

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

**Date of Report**    October 15, 2017

## Auditor Information

<b>Name:</b> Robert Lanier	<b>Email:</b> rob@diversifiedcorrectionalservices.com
<b>Company Name:</b> Diversified Correctional Services, LLC	
<b>Mailing Address:</b> P.O. Box 452	<b>City, State, Zip:</b> Blackshear, GA 31516
<b>Telephone:</b> 9122811525	<b>Date of Facility Visit:</b> September 18-19, 2017

## Agency Information

<b>Name of Agency</b> Hennepin County Department of Community Corrections and Rehabilitation	<b>Governing Authority or Parent Agency (If Applicable)</b> Click or tap here to enter text.		
<b>Physical Address:</b> 300 South 6th Street	<b>City, State, Zip:</b> Minneapolis, MN 55487		
<b>Mailing Address:</b> 300 South 6th Street	<b>City, State, Zip:</b> Minneapolis, MN 55487		
<b>Telephone:</b> 612-348-6180	<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>The Agency Is:</b>	<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
<b>Agency mission:</b> Community Safety, Community Restoration and Reducing the Risk of Re-Offense			
<b>Agency Website with PREA Information:</b> <a href="http://www.hennepin.us/residents/public-safety/prea">http://www.hennepin.us/residents/public-safety/prea</a>			

## Agency Chief Executive Officer

<b>Name:</b> Chester Cooper	<b>Title:</b> Sr. Department Director
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<b>Email:</b> Chester.Cooper@hennepin.us	<b>Telephone:</b> 612-348-7962
<b>Agency-Wide PREA Coordinator</b>	
<b>Name:</b> Patricia Mullen, Psy.D.	<b>Title:</b> Safety and PREA Manager
<b>Email:</b> pat.mullen@co.hennepin.us	<b>Telephone:</b> 612-596-7869

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

<b>Name of Facility:</b> DOCCR Juvenile Detention Center	
<b>Physical Address:</b> 510 Park Avenue South, Minneapolis, MN 55415	
<b>Mailing Address (if different than above):</b> same as above	
<b>Telephone Number:</b> 612-348-8122	
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention <input type="checkbox"/> Correction <input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b> Community Safety, Community Restoration and Reducing the Risk of Re-Offense	
<b>Facility Website with PREA Information:</b> <a href="http://hennepin.us/residents/public-safety/prea">http://hennepin.us/residents/public-safety/prea</a>	
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      NCCHC	

**Facility Administrator/Superintendent**

<b>Name:</b> Craig Riggs	<b>Title:</b> Superintendent
<b>Email:</b> craig.riggs@hennepin.us	<b>Telephone:</b> 612-348-8806

**Facility PREA Compliance Manager**

<b>Name:</b> Ovid.Westin	<b>Title:</b> Corrections Institutional Supervisor
<b>Email:</b> ovid.westin@hennepin.us	<b>Telephone:</b> 612-348-8472

**Facility Health Service Administrator**

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

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 87	<b>Current Population of Facility:</b> 44
<b>Number of residents admitted to facility during the past 12 months</b>	1553
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	415
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	680

<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>		0
<b>Age Range of Population:</b>	10=21 yrs	
<b>Average length of stay or time under supervision:</b>		9.4 days
<b>Facility Security Level:</b>		maximum
<b>Resident Custody Levels:</b>		Maximum with varying risk levels-low to very high
<b>Number of staff currently employed by the facility who may have contact with residents:</b>		112
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>		112
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>		75
<b>Physical Plant</b>		
<b>Number of Buildings:</b> 1	<b>Number of Single Cell Housing Units:</b> 9	
<b>Number of Multiple Occupancy Cell Housing Units:</b>	0	
<b>Number of Open Bay/Dorm Housing Units:</b>	0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	4 holding rooms	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>		
Multiple cameras are strategically placed throughout this facility. All areas where staff and youth circulate are covered/digitally recorded by cameras and monitored by control room staff. Retention of video is 90 days. Cameras essentially cover hallways, classrooms and living units.		
<b>Medical</b>		
<b>Type of Medical Facility:</b>	Contracted Corizon Staff provide health care. There are two exam rooms, two offices, two workstations, a restroom and two medical storerooms. The Medical Services are located on the first floor of Hennepin JDC.	
<b>Forensic sexual assault medical exams are conducted at:</b>	Hennepin County Medical Center	
<b>Other</b>		
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>		297

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	5
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## 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*

The PREA Audit of the Hennepin County Juvenile Detention Center was a comprehensive process beginning with communications via email with the Department of Community Correction and Rehabilitation PREA Coordinator starting on June 14, 2017. The Notice of PREA Audit, to be conducted on September 18-19, 2017, was forwarded for posting in areas accessible to staff, residents, contractors, volunteers, and interns. Confirmation of posting was provided. The auditor did not receive any communication as a result of posting the Notice of PREA Audit. During the onsite PREA Audit, Notices of PREA Audit were observed posted in multiple locations throughout the facility, accessible to staff, residents, contractors, visitors and volunteers) Communications continued and the Pre-Audit Questionnaire and "flash drive" were provided on August 7, 2017. The auditor began the review of the "flash drive" that included the Pre-Audit Questionnaire, the Auditor's Compliance Tool with policies, procedures and documents embedded in the tool, and volumes of documentation. Documentation included policies, procedures and volumes of documentation to support the program's policies, procedures and practices. Vital documents were embedded into the Pre-Audit Questionnaire (PAQ) making it easy to access and review each substandard in the process. The auditor printed out a number of the policies, procedures and documents and filled at least three average sized binders with relevant documents. This auditor has never received such a comprehensive package of Pre-Audit information. The information provided was detailed and comprehensive and confirmation of compliance was provided in multiple ways. The provided information enabled the auditor to have extensive knowledge of policy, procedures and practices prior to the audit.

Based on the size and capacity of the Juvenile Detention Center the auditor determined at least two days would be required to complete a comprehensive and thorough audit. To ensure time was used wisely, the PREA Coordinator and the Auditor developed an Agenda. The PREA Coordinator, who is also a Certified PREA Auditor, is the most knowledgeable, thorough and pro-active PREA Coordinator's the auditor has worked with. She scheduled every specialized interview ensuring that the auditor interviewed the Department of Community Corrections and Rehabilitation Agency Director, the Agency Area Director, the Senior Administrative Manager, Office of Administrative Services (she is responsible for the Professional Standards and Conduct Unit Staff (PS&C), conducting background studies of potential employees and investigations; a PS&C Investigator, PREA Coordinator, Assistant to the PREA Coordinator, Training Staff from the DOCCR, JDC Training Coordinator, Volunteer Coordinator, Superintendent, Training Coach and Practice Manager, Corrections Institutional Supervisor, Safe/Sane, Sexual Violence Center, Contractor, Volunteer, Mental Health Professional, JDC Medical Director (Corizon), Volunteer Coordinator, Principal, Facility Policy Coordinator, Health Services Administrator

and Director of Nursing. Additional specialized staff, including the PREA Compliance Manager, Intake staff, staff who provide orientation, staff who screen for victimization/abusiveness, higher level staff, staff who monitor retaliation, staff on the incident review team, staff who provide notification to residents following an investigation, as well as ten (10) staff, randomly selected from each shift. The planning required to get all these staff scheduled was quite a challenge but the facility managed the process in a professional and effective manner.

