to an incident of sexual abuse, sexual misconduct and sexual harassment without fear of retaliation by staff or residents.

Procedures, in that same policy, address staff reporting immediately to the shift supervisor any knowledge, suspicions or information regarding an incident of sexual abuse, sexual misconduct, and sexual harassment that occurred in the HCHS, including an allegation on behalf of the resident by a parent and/or legal guardian. Third Party reports are required to be accepted as well.

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 or 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)

CHS Policy, PREA Reporting and Responding Process, Paragraph 5, Page 4, states that residents can make a report to the PS&C Hotline, staffed 24/7 and may make a confidential call to the Sexual Violence Center. These calls are confidential, and staff are to give the resident privacy but maintain a line of sight with the resident.

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, JDC 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

Resident Handbooks informed residents of the following ways to report:

- In person to:
 - a) Juvenile Correctional Officer
 - b) Supervisor
 - c) Social Worker
 - d) Volunteer

- e) Teacher
- f) Nurse
- g) Health East Staff
- h) Other County Home School Staff

- In writing by the following:

- a) Anonymously by placing it in a sealed envelope and then placing the envelope in the locked medical drop box located in resident's living unit.
- b) Use a private reporting mechanism provided by Hennepin County to report sexual abuse, sexual misconduct, and/or sexual harassment of residents by the following:

Minnesota DOC (Phone number and address provided)

MN Department of Human Rights (Phone number and address provided)

Sexual Violence Center (Phone Number and address provided)

Residents are given the brochure, "End the Silence". This brochure tells the resident "Who Can Help" if the resident is the victim of abuse. Discussed are "trustworthy adults" and these include talking to a facility staff member, counselor, teacher or medical professional, youth's attorney, probation officer, parent, guardian or other family member and through the facility grievance process. On the brochure are the following agencies youth may report to: 1) Professional Standards and Conduct Unit (phone number provided) Sexual Violence Center 24- hour Crisis Help Line (mailing address and crisis line number).

The Hennepin County Juvenile Detention Center Safety Guide informs residents they may make a report by talking to or sending a note to: 1) The Juvenile Correction Officer, 2) Supervisor, 3) Social Worker, 4) Chaplain, 5) Volunteer, 6) Teacher, 7) Nurse, and 8) Other staff members at the facility. Additionally, residents are advised they may file a grievance and placing it in an envelope and placing it in the medical box on the resident's unit or by calling the Sexual Violence Center (number provided).

Staff have access to the brochure, "Preventing and Reporting Sexual Misconduct with Offenders". That brochure tells staff how to make report. This brochure 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. The following ways for reporting are listed:

- Contacting staff's immediate supervisor
- Contacting the division manager
- Contacting the Professional Standards and Conduct Unit (PS&C); (phone number provided)

The brochure informs staff if a staff member is involved to please report to the PS&C.

Lastly it tells staff that all reports are taken seriously whether made verbally, in writing, anonymously or by a third party and they must be reported.

The facility allows residents to make at least one (1) to two (2) phone calls per week at the facility's expense. They may also make professional calls, including calls to attorneys and community case managers. Interviewed youth confirmed they can make phone calls without any issues.

Visitation is allowed at least two (2) times a week and more if the social worker or counselor approves more frequent visits. Professional visits are allowed as well, and residents and their professional visitors are given a private area or office to meet in.

Home visits, according to youth are allowed in increments to transition back into the community based upon the phase of the program the resident is in.

The facility provides residents with access to phones to make calls, paper, pencils and postage to write letters and notes, visitation, phone calls to parents/guardians.

Interviews: Superintendent/PREA Compliance Manager; Randomly Selected Staff; Specialized Staff; Randomly Selected Residents; and Targeted Residents.

Thirteen (13) interviewed residents provided the auditor with multiple ways to report. Residents could name multiple ways to report, including third party and anonymous reports. The most prominent method for reporting, according to residents, was to report it to staff. Residents also named the grievance process as a way they could report.

Reviewed attendance rosters documented attendance at orientation and viewing and discussing the PREA Video. The auditor reviewed incident reports and investigation packages and all the reviewed packages documented that the resident reported the allegation directly to a staff member and the staff immediately reported it to their immediate supervisors; asked the "green card" questions only, and separated residents.

This standard is rated "exceeds" because of the multiple ways for residents to report allegations of sexual abuse and sexual harassment. Not only are residents provided multiple outside agencies with whom they can report, but also exceeding the standards is the very liberal visitation and phone call practices at the facility. One-hundred percent (100%) of the interviewed residents confirmed they have access to their parent(s)/legal guardian(s) daily; that they can call them at least two times per week; and that they can write them. All of them also asserted their attorneys can visit anytime; call them anytime; that they can call their attorney's whenever they needed to; and that they can write them. They said their probation officers can visit anytime; that they can call them anytime; and that they could write them if they chose to. The facility allows unlimited professional visits and professional phone calls. Information on how to report is provided in the PREA pamphlets and resident handbook given at intake; the PREA Video and Juvenile Safety Guide given to the resident during orientation; and through multiple PREA related posters. Posters are prolific and observed virtually everywhere. For example, on one wall there were at least five (5) posters informing residents how to report to the Sexual Violence Center. Information is provided in the resident handbook, the PREA brochures, and the CHS Safety Guide.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This

does not mean the agency is exempt simply because a resident 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

115.352 (b)

- Does the agency permit residents 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 a resident 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

115.352 (c)

- Does the agency ensure that: A resident 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

115.352 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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

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: County Home School Division Policy, 06-8, Resident and Family Grievance Procedures, “PREA Grievances”; Resident Handbook; CHS Safety Guide; End the Silence Brochure; Review of grievances filed in the past 12 months; Reviewed grievances filed in the past 12 months alleging sexual abuse or sexual harassment; Reviewed the investigations generated as a result of the grievances

Discussion of Policies 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.