The auditor provided the program, prior to the on-site audit, a list of documents the auditor would need to review. Some samples were provided on the flash drive. The auditor needed additional samples to support the practices and to demonstrate that the practices had been institutionalized. Reviewed documents included multiple policies and procedures, training rosters for all staff training topics, PREA Acknowledgments for Volunteers, Rosters identifying background check dates for all employees, 16 Background Studies, 25 referrals to mental health for follow-up, 10 examples of mental health responding to the referrals, 10 Investigation files, all of the grievances for the past 12 months (64), 20 examples of victimization screenings, ten(10) volunteer PREA Acknowledgments, rosters documenting all resident training on PREA, MATRIX Staffing Analyses Study, Resident Handbook, multiple resident population reports and staffing reports, and Incident Reviews and Notifications for Residents following investigations, for the past 12 months.

The auditor conducted a complete tour of the facility going into every area and every living unit (called Mods in this facility-each housing 12 residents and one Mod housing 5 residents). The facility staff were actively supervising residents and ratios of staff to residents exceeded the required ratios. This facility is replete with cameras that are strategically placed to cover what would have been multiple blind spots. Cameras were in the living units. Showers on each tier and pod are behind closed doors. They are single occupancy showers and restrooms. All the rooms in each of the living units are single occupancy. Toilet/lavatories are in each room. Each room is equipped with an intercom enabling them to contact the control room staff. There is a camera in the elevator. There were no cameras in the resident rooms or showers. Cameras are viewed in the control room. Mirrors are used as well to mitigate blind spots. PREA Posters were located throughout the facility providing information related to Zero Tolerance and Reporting as well as phone numbers to the PREA Hotline and Sexual Violence Center. There are so many PREA posters the auditor observed at least five (5) Posters providing the resident with contact information for the Sexual Violence Center on one wall in a hall.

Fourteen (14) residents, randomly selected from an alpha roster of residents in the facility, were also interviewed. The facility provided the auditor a written document asserting that as a result of the intake screening, the JDC did not have any limited English proficient residents, residents who identified as being gay, bisexual or transgender, nor any residents who reported sexual abuse or sexual harassment in this facility, one resident who disclosed prior victimization, and one resident who was cognitively challenged (on his Individual Educational Plan) were interviewed. The auditor interviewed, in addition to the randomly selected residents, male and female, representing every module in the facility, the cognitively challenged youth and the youth disclosing prior victimization. The youth reporting prior sexual abuse told the auditor that she disclosed prior sexual victimization during the assessment process. When asked if she was offered "counseling" to help her with any issues she may have as a result of being victimized, she related the intake and medical staff offered her an appointment to see mental health but she stated she told them it happened a long time ago and was reported and investigated and that she did not need or want any "counseling" as she believed she no longer needed it. When asked again, she reiterated that the intake staff did offer her counseling if she needed. It. The

cognitively challenged resident told the auditor the staff read the pamphlet to him and told him ways he could report abuse if it happened to him or someone else. He said he also saw and could understand the PREA Video

A total of thirty-one (31) staff were interviewed. These included ten (10) random staff, and twenty-one (21) special category staff. These included: One (1) staff performing admissions; one (1) staff performing orientation, the Agency Director, Area Director, PREA Coordinator, Superintendent, PREA Compliance Manager, three (3) Contracted Medical Staff, including the Medical Director and Health Services Administrator, one (1) mental health staff, one (1) policy coordinator, one (1) Office of Professional Standards and Conduct Investigator, Senior Manager, Office of Administrative Services, three (3) training staff, one (1) upper-level management staff, one (1) staff from the Sexual Violence Center and two (2) volunteers.

The auditor reviewed the requested documents and asked for copies to take with him to have documentation if the PRC ever needed to audit his process to see how he arrived at his assessment for each standard. In addition to the three binders of information, the Senior Administrative Manager, provided the auditor with an oversized binder containing background studies and PREA Investigations.

## 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 Juvenile Detention Center (JDC) is a 123-bed secure juvenile detention facility currently licensed for 87 residents located in downtown Minneapolis. JDC houses male and female offenders between the ages of 10-21 who have been arrested and are awaiting a court decision. The facility provides a safe and secure environment for youth where they are encouraged to make responsible choices when they return to the community. The facility is a five-story building with administration, intake, medical and educational areas. Living units consist of 12 sleeping rooms which are single occupancy with no rooms assigned to more than one resident. There is one five (5) bed unit on the 1<sup>st</sup> floor near the medical unit used for special housing of residents in need of medical, mental health or are deemed to be a safety risk to others. This unit is used only in exigent circumstances because it is the JDC's goal to keep all kids housed in general population. Each of the mods (living units) has two shower rooms where residents shower separately/individually. Programming: JDC provides a full day school program, conducted by the Minneapolis school district (Stadium View School), religious resources such as Chaplains, spiritual counselors and other faiths, a volunteer program that assist with programming needs and full array of large muscle activities.

Every resident that enters JDC falls under PREA/JDC zero tolerance policy. Residents are thoroughly screened upon intake to include the PREA Vulnerability assessment and Risk level assessment which assists in making housing and program decisions. Residents also receive a PREA orientation and education and go through Medical screening. After completion of the intake process youth are housed based on many factors including: risk, PREA aggressive/vulnerable determinations, past history, current offense and several other potential factors.



When residents are moved to a living mod they are given more PREA educational material including a resident handbook and test, which includes PREA information. They are also given PREA education on each Sunday, while on the living mod. After watching the PREA Video residents take a test and discuss the answers. Residents are encouraged to actively participate by rewarding them with snack incentives.

Youth in the JDC are always under staff supervision while out of their rooms and anywhere in the facility and are visually checked by staff, when in their rooms, at a minimum of 30-minute intervals. Every resident room at the JDC is single cell and there are no co-ed living units or rooms. Multiple video cameras, strategically located throughout the facility assist in monitoring the youth.

The living mods have structured programming where staff (and cameras) are always present. The programming includes, but is not limited to: 1) Structured meal times in the dayroom of the living mod, with staff observing; 2) Structured gym and recreational times, where staff are always present; and 3) Structured school time, where staff is always present. Meals are prepared and delivered by the Adult Correctional Facility (ACF). JDC staff provide residents with the meals, under staff supervision.

There are doorbells on all living mods to announce if staff of opposite sex enter the living unit/area. Three times each day (once per shift, youth are verbally reminded that there may be staff of the opposite sex entering the unit/area. There is signage throughout the facility to include intake area, hallways, gym, recreational area and living mods. These materials provide information on Zero Tolerance, details on PREA, information on how to report and information on who can report. PREA information is also provided via brochures; resident handbook and PREA education class.