CHS Policy 06-8, Resident and Family Grievance Procedures requires that the facility provide and follow the written grievance procedures that allows residents, the resident’s parent(s), or legal representative(s), a guardian, or a concerned person in the resident’s life to make a formal complaint or suggestion and express a concern about any aspect of the resident’s care during the resident’s stay in the facility.

The section entitled "PREA Grievances", requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports by completing a PS&C Incident Report.

Paragraphs 2-11 address the items required in the PREA Standards.

The Hennepin County Home School Resident Handbook explains to the youth how to file a grievance/complaint.

Additionally, the Center Safety Guide explains how to report sexual abuse and sexual harassment and includes the grievance as one of the ways a resident may report.

The "End the Silence" brochure, Page 2, Facility Grievance Process, also provides information related to the grievance process as one of the ways residents have to report.

The Policy 06-8, Resident/Family Grievance Procedures, PREA Grievances affirms that third parties, including fellow residents, staff members, family members, attorneys and outside advocates will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such requests on behalf of residents. Parents/legal guardians of the juvenile can file a grievance regarding allegations for sexual abuse, including appeals, on behalf of a juvenile. The grievance will not be conditioned upon the juvenile agreeing to have the request filed on his/her behalf.

Emergency Grievance Procedures are also described in the Grievance Policy. 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.

JDC Policy -06.8, Resident/Family Grievance Procedures, asserts that the JDC will not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

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.

CHS Policy 06.8, Resident/Family Grievance Procedures, in Paragraph 7., requires that the JDC ensure that the grievance is not referred to the staff who is the subject of the complaint for resolution.

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

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.

There were no allegations of either sexual abuse or sexual harassment via a grievance during the past 12 months.

Interviews: Superintendent/PREA Compliance Manager; Randomly Selected Staff; Specialized Staff; Randomly Selected Staff; Targeted Staff

Discussion of Interviews: Staff indicated that all grievances would be turned in immediately and investigated. Youth, they said could turn in the grievance to any staff they felt comfortable filing it with. Interviewed residents rarely named a grievance as a way they would report sexual abuse or sexual harassment but with prodding, indicated they could file a grievance to report but would prefer to tell a staff. Residents said they could place their grievance in the medical box and they believed it would be investigated.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable 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 residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, 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

115.353 (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 residents 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

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? 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: JDC Policy, 01-12, PREA: Reporting and Responding Process; CHS Policy, 06-01 Rights and Protections; Memorandum of Understanding between the Sexual Violence Center and Hennepin County Department of Community Correction and Rehabilitation; CHS PREA Youth Safety Guide; Resident handbook; PREA Brochure “End the Silence”, with contact information for SVC; Observed and Reviewed Multiple Posters with SVC Contact Information

Discussion of Policies and Documents Reviewed: The agency entered into a Memorandum of Understanding between the Hennepin County Department of Community Corrections and Rehabilitation and the Sexual Violence Center, and Corizon, Inc. 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.

Residents are provided contact information for the Sexual Violence Center in multiple ways. The Hennepin County. The Sexual Violence Center is listed as a method for reporting. The phone number and mailing address is provided. Information is provided in the Hennepin County Safety Guide. On page three a half page is devoted to the Rape Crisis and Victim Advocacy Organizations and included the following: Sexual Violence Center 24 Hour Crisis Help Line (phone and mailing address); Minnesota Department of Corrections, Inspections and Enforcement Unit (phone number and mailing address provided); and the Minnesota Department of Human Rights (phone number and mailing address provided). This notice advises residents that staff must report all incidents of alleged sexual abuse to the appropriate children services agencies and the Hennepin County Sheriff’s Office.

The PREA Brochure, “End the Silence” published in seven languages and provided to residents upon admission provides contact information for the Sexual Violence Center (phone numbers and mailing

address). Contact information for the Hennepin County Department of Community Corrections and Rehabilitation, Performance, Standards and Conduct Unit (phone number provided) is also provided.

Multiple posters containing contact information for the Sexual Violence Center are posted throughout the facility. Five posters with contact information for the Sexual Violence Center were observed on one half of one wall in a hall.

DOCCR Policy, PREA Reporting and Responding Process, states the reports are confidential. Paragraph 5.f., advises that the calls are confidential; however, the resident may also volunteer information to staff about sexual abuse. JDC requires if at any time a resident discloses information about sexual abuse to staff, they must report and respond in accordance with the procedures referenced in policy.

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 Sexual Violence Center also, under the auspices of the local school system, during the school year, groups every other week for the youth at the facility. Youth are provided education on sexual violence among other relevant issues during those groups

DOCCR Policy, Rights and Protection, 4.i., Residents Rights, requires reasonable communication and visitation with parents/guardians, professional visits, such as Attorney, Probation/Parole Officer, Caseworker and other approved professional visits.

The Resident Handbook advises residents of their right to call their lawyer, probation officer or caseworker and that they may visit at any time. The handbook also states that professional calls may be made daily and there is no time limit on professional calls. The handbook states, as well, that attorneys may visit at any time. It also affirms that residents may receive visitors daily as well. Residents are also allowed to make phone calls daily to their families.

Interviews: Superintendent/PREA Compliance Manager; Randomly Selected Residents; Specialized Residents; Randomly Selected Residents; Targeted Residents

Discussion of Interviews: Staff who were interviewed were well aware of the services of the Sexual Violence Center. The information is posted throughout the facility; on the Resident Brochure and in the Resident Handbook however residents were not familiar with the agency, although none had needed it.

Standard 115.354: Third-party reporting

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

115.354 (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 a resident? 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 Zero Tolerance of Sexual Abuse, Sexual Misconduct, and Sexual Harassment; DOCCR, County Home School Division, Resident and Family Grievance Procedures; PREA Brochure, "End the Silence"; DOCCR Website; Reviewed grievances; Reviewed incident reports; Reviewed investigations

Discussion of Policy and Documents Reviewed: The Agency's Policy, Zero Tolerance of Sexual Abuse, Sexual Misconduct and Sexual Harassment, Reporting of Allegations of Sexual Abuse, Sexual Misconduct and Sexual Harassment, 3.b., and the County Home School Division's Policy, Resident and Family Grievance Procedures states residents may make reports verbally, in writing, anonymously, and through third parties. It also provides that an allegation can be made on behalf of a resident by a third-party in paragraph c. Policy requires staff to accept third-party reports. The Resident and Family Grievance Policy requires third party reports to be promptly documented by completing a Professional Standards and Conduct Incident Report.

The policy, in paragraph 6, asserts that third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. A note, after paragraph 6., states the resident's permission is required for all third- party grievances to move forward in the process except grievances initiated by parents and/or guardians. Parents or legal guardians will be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile.

" End the Silence" brochures are in the lobby to be available to visitors. That brochure talks about "Who Can Help" and if identifies, "many adults who may visit you in the facility. These may make reports for the resident. Additionally, the brochure has a paragraph entitled: "What if I see or hear about someone else being abused?". That paragraph ends with a statement "you can help by reporting abuse". Phone numbers for the Sexual Violence Center and the Hennepin County Department of Community Corrections and Rehabilitation, Performance, Standards and Conduct Unit are provided.

Phone numbers are provided for third parties to make reports. Brochures are provided in multiple languages representing the most common languages in the Hennepin County area.

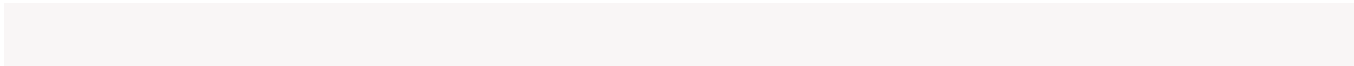
DOCCR Policy, County Home School Division, Resident and Family Grievance Procedures, 1., affirms that a resident's parent or legal representative, a guardian, or a concerned person in the resident's life may make a formal complaint or suggestion, or express a concern about any aspect of the resident's care during the resident's stay in the facility.

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 were no third-party reports during the past twelve (12) months. This was confirmed through review of the PAQ, reviewed incident reports, reviewed investigations and interviews with staff. Although interviewed residents said they knew a "third party" including a parent, relative or even another resident could make a report for them, several of the residents vehemently stated they would report it themselves and not have a third party make the report for them.

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: Interviewed staff consistently stated that third parties may make reports for residents and that they would take the allegation/report seriously, report it to their supervisor and document the report. Interviewed residents consistently affirmed that a friend or relative could report for them. They also, when prompted, confirmed their attorney or probation officer could report for them as well. Reviewed incident reports and investigations did not contain any reports from third parties.



OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (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 residents 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

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- 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*)

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Policy and Documents Reviewed: County Home School Division; PREA Reporting and Responding Process; DOCCR Policy, Prison Rape Elimination Act; DOCCR Policy PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse; Staff PREA Brochure: “Preventing and Reporting Sexual Misconduct with Offenders”; Reviewed Incident Reports; Reviewed Investigation Reports; Reviewed Grievances

Discussion of Policy and Documents Reviewed: County Home School Division Policy, PREA Reporting and Responding Process, 1.5, requires in paragraphs 1 and 2 asserts that the Hennepin County Home School will comply with and follow the DOCCR PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse policy. It also requires all staff are required to immediately report any instance of sexual abuse, sexual misconduct, and sexual harassment whether it is staff-to-resident or resident-to-resident. Paragraph 3 indicates the HCHS will encourage residents and staff to report any incident of sexual contact or abuse and/or any staff neglect or violation of responsibilities that may have contributed, witnessed, have second-hand information to an incident of sexual abuse, sexual misconduct and sexual harassment without fear of retaliation by staff or residents. Information received from any source, including third-parties, must be reported.

In the facility’s procedures for that policy, all staff, contractors, interns and volunteers are required to report any knowledge, suspicion, or information regarding an alleged incident of sexual abuse, sexual misconduct, and sexual harassment that occurred in the HCHS, including but not limited to an allegation on behalf of the resident by a parent and/or legal guardian. They are required to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation or any retaliation against residents or staff who report any alleged incident(s).