The Juvenile Detention Center facility is very well maintained by the Hennepin County Property services. Property services and the County Board has consistently supported and deployed upgrades to meet JDC needs both in the physical plant and technical areas that help us better serve youth and staff.

The average length of stay is 9.3 days. DOCCR Policy on Staffing Patterns requires ratios of 1:8 during awake hours and 1:16 during sleeping hours. JDC has had a significant decrease in populations due to the agency's involvement with the Annie E. Casey Juvenile Detention Alternative Initiative (JDAI). Populations are consistently around 30-45 residents. There are 96 full-time and on-call staff members who work directly with the youth. There are 19 contracted medical and mental health staff and 19 Minneapolis Public Schools 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:** 4

115.311; 115.316; 115.351; 115.353

**Number of Standards Met:** 39

115.312; 115.313; 115.315; 115.317; 115.318; 115.321; 115.322; 115.331; 115.332; 115.333; 115.334; 115.335; 115.341; 115.342; 115.352 115.354 115.361 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368; 115.371; 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

None

**Summary of Corrective Action (if any)**

None required.

**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 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.*

The Department of Community Correction and Rehabilitation, Juvenile Detention Center Division Policy. 01-10, JDC PREA Zero Tolerance of Sexual Abuse, Sexual Misconduct and Sexual Harassment, states its purpose is that the Juvenile Detention Center (JDC) will create and maintain a safe, humane, and secure environment free from the threat of sexual abuse, sexual misconduct and sexual harassment. The policy asserts that the JDC is committed to a zero- tolerance standard towards all forms of sexual abuse, sexual misconduct, and sexual harassment and that any form of sexual activity between residents, resident and/or staff, contractors, volunteers and interns is prohibited.

The JDC policy addresses the agency's approach to prevention, detection, response and reporting. The reviewed JDC Policy, JDC PREA Zero Tolerance of Sexual Abuse, Sexual Misconduct and Sexual Harassment and DOCCR Policies Prison Rape Elimination Act (PREA) addresses the agency's approach and responses to prevent, detect and respond to sexual abuse and sexual harassment of residents. The agency has multiple policies dealing with sexual abuse and sexual harassment, including preventing, detecting and responding to allegations of sexual abuse and sexual harassment. The policy addresses implementation of zero tolerance and the PREA Standards through the Zero Tolerance Policy and other specific policies.

The Agency's training unit, developed a document entitled Prison Rape Elimination Act (PREA) definitions. This four (4) page document defines multiple words and terms associated with PREA. These include the following: 1) Allegation; 2) Body Cavity Search; 3) Confinement Settings; 4) Containment; 5) Contactor; 6) Cross-Gender Viewing; 7) Discrete Housing Unit; 8) Exhaustion Period; 9) Exigent Circumstances; 10) Gender Nonconforming; 11) Grievance; 12) Intake; 13) Intersex; 14) Insubordination; 15) Maltreatment; 16) Medical Practitioner; 17) Pat Searches; 18) Prison Rape Elimination Act of 2003; 18) Remedy Process; 19) Resident; 20) Sanction; 21) Sexual Abuse (by another inmate, detainee, or resident or of an inmate by a staff member, contractor or volunteer); 22) Sexual Abuse by a staff member, contractor or volunteer; 23) Sexual touching by a staff member, contractor, or volunteer; 24) Indecent exposure; 25) Sexual Assault Advocate; 26) Sexual Harassment; 27) Voyeurism by a staff member, contractor or volunteer; 28) Sexual Misconduct; 29) Staff; 30) Strip Search; 31) Substantiated allegation; 32) Transgender; 33) Unfounded; 34) Unsubstantiated; and 35) Vulnerable Adult.

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

The agency values PREA. The Agency's Director, in an interview, assured the auditor of the value he places on PREA and stated he fully supports PREA and the PREA Coordinator. This was affirmed by the Area Director, who is the PREA Coordinator's immediate supervisor. The PREA Coordinator possesses a Psy.D. doctorate and serves as the PREA/Workplace Safety Manager. The Agency's Organizational Chart depicts this position as reporting to the Area Director, who in turn, reports directly to the Department of Community Correction Director.

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, who is exceptionally knowledgeable of the PREA Standards, also has an Administrative Assistant who also is experienced in and well versed in the PREA Standards. This was confirmed through reviewing agency policies, the agency's organizational chart and interviewing the Agency Director, Area Director, PREA Coordinator's Administrative Assistant.

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. To assist her, the agency has provided an Administrative Assistant to work with the PREA Coordinator. Reporting to the Correction Area Supervisor the PREA Coordinator has the authority to develop, implement and oversee the agency's efforts to comply with the PREA Standards in all its facilities. Interviews with the Agency Director and Area Director confirmed they are dedicated to the support of the PREA Coordinator and to the implementation of PREA in their facilities.

The facility's designated PREA Compliance Manager (PCM) is the Correctional Institutional Supervisor who reports to the facility's Assistant Superintendent. The Superintendent previously served as the PREA Compliance Manager, and he reports directly to the Corrections Area Director. This facility has taken an additional step demonstrating a commitment to PREA by having a PREA Site Manager who serves as an assistant to the PREA Compliance Manager and as a backup when the PCM is absent. All three are experienced in PREA and were all involved in PREA prior to their last audit therefore they have an excellent grasp of the PREA Standards and have implemented it in such a way that the policies, procedures and PREA Standards have become institutionalized in this facility. PREA is not new to the staff at this facility.

The Superintendent previously served as the facility's PREA Compliance Manager. The current PREA Compliance Manager's position is documented in the Facility's Organizational Structure. He reports directly to the Assistant Superintendent. Interviews with the DOCCR Director, Area Director and the Superintendent indicated that the Compliance Manager has their support and commitment to PREA. An interview with the PCM confirmed that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. He related he has been involved with PREA since at least 2013 and was on the "ground floor" of implementing PREA along with the Superintendent and Agency's PREA Coordinator.

The reviewed Pre-Audit Questionnaire, organizational chart, and interviews with the PCM and the Superintendent confirmed the PCM reports directly to the Assistant Superintendent. Interviews with the Superintendent indicated he supports PREA, has served as PREA Compliance Manager and is committed to supporting the efforts of the PCM in the coordinating the facility's efforts to comply with all the PREA Standards.

Interviews with the Agency Director and the Corrections Area Director confirmed this agency's commitment to zero tolerance and to PREA. The Agency's Director has provided resources for this facility to further ensure the sexual safety of the residents.