The agency’s Prison Rape Elimination Act (PREA) Policy in Procedure A, Staff Reporting, instructs staff to report the following immediately: “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 part of Hennepin County; any retaliation against residents or staff who reported an incident; and staff neglect

or violation of responsibilities that may have contributed to an incident of sexual abuse/sexual harassment or retaliatory behaviors.

Private reporting mechanisms included the Inspections and Enforcement Unit; Sexual Violence Center; MN Department of Human Rights; and the Professional Standards and Conduct Unit.

Division Managers or designees are required, as well, 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 legal agency under applicable mandatory reporting laws.

Residents are provided multiple ways to report as well and these are all outlined in policy and provided to residents during intake and orientation and through PREA related brochures, resident handbooks, and multiple PREA related posters

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."

Reviewed investigation reports contained incident reports. The auditor's review confirmed that staff were conscientious about making their reports immediately. Incident reports were detailed and documented the allegations as well as the actions taken upon becoming aware of the allegations or incidents.

DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, A. Staff Reporting, b. Requires staff to immediately report to a supervisor retaliation against residents or staff who reported an incident.

The Hennepin County PREA brochure for staff entitled, "Preventing and Reporting Sexual Misconduct with Offenders", has a section related to protection from retaliation. It asserts that all DOCCR staff, volunteers and offenders will be protected from retaliation and retaliation monitoring is briefly discussed.

DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, requires in policy (paragraph 11 and 12) that the identity of residents reporting sexual abuse/sexual harassment must be maintained as confidential and all reports and allegations of sexual abuse are confidential. Policy prohibits staff from revealing any information related to a sexual abuse report except to institutional authorities who are making treatment, investigative, and other security and management decisions. Unless precluded by federal, state or local law, medical and mental health practitioners are required to report sexual abuse and to inform residents of their duty to report and the limitations of confidentiality, at the initiation of services. Paragraph 17., requires that mandatory reporting laws must be followed when the victim of allegations of sexual abuse is under the age of 18 or considered a vulnerable adult.

The auditor reviewed all the relevant policies related to reporting and found that the policies and procedures address the PREA Standards. Staff have not only been trained to report "everything" including suspicions, knowledge, reports, or allegations of sexual abuse, sexual misconduct, sexual

harassment, retaliation for reporting and staff neglect that may have contributed to an incident of sexual abuse, misconduct or harassment, but they have institutionalized this into the culture of the facility.

All the staff understand they are mandated reporters. Medical and Mental Health Staff, although contracted, operated in tandem with facility staff and inform residents of their duty to report.

Also institutionalized into the culture is that staff accept and report allegations they received from any source. They also related they are to document all reports, regardless of how they were received. Reviewed investigation reports, as well as reviewed grievances, indicated that this staff do take everything seriously and report it, regardless of how minor it may appear. The resources of the Professional Standards and Conduct Unit (Investigations) are brought to bear on every allegation, regardless of how minor the allegation may initially appear.

Interviews: Superintendent/PREA Compliance Manager; PREA Coordinator; Randomly Selected Residents; Targeted Residents; Randomly Selected Staff; Specialized Staff

Discussion of Interviews: All the interviewed staff stated the agency and facility has a zero tolerance for all forms of sexual abuse, sexual harassment and retaliation for reporting. They also confirmed they all were mandated reporters and, as such, would report “everything” including suspicions. Staff stated they would immediately make a verbal report to their supervisor and complete an incident report as soon as possible after becoming aware of the allegation or incident and not later than the end of the shift.

Staff indicated they are sensitive to victims or potential victims and understand they are not to reveal any information related to an allegation of sexual abuse to anyone other than what is necessary to provide treatment and safety for the resident and information is given out based on a need to know basis. They also are aware that they are to ask only the minimum numbers of questions when they are made aware of an allegation or knowledge of a sexual assault or an incident of sexual abuse.

Standard 115.362: Agency protection duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? 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 Report; HCHS Policy, 1.5, PREA: Reporting and Responding Process; Reviewed Grievances; Reviewed Incident Reports; Reviewed Investigation Packages

Discussion of Policy and Documents Reviewed: 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.

The Hennepin County Department of Community Corrections and Rehabilitation Prison Rape Elimination Act (PREA) Coordinated Response Plan, Step 1.d, requires that when the facility obtains information or discovers a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. First Responders are required to separate the alleged perpetrator from the alleged abuser, by both sight and sound. The staff is also required to remain with the victim to provide safety and support and to protect evidence (addressed in the coordinated response plan).

The facility reported on the PAQ that there have been no times the agency has determined a resident was subject to substantial risk of imminent sexual abuse. This was confirmed with interviews with staff and reviewed grievances.

Reviewed Department of Community Corrections and Rehabilitation and CHS 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.

Interviews: Agency Director; Agency Area Director; PREA Coordinator; Superintendent/PREA Compliance Manager; Randomly Selected Staff

Discussion of Interviews: Interviewed staff affirmed they would take the allegation seriously and report it to their immediate supervisor. They also related they would separate the potential victim from the threat immediately and keep that resident with them until the shift supervisor arrived and decided where the safest place to house the resident was. When asked if they would tell the resident they would get back with them later, they all affirmed strongly "NO", they would remove that resident immediately.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident 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
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (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

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Policy and Documents Review: Pre-Audit Questionnaire; DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse; PREA: Reporting and Responding Process; DOCCR Policy, 01-13, PREA, Sexual Abuse Data Management; Professional Standards and Conduct Notifications Checklist

Reviewed Policy and Documents Reviewed: DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, 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.