This standard is rated exceeds. The rationale for this is multifold. The commitment to PREA is evident in this agency and program. The Agency appointed a higher-level staff to serve as PREA Coordinator. This individual is imminently qualified and is a PREA Auditor who possesses a Psy.D. The Psy.D. is important in this case because here we have a staff person who has not only a commitment to PREA and sexual safety, but, who, by virtue of her experience and education, has a vision of how PREA can be implemented in the agency. She has attended to detail and this is vitally important in ensuring that each substandard is implemented. Too, she has the complete support of her supervisor and the Agency Director. This was confirmed through interviews with both of them. Another indication the agency is committed to PREA is the fact the agency has provided an administrative assistant to the PREA Coordinator. An interview with her indicated she too is knowledgeable, enthusiastic and competent. The Juvenile Detention Center's Superintendent was a former PREA Compliance Manager. The PREA

Compliance Manager has a PREA Site Manager to assist in the implementation of PREA. This rating is also affirmed through the reviewed policies, reviewed procedures, reviewed training curricula for staff, contractor, volunteer 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 four (4) different languages, determined to be the most common foreign languages in the Hennepin County 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 Juvenile Detention Center Policy, 01-10, JDC PREA, Zero Tolerance of Sexual Abuse, Sexual Misconduct and Sexual Harassment, 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. Additionally, ten (10) reviewed incident reports and investigation reports and report packages documented allegations that, while describing inappropriate behavior, did not rise to the level of a PREA allegation. However, staff, upon learning of that behavior, responded immediately, separated the residents involved, contacted their supervisors, and followed the established protocols. Even in those instances where the behavior may have been "horse playing" or an inappropriate comment (in a single incident), the shift supervisors took the allegations very seriously and implemented the Sexual Abuse and Response Checklist documenting all actions taken in response to the allegation. These reviews indicated this agency and program not only verbalize "zero tolerance", it is evident that they do enforce it as well. This agency is permeated with policies, procedures, practices and highly qualified individuals that keep PREA in the forefront of everything they do. Even the very rigorous background check policies and procedures demonstrate the agencies efforts to hire staff whose backgrounds are thoroughly checked prior to hire to attempt to ensure that a staff abuser is not hired. Fourteen (14) of fourteen (14) interviewed youth confirmed they are trained in zero tolerance and understand no form of sexual activity is tolerated and how to report it if it occurred.

The auditor relied on the following in determining a rating for this standard:

- DOCCR Juvenile Detention Center Policy, 01-10, JDC PREA, Zero Tolerance of Sexual Abuse, Sexual Misconduct and Sexual Harassment
- PREA Definitions
- Agency Organizational Chart
- Facility Organizational Chart
- Reviewed Incident Reports (10)
- Reviewed Investigation Packages (10)
- Interviews with the Agency's Director, Area Director, Senior Administrative Manager (supervising the Professional Standards and Conduct Unit), PREA Coordinator, Administrative Assistant, PREA Compliance Manager, random staff, specialized staff, randomly selected residents and targeted residents

## **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.*

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 and a reviewed excel spreadsheet documenting programs housing youth.

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.

## 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 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.*

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.

JDC Policy, Administration 01-09, Juvenile Detention Center Staffing Plan, Paragraph 13, requires that whenever necessary, but not less than once per year, the Superintendent or designee, in consultation with the DOCCR PREA Coordinator, will review and assess, and document whether adjustments are needed to the established staffing plan, staffing patterns, deployment and use of video and audio monitoring capability, and resources available to ensure adherence to the staffing plan.

The PREA Coordinator is a part of the annual review of the Staffing Plan. The agency complies with the PREA Standards and complies with and most often exceeds the staff-to-resident ratios of 1:8 during awake hours and 1:16 during sleeping hours.

A note on the Pre-Audit Questionnaire (PAQ) indicated that the Juvenile Detention Center 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.

Reviewed documentation, including the reviewed policy, the reviewed Staffing Guidelines Document requiring ratios of 1:8 (staff-to- resident) during awake hours and 1:16 during sleeping hours, reviewed shift schedules and rosters as well as interviews with staff, including line staff, specialized staff, the Superintendent and Corrections Institution Supervisor confirmed the facility maintains the required ratios during awake and sleeping hours. Living units (Mods) house a maximum of twelve residents. At least two staff are assigned to each living unit unless the population of the Mod is less than twelve (12) and more than eight (8). In addition to these direct care staff, rovers are available to relieve them for breaks and to support them. Based on interviews with staff and youth, reviewed shift rosters and schedules, and observation, the required ratios are maintained.

DOCCR Policy, Juvenile Detention Center Staff Plan, 01-09, asserts that the JDC staffing plan addresses the needs of residents while maintaining safety and security requirements of the facility. The staffing plan must be approved by the State Commissioner of Corrections. The procedures for the same policy, paragraph 2, requires that residents will be supervised by staff or other professionals at all times while in the facility. Staff assigned to supervise residents must meet minimum age, educational, and training requirements. Too, the procedures require the JDC staffing plan is maintained seven days a week, 24 hours per day. It also identifies the number of staff assigned each shift and each staff's assignment.

The staffing plan requires a CS or CIS (Supervisor) to be on duty at all times and each shift the on-duty CS assigns staff to designated work areas, appropriate ratios of staff to youth, and a minimum of one JCO (direct care staff) scheduled for each gender staffing the JDC at all times. Gender specific staff are assigned to residents who require such staff assignments due to their mental health needs to appropriately care for a resident who was the victim of sexual abuse

JDC Policy, Administration, 01-09, Juvenile Detention Center Staff Plan, Procedures, Paragraph 5, affirms that the JDC follows the Prison Rape Elimination Act (PREA) standards for staffing, except in exigent circumstances, which requires one staff per eight (8) residents during waking hours and one staff to sixteen (16) during resident sleeping hours. Interviews with the Superintendent, Corrections Institutional Supervisor, and other staff and residents indicated these ratios are always maintained. Additionally, they indicated the facility has rovers who provide relief for the living unit staff and provide support as needed during their tour of duty. Minimum staffing guidelines, a document provided by the facility, documented the staffing for each shift for the following (1<sup>st</sup> and 2<sup>nd</sup> shifts): Standard/Court Days; Non-Court Days and Weekends, and Overnights. During Standard/Court Days the guidelines provide for a minimum of two JCOs per Mod (living unit housing a maximum of 12 residents). During Non-Court Days and Weekends the minimum is two JCOs per Mod. Overnight staffing requires one JCO per mod. Ancillary staffing is also described in that document. Overnight there are three staff assigned to intake and to serve as rovers when not conducting intake.

The facility considers the locations and circumstances surrounding each allegation of sexual abuse, sexual misconduct or sexual harassment. There was one substantiated allegation that a female resident, during a female group transport on the elevator, touched the buttocks of the female resident in front of her. An incident review was conducted and the supervision procedures for elevator transport were re-emphasized.

JDC Policy, Administration 01-09, Juvenile Detention Center Staffing Plan, Paragraph 13, requires that whenever necessary, but not less than once per year, the Superintendent or designee, in consultation with the DOCCR PREA Coordinator, will review and assess, and document whether adjustments are needed to are needed to the established staffing plan, staffing patterns, deployment and use of video and audio monitoring capability, and resources available to ensure adherence to the staffing plan.