CHS PREA Reporting and Responding Process, 1.5, requires in paragraphs 19-27 requires staff to report any knowledge, suspicion, or information regarding an alleged incident of sexual abuse, sexual

misconduct, and/or sexual harassment, outside of the HCHS and staff are required to follow the same steps outlined in this policy related to reporting any allegations however additional actions are required. These include: Reporting any allegation the facility receives of an alleged incident of sexual abuse, sexual misconduct and/or sexual harassment at another facility in writing to the PS&C immediately upon receiving the allegation. The HCHS PREA Compliance Manager is charged with the responsibility for ensuring that all allegations received from other agencies or facility are investigated in accordance with the PREA standards.

The Head of the facility in which the sexual abuse is alleged to have occurred is to be notified upon receiving the allegation. The facility head will report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report will be made to the alleged victim's caseworker instead of the parents or legal guardians. If the juvenile court retains jurisdiction over the alleged victim, the facility head or designee will also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

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. Then PS&C is required to document that appropriate date and time of notifications as outlined in PREA Juvenile Standards 115.361.

The reviewed Pre-Audit Questionnaire documented that there were no (0) allegations that a resident was abused while confined at another facility. This was confirmed through interviews with staff as well.

Interviews: Superintendent/PREA Compliance Manager

Discussion of Interviews: The Superintendent confirmed, in an interview, that he would notify the sending facility's administrator expeditiously and not later than 72 hours. He also related the allegation would be investigated. If the allegation was that the resident told a receiving placement that he/she was abused at County Home School, he would report it to the OPS and the OPS Investigators would begin an investigation.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.364 (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.

Policies and Documents Reviewed: Pre-Audit Questionnaire; DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, C. Follow-Up Process, County Home School Division Policy 1.5, PREA Reporting and Responding Process, Procedure 5; Coordinated Response Plan;

Discussion of Policies and Documents Reviewed: 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. It requires the on-duty supervisor 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 are to remain with the alleged victim and ensure they do not do anything either that would compromise physical evidence. Staff are to explain to the alleged victim the need for a physical exam to assess medical needs, provide any necessary treatments, and to ensure preservation of evidence. Policy goes on then to address other responsibilities of medical and the on-duty supervisor or designee.

County Home School Division Policy 1.5, PREA Reporting and Responding Process, Procedure 5., addresses the responsibilities for First Responders. First Responders are required to immediately upon receiving the report, staff are required to separate the alleged perpetrator and the alleged victim from both sight and sound. First Responders are required to remain with the victim to provide safety and support and to ensure that the victim does not wash, shower, change clothes, brush their teeth or otherwise compromise physical evidence on his/her body prior to examination. That same policy requires the on-duty supervisor to secure the crime scene and restrict access to the areas. The on-duty Corrections Supervisor is charged with determining the most appropriate method of separation and ensure the alleged victim and perpetrator are separated. He/she must also ensure the alleged abuser not take any actions that could destroy evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Policy also continues by enumerating the responsibilities of other staff in responding to allegations of sexual abuse.

These steps are reiterated in the agency's coordinated response plan, Hennepin County Department of Community Corrections and Rehabilitation Juvenile Detention Center, Prison Rape Elimination Act (PREA) Coordinated Response Plan. Step 6 of the plan requires the On-Duty Corrections Supervisor (CS) to initiate the Duty Supervisor Sexual Abuse Response Checklist and immediately notify medical staff and secure the crime scene. The CS then determines the appropriate method of separation, ensuring the alleged victim and perpetrator are separated. The CS ensures 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. Medical staff coordinate transportation of the alleged victim to the Hennepin County Medical Center and mental health provides the victims opportunities for reasonable communication with external services, including victim advocacy groups or centers. The necessity for physical exam is explained and mental health services are offered.

The PAQ documented that there were twenty-one (21) allegations of sexual abuse or sexual harassment and sexual misconduct during the past 12 months. The PAQ and interviews with staff indicated there were no occasions requiring the separation of an alleged victim and perpetrator by a security staff first responder and none where staff was notified within a time period that allowed for the collection of physical evidence.

All staff are required to respond in the same manner using the same procedures for first responding. The Medical Director and the Health Services Administrator articulated the steps of a first responder and their role in responding to an allegation of sexual abuse by a resident.

The steps for first responding, in compliance with the PREA standards, are articulated in a variety of DOCCR and CHS Policies (see above). Staff indicated, in their interviews, the steps they would take upon learning a resident had been sexually abused. These steps were in complete agreement with the requirements of the standard, CHS Policies and Procedures and DOCCR Policies and Procedures. Staff carry First Responder Cards providing a ready reference for responding to allegations of sexual abuse. Once first responding is initiated, supervisors initiate a Sexual Abuse Response Checklist, that again, provides a step-by-step for supervisors. There were no allegations of sexual abuse requiring first responding per se. This was confirmed by reviewing incident reports and investigation reports. Reviewed investigation reports indicated that allegations are primarily regarding horseplay or inappropriate comments. These evidenced, however, that staff take resident allegations seriously and report them as required.

Interviews: Superintendent/PREA Compliance Manager; First Responders (Security) and Non-Security;

Discussion of Interviews: First responders easily articulated their roles and responsibilities in the event of a sexual assault. They all related they would use their green card with the required questions, which are minimal, simply to ascertain what happened, when and where. They described how they would separate the alleged victim from the alleged perpetrator and tell the alleged victim and alleged aggressor not to shower, change clothes, eat, drink, brush their teeth or take any other action that might destroy the evidence. Non-Security First responders indicated they would separate the victim and aggressor and advise the victim not to do any of the things mentioned above.

Standard 115.365: Coordinated response

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

115.365 (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

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Policies and Documents Reviewed: Pre-Audit Questionnaire; DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, C. Follow-Up Process, County Home School Division Policy 1.5, PREA Reporting and Responding Process, Procedure 5; Coordinated Response Plan;

Discussion of Policies and Documents Reviewed: The reviewed Hennepin County Department of Community Corrections and Rehabilitation Prison Rape Elimination Act (PREA) Coordinated Response Plan is detailed, comprehensive and instructs staff in facilitating residents making reports of sexual abuse. The plan details steps for first responders, on-duty corrections supervisors, medical and mental health staff, the Superintendent or designee, and requirements for supervisors to notify the agency

investigating sexual abuse and the role of interns or volunteers who receive reports or information from a resident regarding sexual abuse, sexual misconduct, or sexual harassment.

The agency also has developed a Supervisor-Sexual Abuse Response Checklist. The reviewed checklist provides for documenting receiving the report from a first responder, Verifying the scene is secured, instructing the first responder to stay with the victim until PS&C arrives, Ensuring an officer is stationed with the identified perpetrator, Notifications to the Superintendent and PS&C, Removing the alleged perpetrator from the area, Ensure evidence on victim and perpetrator are protected, Take photographs, notify health services, Arrange transportation to SAFE exam, Notify Mental Health, and Write a PS&C Confidential Incident Report.

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.

Interviewed staff were knowledgeable of their roles as first responders and each one named the steps they would take upon becoming aware that a sexual assault had taken place. They also have, as a part of their uniforms, a first responder card, identifying each step they should take in responding to an incident of sexual abuse

Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

115.366 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (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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Policy and Documents Reviewed: Collective Bargaining Contracts

Discussion of Policy and Documents Reviewed: 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: Director of The Hennepin County DOCCR; PREA Coordinator; Superintendent/PREA Compliance Manager

Discussion of Interviews: Interviews confirmed there is nothing in any collective bargaining agreement that prevents the administration from removing a staff alleged to have violated an agency sexual abuse or sexual harassment policy from contact with the alleged victim.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (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 residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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: Resident 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: Resident 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

115.367 (d)

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

115.367 (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

115.367 (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*)

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Policy and Documents Reviewed: DOCCR Policy, Prison Rape Elimination Act (PREA); Reviewed Grievances Filed during the past 12 months; Reviewed Incident Reports; Reviewed Investigation Packages representing all allegations made during the past 12 months, Department of Community Corrections and Rehabilitation Retaliation Monitoring Process, Document entitled: "Agency Protection Against Retaliation"

Discussion of Policies 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.

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 PCM 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.

Weekly, the designated Retaliation Monitor will check in with the resident or staff verbally each week. Daily and weekly monitoring are required to be documented.

Step four (4) of the Retaliation Monitoring Plan requires that if retaliation occurs, the designated retaliation monitor will report this information to the PREA Compliance Manager and in Step five (5) will document the allegation/retaliation on the Professional Standards and Conduct Incident Report and refer the allegation of retaliation to PS&C for Investigation. The Professional Standards and Conduct Unit will conduct an investigation into the report and report their findings to the reporting Division's Superintendent for allegations pertaining to residents and to DOCCR Administration for allegations pertaining to staff.

The Department of Community Corrections and Rehabilitation Retaliation Monitoring Process in steps 9 and 10 requires if during the 90- day monitoring process new information arises; the designated Retaliation Monitor will continue monitoring for an additional 30 days. The process is the same for staff as for residents with regard to steps 9 and 10. If no additional information arises during the monitoring period, the designated Retaliation Monitor will conduct a final check-in and documentation review at 30 days. Upon completion of documentation, the designated Retaliation Monitor will discontinue monitoring.

Interviews: Agency Director, PREA Coordinator, Superintendent/PREA Compliance Manager/Retaliation Monitor, Randomly Selected Staff; Randomly Selected and Targeted Residents

Discussion of interviews: Interviews with the Agency Director, PREA Coordinator and Superintendent as well as interviewed staff who were randomly selected affirmed the agency has a zero tolerance for any form of retaliation for reporting an allegation of sexual abuse and sexual harassment or for cooperating with an investigation. The Superintendent described a process for monitoring for retaliation that was consistent with the PREA Standards and Agency Policies and Procedures, as well as the Hennepin County Department of Community Corrections and Rehabilitation Retaliation Monitoring Process.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? 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, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse; Paragraph 18; SOP, PREA, Resident Receiving and Orientation; DOCCR Policy 3.21, Use of Disciplinary Room Time

Discussion of Documents Reviewed: DOCCR policy requires that staff are required to take immediate action to protect the resident upon learning the resident is subject to a substantial risk of imminent sexual abuse and paragraph 18 requires staff to ensure that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse follows the segregation requirements outlined in the SOP, PREA, Resident Receiving and Orientation.

Segregated housing is not used for protective custody, except in exigent circumstances in which there are no alternates available to keep the resident safe however we see in Policy 3.21 that even the youth held in disciplinary room time, either secure or non-secure, requires that those youth would also have daily access to large muscle exercise, legally required educational programming and special education services.