The facility provided the annual staffing plan assessment dated May 17, 2017. In addition to facility characteristics, the assessment documents all the itemized requirements from 115. 313a. Documentation confirmed each of those required items was reviewed. It also documented a change to the prevailing staffing patterns since the last assessment. That change was the addition of one staff to the staffing guideline; one mod/school rover overall. The plan documented 95% camera coverage of all living units and 98% in the gym (except for a small area in the gym) ad 99% coverage in the classrooms. There are 113 cameras indoors and 12 outdoor cameras. The last upgrade of the surveillance system was 2016. The assessment is signed by the Division Manager, Program Manager and PREA Coordinator.

Interviews with staff confirmed the annual review process. An additional interview with the PREA

Coordinator's Administrative Assistant indicated the agency is moving toward a two-shift model rather than the three- shift model. The staffing assessment and analysis was conducted by Matrix and consisted of an in- depth analysis of the needs of the facilities. The Matrix Staffing Analysis, a voluminous document, was provided for review. The staffing analysis documented the facility exceeded the required ratios of 1:8 during awake hours and 1:16 during sleeping hours and they confirmed it through reviewing population counts and staffing over a period of time.

The agency annual staffing plan review form documented consideration of generally accepted juvenile detention and correctional/secure residential practices. The facility is accredited by the National Commission on Correctional Health Care.

The agency's annual review form documented that there have been no judicial findings of inadequacy during the 12-month review period. This was also confirmed in interviews with the JDC Superintendent and PREA Compliance Manager.

The agency's annual review form documented that there have been no findings of inadequacy from Federal Investigative agencies during the 12-month review period. This was also confirmed in interviews with the JDC Superintendent and the PREA Compliance Manager.

The agency's annual review form documented that there have been no findings of inadequacy from internal or external oversight bodies. This was also confirmed in interviews with the JDC Superintendent and the PREA Compliance Manager. The facility is licensed by the Minnesota Department of Corrections.

The agency's annual review form documented that the program has considered all components of the facility's physical plant (including "blind spots" or areas where staff or resident may be isolated. This was also confirmed in interviews with the JDC Superintendent and the PREA Compliance Manager. Interviews confirmed the facility has considered those blind spots and during the past 12 months the program has lowered a wall in intake to eliminate a blind spot and added multiple video cameras also to eliminate of mitigate blind spots.

The agency's annual review form documented that the program has considered the composition of the resident's population. The facility houses both males and females and populations are now consistently below the rated bed capacity. The facility also brought in a private contractor, MATRIX to conduct a staffing review. In considering the possible advantages to a 12- hour schedule versus 8-hour shifts, and all of the factors affecting staffing are reviewed, including the composition of the resident population. The facility is mandated to maintain a 1:8 awake hours staff-to-resident ratios. The housing units, called mods (modules) have a capacity of 12 in each mod, housed in single rooms. Several mods are closed because of population shifts. This was also confirmed through interviews with the Superintendent and PREA Compliance Manager.

The agency's annual review form documented that the program has considered the number and placement of supervisory staff. This is confirmed through interviews with the Superintendent and PREA Compliance Manager.

The agency's annual review form documented the program considered institution programs occurring on a particular shift. This was also confirmed through interviews with the Superintendent and PREA Compliance Manager.

The agency's annual review form documented the program considered any applicable State or local laws, regulations, or standards. This was also confirmed through interviews with the Superintendent and PREA Compliance Manager.

The agency's annual review form documented the program considered any other relevant factors. This was also confirmed through interviews with the Superintendent and PREA Coordinator.

The JDC follows the Prison Rape Elimination (PREA) standards for staffing, which requires one staff per eight residents during waking hours and one staff to 16 residents during resident sleeping hours except in exigent circumstances. Deviation from the approved staffing plan must be, according to JDC procedures, documented in the duty log, and an email sent to the Superintendent and/or designee, explaining the deviation, to include but not limited to injury, staffing shortages, gender-specific issues, medical, pandemic, weather or special status, including mental health issues, suicide risk, intensive observation status, two-staff status and special housing. Instructions for documenting and recording in the Duty Log any time the facility must deviate from the staffing plan/guidelines (8 to 1 ratio) are provided. If the shift begins with less than the minimum staff may be held over either voluntarily or forced to meet the minimum until staff can be called in. If there is a shortage of staff of a particular gender, due to exigent circumstances, the on-duty CS will make arrangements to have staff of the needed gender report immediately for duty.

Interviews with staff and youth and reviewed shift schedules documented the required ratios. The Superintendent, in an interview, related that the facility always maintains and exceeds the ratios required by the PREA Policy. Multiple schedules were provided for review. These documented the required ratios. The facility also provided a document entitled, "PREA staffing deviations within the last 12 months". Two occasions were documented in which staff had to leave the classrooms on two occasions (one in August and one in September) to respond to emergencies in the gym and elsewhere. Special Incident Reports were generated each time and staffing ratios were documented as not met for approximately 5 minutes on both occasions. In the event staff call out prior to the shift staff are held over and/or called in according to interviews with the Superintendent and other administrative staff.

The required ratios, according to the reviewed PAQ, reviewed schedules and assignments, and interviews with staff and with youth indicated the facility has not operated below the minimum required ratios. Staff are unable to report to work for identified reasons, but the ratios are maintained according to the information provided to the auditor. The PAQ documented the following as the most common reasons staff are not present prior to a shift or have to leave during the shift. These included sickness, injury, medical reasons, pandemic, weather and other reasons.

JDC Policy, Administration, 01-09, Juvenile Detention Center Staff Plan, Procedures, Paragraph 5, affirms that the JDC follows the Prison Rape Elimination Act (PREA) standards for staffing, except in exigent circumstances, which requires one staff per eight (8) residents during waking hours and one staff to sixteen (16) during resident sleeping hours. Interviews with the Superintendent, Corrections Institutional Supervisor, and other staff and residents indicated these ratios are always maintained. Additionally, they indicated the facility has rovers who provide relief for the living unit staff and provide support as needed during their tour of duty. Minimum staffing guidelines, a document provided by the facility documented the staffing for each shift for the following (1<sup>st</sup> and 2<sup>nd</sup> shifts): Standard/Court Days; Non-Court Days and Weekends, and Overnights. During Standard/Court Days the guidelines provide for a minimum of two JCOs per Mod (living unit housing a maximum of 12 residents). During Non-Court Days and Weekends the minimum is two JCOs per Mod. Overnight staffing requires one JCO per mod.

Ancillary staffing is also described in that document. Overnight there are three staff assigned to intake and to serve as rovers when not conducting intake.

Reviewed documentation, including the reviewed policy, the reviewed Staffing Guidelines Document requiring ratios of 1:8 during awake hours and 1:16 during sleeping hours, reviewed shift schedules and rosters as well as interviews with staff, including line staff, specialized staff, the Superintendent and Corrections Institution Supervisor confirmed the facility maintains the required ratios during awake and sleeping hours. Living units (Mods) house a maximum of twelve residents. At least two staff are assigned to each living unit unless the population of the Mod is less than twelve (12) and more than eight (8). In addition to these direct care staff, rovers are available to relieve them for breaks and to support them. Based on interviews with staff and youth, reviewed shift rosters and schedules, and observation, the required ratios are maintained.

The agency contracted with MATRIX to conduct staffing analyses to determine the most cost-effective schedules and deployment of staff and especially whether a 12- hour shift would be more advantageous and meet the standards than the 8 hours shift schedules. The Study documented that after a review of populations and staffing on sampled days, the JDC was consistently exceeding the required ratios.

If there is a shortage of staff of a particular gender, due to exigent circumstances, the on-duty CS will make arrangements to have staff of the needed gender report immediately for duty.

The facility includes only direct care security staff when calculating the ratios. Modules house up to a maximum of 12 residents in single occupancy rooms. Therefore, during the day shift two and swing shifts, two staff are required per mod depending on the actual count in the module. During sleeping hours at least one direct care staff is required. That ratio exceeds the required ratios of 1:16 during the sleeping hours.

Too, facility procedures (Juvenile Detention Center Staffing Plan, Administration 01-09) require the CS to conduct a minimum of two unannounced rounds per shift and to document them in the duty log and to make and record the well-being checks made on the module. Staff are prohibited from alerting other staff members that these rounds are occurring (as required in JDC procedures). The facility provided a sample of twenty-nine (29) pages of logs documenting PREA rounds. They also document wellness checks of residents as well. The documentation indicated that unannounced rounds for deterring sexual activity are being conducted. Interviews with intermediate and/or higher- level staff indicated that they are conducting at least two unannounced rounds per shift and that these rounds included, in addition to checking living units, checking doors and other areas of the facility where staff or youth could be involved in clandestine sexual activity.

Staff are prohibited from alerting other staff members that these rounds are occurring (as required in JDC procedures). This was confirmed through interviews with staff conducting the unannounced rounds.

The facility has addressed each of the substandard requirements and, after a thorough review of each substandard, some of them exceeded the requirements. Reviewed policies and procedures (JDC Policy 01-09, Juvenile Detention Center Staffing Plan) addressed the requirements for developing the staffing plan and conducting annual reviews. Staff have developed a staffing plan that takes in to consideration the age, numbers and gender of resident; physical and mental health of residents; vulnerability and/or disabilities; risk of absconding or harming self or others; and daily programming needs. The staffing plan is predicated upon a population of 41. Each module (living unit) in this facility houses 12 youth in single occupancy rooms. The required supervision ratios of 1:8 during awake hours and 1:16 during



sleep times are consistently exceeded. The staffing plan requires a supervisor on shift at all times, intake staff who also serve as rovers (to provide relief for direct care staff on breaks etc.), and a minimum of two staff in each module during awake hours (which provides a ratio of 1:6) and one direct care staff in each module during sleeping hours providing a maximum ratio of 1:12. The auditor confirmed this by interviews with randomly selected, specialized and administrative staff, including the Agency's PREA Coordinator, facility Superintendent and the PREA Compliance Manager. The auditor also asked interviewed youth about numbers of staff in their units. They confirmed there were two staff in their modules during the first two shifts and one on the third shift. The auditor reviewed multiple population reports and compared them with staff reports (Population Reports; Daily Shift Assignments, 2016 Coverage, Duty Logs reviewed). The reviewed MATRIX Staffing Analysis (conducted by MATRIX to determine the impact of a 12- hour shift versus the 8-hour shifts) documented that upon review of population reports and staffing reports they also concluded that this facility exceeds the staffing ratios of 1:8 and 1:16 required by the PREA standards. If there is a deviation in the staffing plan policy requires it is documented (JDC Policy 01-09, Juvenile Detention Center Staffing Plan). Interviews with staff indicated the facility never starts a shift without the minimum staffing. They did document in their computerized system two deviations from the staffing plan during the past 12 months. These documented a staff having to leave the pod in response to an emergency (altercations). Documentation confirmed the staff were absent from the pod for only a few minutes. The annual review of the staffing plan was conducted in compliance with the standards. The reviewed annual staffing review (JDC Staffing Plan Assessment 2017) documented review and consideration of each item. Unannounced rounds are documented on all shifts. Policy prohibits the announcement of these rounds. Interviewed staff making those rounds confirmed they do not let anyone know they are about to make rounds or that they are making rounds. The auditor reviewed multiple Duty Logs and interviewed upper level staff to confirm this. The facility utilizes multiple video cameras to supplement staff supervision and has added over 20 cameras since the last PREA Audit. During a tour of the facility, the auditor observed this facility has excellent camera coverage, including a camera in the elevator. There are no cameras in the resident rooms however there is an intercom in the resident rooms enabling them to contact the control room. In assessing this standard, the auditor relied on the following:

- Juvenile Detention Policy 01-09, Juvenile Detention Center Staffing Plan
- 2016 Staff Coverage
- JDC Staffing Plan Assessment 2017
- MATRIX Staffing Analysis
- Daily Shift Assignments
- Population Reports
- Screen Shot -recording in Daily Computerized Log (Deviation from staffing plan)
- Duty Logs documenting unannounced rounds
- Interviews with PREA Coordinator, Superintendent, PREA Compliance Manager, Random Staff and Residents
- Observations made during the On-Site Audit
- Reviewed housing plans
- Reviewed camera locations diagrams
- Interviews with the Agency's Director, Area Director, PREA Coordinator, PREA Compliance Manager, randomly selected and specialized staff, and interviews with fourteen (14) residents.

## 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.*

The Facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

Hennepin County Department of Community Corrections and Rehabilitation, Juvenile Detention Center Division, 03-09, Security and Control, Resident Searches, requires all resident searches will be conducted by a same gender Juvenile Correctional Officer (JCO) or Corrections Supervisor (CS) at the time of admit or current residents re-entering secure detention (i.e., returning from Adult Court, off-site medical appointment) when there is reasonable suspicion a resident is concealing contraband; and as a part of routine security searches of the facility.

The reviewed PAQ and interviews with staff and residents confirmed there have not been any crossgender strip or body cavity searches of residents. Interviews with residents confirmed they have never been searched by an opposite gender staff nor have they ever seen that occur or have heard that it has occurred. Staff confirmed, in their interviews, that they are prohibited from conducting any cross-gender search absent exigent circumstances. They also could explain what an exigent circumstance is and provide at least one example of what could be an exigent circumstance. Any such searches are required to be documented.

Hennepin County Department of Community Corrections and Rehabilitation, Juvenile Detention Center Division, 03-09, Security and Control, Resident Searches, requires all resident searches will be conducted by a same gender Juvenile Correctional Officer (JCO) or Corrections Supervisor (CS) at the time of admit or current residents re-entering secure detention (i.e., returning from Adult Court, off-site medical appointment) when there is reasonable suspicion a resident is concealing contraband; and as a part of routine security searches of the facility.