The reviewed Pre-Audit Questionnaire documented that there have been no occasions during the past 12 months in which a resident victim was placed in segregated or restricted housing because of a sexual assault or as the result of the resident being at risk of imminent sexual abuse. This was also confirmed through interviews with the Superintendent and other staff.

Reviewed investigation packages did not document any youth being placed in segregated or restricted housing for protection from sexual abuse or as the result of sexual abuse.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (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 115.321(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 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (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

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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

115.371 (f)

- 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 resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- 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

115.371 (h)

- 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

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

- 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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 115.321(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

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. 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-one (21) completed investigation packages.

Regardless of how minor the allegation appeared on the surface, staff took the allegations seriously, followed their first responding protocols, separated alleged youth victims from alleged youth perpetrators, and reported the allegations in compliance with policies and procedures. Five (5) of the twenty-one (21) allegations were reported by third parties (other youth) alleging something they heard or saw, and several were allegations by the same individual and staff took every allegation seriously and reported them and the agency investigated each one in a thorough and professional manner.

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.

Reports are professionally documented and well written providing a consistent format.

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-one (21) Investigation Packages. These included: the following allegations:

- Resident on Resident Sexual Harassment (11)
- Resident on Resident Sexual Abuse (5)
- Resident Sexual Misconduct (3)
- Staff on Resident Sexual Harassment (1)
- Staff on Resident Sexual Abuse (0)
- Staff Sexual Misconduct (1)

Results of the investigations were:

- Unfounded (11)
- Unsubstantiated (7)
- Substantiated (2)

The reviewed Investigations were thorough, detailed and indicate a credible and professional process. Evidences is described; documents reviewed are noted, camera viewing is documented, the rationale for a determination is documented and in accordance with the preponderance of the evidence as the standard for substantiating an allegation of sexual abuse or sexual harassment.

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, Two previous interviews with the Senior Administrative Manager (Office of Administrative Services), PS&C Investigator, Medical Director, Health Services Administrator, Corizon Nurse Manager/Supervisor and randomly and specialized staff and randomly selected and targeted residents.

Discussion of Interviews: Every interviewed staff indicated, in their interviews, that they are going to take any allegation or report of sexual abuse, regardless of source, seriously and report it as required and take appropriate action as required in their First Response Protocols. Staff also know who is going to conduct the investigations, naming the OPS as the primary unit conducting investigations. The Superintendent who also serves as the PREA Compliance Manager has a zero tolerance for sexual abuse, sexual harassment and retaliation and his staff know the expectations.

Two previous interviews 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 Once 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 115.372: Evidentiary standard for administrative investigations

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

115.372 (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-One (21) reviewed Investigation Packages

Discussion of Policy and Documents Reviewed: The interviewed investigative staff related previously that 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 21 reviewed investigation packages documented the findings were based on a preponderance of the evidence.

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

Discussion of Interviews: Three (3) previous 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 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident'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 resident's unit? Yes No
- Following a resident'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 a resident'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 a resident'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

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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

115.373 (e)

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

115.373 (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; 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 examples of written 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 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 Superintendent/PREA Compliance Manager.

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. A previous interview with 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 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: Three (3) previous 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 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (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

115.376 (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 have been no staff disciplined short of termination for violations of agency sexual abuse and sexual harassment policies.

Discussion of Interviews: Interviews with the Superintendent, who also serves as the PREA Compliance Manager indicated that if an allegation was made against a staff they are placed on "no contact" status or may be placed on paid administrative leave pending the outcome of the investigation and if the allegation is substantiated the Minnesota State Police may refer the staff member for prosecution.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? 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

115.377 (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 residents? 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, Chapter 12, Prison Rape Elimination Act; Pre-Audit Questionnaire; Twenty-One (21) Reviewed Investigation Reports.

Discussion of Policy and Documents Reviewed: DOCCR Policy, Chapter 12, Prison Rape Elimination Act, Paragraph 4, 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. Staff failure to address these behaviors as mandated by PREA and this policy will result in disciplinary action up to and including dismissal.

Interviews: Agency Director, Director of Institutional Services, Superintendent/PREA Compliance Manager

Discussion of Interviews: Interviews confirmed the agency has a zero tolerance for sexual abuse and sexual harassment. Volunteers would have their services suspended and they would not be allowed contact with residents pending investigation. Contractors, likewise would be separated from contact. If the allegation is criminal, the Minnesota State Police may make the decision to refer the individual for prosecution.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (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 offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

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

115.378 (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

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 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: 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; DOCCR Twenty-One (21) reviewed investigation packages; Pre-Audit Questionnaire. DOCCR Policy6-10, Facility Rules and Due Process

Discussion of Policy and Documents Reviewed:

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.

Agency Policy 6-10, Facility Rules and Due Process

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 reporting period.

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 policies, 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: Interviews confirmed for sexual harassment residents may be sanctioned through the facility's disciplinary process.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- 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

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident 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*)

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Policy and Documents Reviewed: DOCCR Policy, PREA, Resident Receiving, Assessment, Classification, and Orientation; Reviewed PAQ; Reviewed Investigation Packages (21); Reviewed Consent Form.