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. Interviewed residents stated they are always searched by the same gender staff and have not seen or heard of a cross gender pat search.

The PAQ documented and staff affirmed in their interviews that they have not conducted any crossgender searches, including pat-down searches. They do acknowledge that they could do a crossgender search in a dire emergency or in an exigent circumstance however they insist they have never done such a search nor have they witnessed such a search. Staff related there are always enough opposite gender staff on duty and available to conduct the cross-gender searches.

JDC Policy prohibits cross-gender searches, including strip, cross-gender visual body cavity searches, and pat-down searches. Interviewed staff related they would never conduct a cross-gender strip search, cross-gender visual body cavity search or cross-gender pat down search and that there are always enough staff of both genders to conduct searches. They indicated they'd never conduct such a search without being instructed by the shift supervisor to do one and that they would document the search.

The facility has implemented policies and procedures that enable residents to shower, use the restroom and change clothes without non-medical 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, and this includes viewing via video camera. The Pre-Audit Questionnaire reported there have been no exigent circumstances in the past five years.

During the complete tour of the facility, the auditor observed showers in each of the Modules. Single occupancy showers are available on the top and lower tiers of each Module. Showers are behind closed doors that have a window, however the window is covered to prevent viewing. All the resident rooms are single occupancy and are equipped with a toilet. There are no cameras in the rooms and residents are afforded reasonable privacy while using the restroom. Youth also change clothing in their single occupancy rooms and again, there are no cameras located in the resident's rooms. There is one camera located in a safe room however the "toilet" is blurred on the camera to prevent viewing a youth on the toilet.

All the fourteen (14) interviewed youth representing all housing units and genders, stated they are never naked in full view of any staff and can change clothing, use the restroom and shower without being viewed by staff. Interviews with staff also confirmed residents are never naked in full view of staff.

Hennepin County Department of Community Corrections and Rehabilitation, Juvenile Detention Center Division, 07-04, Resident Showers, Mods, 1. Requires at the beginning of every shift and when giving the first set of expectations for any activity in the mod, staff will remind and advise residents that

opposite gender staff on the post during the shift and that when they hear the doorbell that means an opposite gender staff is entering the living unit. Policy requires the announcements to be documented in the shift log. Policy 06-03, Resident Rights, Page two, Paragraph 3a. and 3b., requires that detention staff announce their presence in areas where juveniles of the opposite biological sex are housed. It also reiterates the announcement made to the Mod at the beginning of the first two shifts and that all announcements made will be documented in the Mod Shift Log.

The auditor observed, during the tour and the on-site audit, multiple signs posted throughout the facility warning youth that opposite gender staff work in their units. Also, during the tour, the auditor observed opposite gender staff ringing the doorbell and announcing their presence. All the interviewed youth reported that they are told during their "expectations" briefings several or more times a day that opposite gender staff may be working in their Modules. Interviewed staff, male and female, stated they consistently ring the doorbell announcing their presence when entering opposite gender Modules. Interviewed staff and residents stated, in their interviews that staff consistently ring the door bells. They also stated there are signs posted advising them opposite gender staff work in units and announce their presence by ringing the doorbell. Residents stated that if a male staff is working in the unit and a female staff comes in the male staff announces their presence.

Searching or physically examining a transgender resident or physically examining a transgender or intersex juvenile resident for the sole purpose of determining the juvenile's genital status is prohibited by policy. If a resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, as part of a broader medical examination conducted in private by medical staff.

Too, that same policy requires that resident searches will be conducted in a manner that avoids unnecessary force, embarrassment, or indignity.

The facility provided a computerized pat search training roster documenting staff search training. One hundred percent (100%) of the interviewed staff confirmed they are prohibited from conducting searches of transgender or intersex residents. JDC has not conducted any searches of any transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed through interviews with staff, including the Superintendent and the PREA Compliance Manager, reviews of the PAQ and reviewed Victimization/Abusive Assessments. All interviewed staff related they received search training and that included conducting cross-gender pat-down searches in exigent circumstances. They also related they are trained to search transgender and intersex residents in a professional and respectful manner. A massive training roster identifying every PREA related training staff have received, including search training, was provided for review.

The Juvenile Detention Center complies with every substandard of this standard. The policies and procedures related to cross-gender viewing and searching have been institutionalized in this facility. Policies prohibit cross-gender strip and body cavity searches and cross-gender pat searches absent exigent circumstances however the facility has trained all staff to conduct pat searches using the back of their hands. This was confirmed through staff interviews and asking staff to demonstrate how they would conduct the cross-gender pat search. The agency also provided a huge master training roster documenting the training staff receive related to PREA. Pat-search training was documented as having occurred in a separate training. One-hundred percent of the interviewed staff and one-hundred percent of the interviewed residents stated cross-gender searches never occur in this program. Fourteen (14) of fourteen (14) interviewed youth related they have never been strip searched by a cross-gender staff nor have they been pat searched by a cross-gender staff. They also related they have never heard of anyone being searched by a cross-gender staff. Staff related they would never search a transgender or intersex resident for the sole purpose of determining the resident's genital status and that this would be determined through conversations with the resident or through medical. Training rosters confirmed staff were trained in searching transgender and intersex residents in a professional and respectful manner. Residents at this facility are provided privacy while changing clothing, using the restroom and showering. During the tour the auditor observed residents are housed in single occupancy rooms with a toilet/lavatory. Youth related they have privacy while using the restroom. They said there are occasions when they may be on the toilet and a staff makes a security round however they also stated the staff continued moving on. The auditor also observed the showers in each module. There is one shower on the lower tier and one on the upper tier. The showers have a door with a small window however the window is covered enabling residents to shower with complete privacy. All the interviewed residents confirmed they shower with complete privacy. There are no cameras in the resident's rooms or shower areas. Staff announce their presence when entering modules housing opposite gender residents. They ring the doorbell. Residents are aware of the announcement process and stated in interviews that staff tell them over and over during when staff give them their "expectations" several times a day. They also affirmed there are signs "all over the place" telling them staff of the opposite gender may be in their modules. Reviewed policies, including JDC Policy, 06-03, Supervision of Juveniles, JDC Policy 07-04, Resident Showers, and JDC Policy 03-09, Resident Searches were comprehensive and went to great lengths to afford residents privacy and dignity in being searched, while dressing, using the restroom and while showering. The agency prohibits cross-gender strip and body cavity searches as well as cross-gender pat searches. Interviews confirmed that cross-gender searches do not occur. Observations confirmed that residents are given respect and privacy. Showers are single occupancy and have a door that is closed during showers. Although there is a small window in the showers that window is covered to prevent any viewing. To confirm training in conducting pat searches, the facility provided a huge master training log documenting the classes staff have attended. Search training is documented (JDC Pat Search Training Log reviewed) and staff stated, in their interviews, that they were trained in pat search techniques. The auditor asked them to demonstrate the technique they were taught and the technique is consistent with professional searches. Staff demonstrated using the back of the hand to avoid any allegations that they grabbed a private area. All the fourteen (14) interviewed youth reported having privacy while using the restroom, changing clothes and while showering and that they have never been searched by an opposite gender staff nor have they ever witnessed or heard of a cross-gender search. All the interviewed youth also stated that opposite gender staff ring the doorbell to announce their presence. They also affirmed there are signs posted alerting them opposite gender staff may work or come into the unit and lastly that they are told several times a day during "expectations" that they are told opposite gender staff work and come into the units.