Discussion of Reviewed Policy and Documents:

The Nursing Supervisor, who was knowledgeable of PREA, described the following staffing for the medical unit:

- 6AM – 2:30PM One (1) RN Supervisor and One (1) Licensed Practical Nurse
- Weekends 6:30AM – 2:30PM One (1) RN
- Evenings 2:00 PM to 2:30PM One (1) RN
- Tuesday One (1) Nurse Practitioner
- Wednesday One (1) Nurse Practitioner 8AM to 10 AM depending on needs
- Tuesday One (1) Psychiatrist
- Monday through Friday with hours fluctuating One (1) Mental Health Professional

DOCCR Policy, PREA: Resident Receiving, Assessment, Classification and Orientation governs the screening processes. Policy requires that staff complete the victimization screening. 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

however the initial health screening that asks the same question related to prior sexual victimization generates a referral automatically to mental health.

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.

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.

The mental health professional affirmed that she would provide a mental health follow-up to youth who disclosed prior victimization and she would see them generally within 3-4 days if it was not an emergency.

Interviewed residents 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 multiple examples of referrals to mental health as a result of the initial screenings although there were no allegations of sexual abuse that involved more than what was alleged to be an inappropriate touch. There were no allegations involving penetration.

The facility provided the auditor with samples of informed consent forms for residents over the age of 18.

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's Nursing Supervisor indicated she is a knowledgeable supervisor and nurse. She affirmed there have been no forensic exams in the past 12 months and that she has never had to send a youth for a forensic exam. If an exam was required, it would be conducted at the Hennepin County Medical Center. She articulated the process for conducting initial screening and confirmed that any resident who alleged previous sexual abuse is referred to and seen by mental health for a follow-up. The company's commitment to PREA is indicated by the fact that the Medical Director, who also serves as the agency's Psychiatrist and the Health Services Administrator have reported each audit to be interviewed. In addition to describing the screening process they also acknowledged that medical staff are mandated reporters. The mental health professional was interviewed again as well. She described the services she provides and affirmed that any resident reporting previous sexual abuse are offered a follow-up with mental health and that these always occur with 14 days and usually within the week.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident 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

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident 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

115.382 (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 reviewed Pre-Audit Questionnaire documented there have been no incidents, during the past 12 months, requiring a forensic exam or emergency services.

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 Nursing Supervisor confirmed the agency would respond immediately to any report of sexual abuse and would conduct an initial assessment to determine any injuries. Steps to protect the evidence are implemented and the youth would be transported to the Hennepin County Medical Center for a forensic exam conducted by a Sexual Assault Nurse Examiner.

The reviewed policies and procedures comply with the PREA Standards. The facility has a contract with Corizon to provide healthcare in the facility.

The auditor had the privilege of interviewing again, the Medical Director, Health Services Administrator as well as the nursing supervisor. 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; Nursing Supervisor; Mental Health Professional; 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 115.383: 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

115.383 (a)

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

115.383 (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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(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

115.383 (f)

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

115.383 (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

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? 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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Policies and Documents Reviewed: DOCCR 01-11, PREA Reporting and Responding Process; Reviewed Victimization Assessments (20); Reviewed Pre-Audit Questionnaire; Twenty-One (21) Investigation Reports

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 Agency's Medical Director.

Corizon's Policy, J-B-04.00, Federal Sexual Assault Reporting Regulations require the following:

- 1) Residents identified as high risk with a history or sexually assaulted behavior area assessed by a mental health professional;
- 2) Residents at risk for sexual victimization are assessed by a mental health professional

J-B-05.00 Requires that sexual assault victims of sexual abuse to 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; Nursing Supervisor

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 115.386: Sexual abuse incident reviews

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

115.386 (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

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (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 §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.386 (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*)
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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 except for 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.

Reviewed policies and procedures as well as interviews with the Superintendent, PREA Compliance Manager, PREA Coordinator, the Area Director and previous interviews with the Professional Standards and Conduct Unit Investigators confirmed that in the event of an allegation of sexual abuse, at the end of the investigation, the Incident Review Team will conduct an Incident Review.

The reviewed DOCCR Sexual Abuse Incident Review form documents all the items required by the PREA Standards.

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, Senior Administrative Manager, Office of Administrative Services, Supervisor, Office of Administrative Services and the Manager, Safety and PREA Unit.

Two Incident Reviews were provided for the two allegations made during the past 12 months. The process was consistent with both policy and the standards. They also documented corrective action to attempt to prevent similar allegations in the future.

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 115.387: Data collection

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

115.387 (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

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (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

115.387 (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

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (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

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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 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 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

115.388 (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

115.388 (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

115.388 (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 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (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

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 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

- 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 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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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 residents 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 another excellent Pre-Audit Questionnaire (PAQ) containing agency and facility policies and procedures as well as documents to support practice. This information is embedded into the PAQ. 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 unfettered access to the entire facility at any time during the on-site audit as well as unfettered access to all the residents housed there and 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 provided the auditor a flash drive containing the 21 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, also had made arrangements to return the next day for her interview. The auditor asked if she preferred to be interviewed at this time and she consented. 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;

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Residents were randomly selected to be interviewed. Targeted residents were interviewed. The facility provided the auditor with privacy in the classrooms adjacent to the living units. Staff, both randomly selected and specialized were interviewed in the privacy of the conference room.

Following the on-site audit, the auditor conducted an exit briefing with the Superintendent, Assistant Superintendent and PREA Coordinator.

During the post audit process, the auditor and PREA Coordinator communicated as needed. The agency, as has always been the case, cooperated with every request, responding expeditiously.

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 resident 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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier

June 30, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.