The auditor relied on the following in determining the rating for this standard:

- DOCCR JDC Policy 03-09, Juvenile Detention Center Division, 03-09, Security and Control, Resident Searches

- DOCCR JDC Policy 07-04, Resident Showers
- JDC Policy 06-03, Resident Rights
- Observation of Signs Announcing Opposite Gender Coming into Cross Gender Units
- Observation of opposite gender staff making announcements
- Interviews with randomly staff and fourteen (14) residents

## 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

*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.*

DOCCR Policy, PREA, Resident Receiving and Orientation, Policy, Paragraph 5. Asserts that resident education will be designed to be age appropriate and will be 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, according to policy, residents who have limited reading skills. Another policy, DOCCR Policy, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Policy, Paragraph 8 and 9, requires that residents who have limited English proficiency and/or any physical or cognitive impairment which may impact their ability to report sexual abuse/harassment must be provided with assistance. The same agency policy requires that only county certified interpreters will be accepted as reporters on behalf of limited English proficiency residents and the use of resident interpreters or for reporting or communicating written policy to other residents is prohibited.

The agency takes interpretive services seriously and requires that only certified interpreters (certified by the county) are allowed to provide those services to residents of the Juvenile Detention Center.

The agency has seven separate contracts for professional interpretive services and one contract with Middle English Interpretive Services who can provide American Sign Language interpretive services, Vision Impairment Services, and Minimum Language Interpretive Services.

The education program being provided at the Juvenile Detention Center is provided by the Minneapolis School System. Special education teachers on site may be accessed to assist in interpreting information, including policies and other relevant PREA related information. They also have access to the special education services that are available through the local school system as well as to any resources available through the school system for interpretive services.

The facility PREA Compliance Manager provided the auditor a statement of fact indicating that the JDC has not had any deaf or hard of hearing residents in the past 12 months. Reviewed intake assessment screening forms did not document any deaf or hard of hearing residents in any of the reviewed assessments. Interviews with the Corizon Medical Staff confirmed the use of interpretive services when needed for medical purposes as needed.

The PREA Compliance Manager provided a memo of fact stating there have been no residents admitted to the facility during the past 12 months who were visually impaired. The auditor reviewed multiple victimization assessments and none of those were determined to be visually impaired

The reviewed contract with Middle English Interpretive Services confirmed that the company offers and provides interpretive services for residents with minimum language skills. Interviews with intake and orientation staff indicated that if a resident had limited intellectual skills, the staff would read the information to him/her. Interviewed staff confirmed that during intake, when it is determined or is already

known a resident has intellectual disabilities, the staff read and explain the materials they are presenting. They also are given the opportunity to watch the PREA Video and have its content explained. The education program is provided through the Minneapolis School System and individuals with intellectual disabilities are assessed to be on a special education status with an individual education plan (IEP) that identifies the tools needed to assist the resident in achieving the goals outlined in his/her plan.

The JDC identified one resident, currently at the facility, who had limited intellectual skills. The auditor interviewed that resident to determine how he received his PREA Information, if he understood what zero tolerance meant and if he knew ways to report sexual abuse or sexual harassment. The interviewed resident was knowledgeable of zero tolerance and how to report it if it occurred and again said staff read it to him.

The PREA Compliance Manager provided a memo of fact stating there have been no residents admitted to the facility during the past 12 months who had psychiatric disabilities. The auditor reviewed multiple victimization assessments and none of those were determined to be visually impaired.

The education program is provided by the Minneapolis School System and enables the JDC to have access to the special education teachers at the facility and to any resources available through the school system for interpretive services. A resident who had speech disabilities would have an Individual Education Plan with services to address the disability. The PREA Compliance Manager provided a memo of fact stating there have been no residents admitted to the facility during the past 12 months who had any speech disabilities. The auditor reviewed multiple victimization assessments and none of those were determined to have any speech disability.

The DOCCR has taken seriously the requirement to ensure that all residents are able to participate in the sexual abuse and sexual harassment prevention, detection, responding and reporting processes at the center. The county requires interpreters, including bilingual staff to demonstrate proficiency and to be certified by as interpreters. In addition to the services provided via contact, the JDC's education program is provided by the Minneapolis School System.

If a resident is identified as deaf or hard of hearing, the agency has a contract with Middle English Interpreting Services, the reviewed contract with the company confirmed they will provide interpretive services for the deaf or hard of hearing using American Sign Language.

The contracts with the various interpretive services require the interpreter to comply with the Hennepin County, Countywide Interpreter Standards. These include Ethical Standards, Interpreting Competency Standards and Guidelines for Working with any person doing Interpreting. The reviewed Ethical and Competency Standards requires accuracy and that any person doing the interpreting is expected to transmit the content and spirit of the original language into the other language without omitting, modifying or condensing or adding to the interpretation. Another standard requires communicating all party's content and emotions that are expressed by all parties.

In addition to the on-line and 'in-person interpretive services offered by the contacted services, the agency has had the "End the Silence" Brochure translated into four different languages, again, those languages most common to the area. The auditor also reviewed the Hennepin County Juvenile Detention Center Safety Guide and observed that it too, is prepared in a variety of languages.

Staff at the facility are required, as a part of their training to review the agency's Limited English Proficiency Plan. This is documented on the reviewed facility's Master Training Roster.

There are bilingual staff at the facility. Hennepin County has an incentive program to encourage staff who are bilingual to become certified by demonstrating proficiency. Once certified, the certified bilingual staff receive incentive pay for becoming certified to interpret for the agency/facility.

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. 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.

The facility PREA Compliance Manager provided the auditor a statement of fact indicating that the JDC has not had any limited English proficient residents in the past 12 months. Reviewed intake assessment screening forms did not document any deaf or hard of hearing residents in any of the reviewed assessments. Interviews with the Corizon Medical Staff confirmed the use of interpretive services when needed for medical purposes as needed.

Hennepin County requires interpretive services for agencies providing services in the County Government. Because of this need, the County has required the services be provided by professional and certified interpreters only. The County has provided a total of eight (8) contracts for providing interpretive services for limited English proficient residents as well as residents who are disabled (including the deaf, vision impaired, and limited language skills. Seven of those contracts were for interpreting services for limited English proficient residents. The contracted services are required to and agreed to provide interpretive services for the most common languages the county had identified as most prevalent in Hennepin County. Attached to each contract is the Countywide Interpreter Standards that include ethical standards, interpreting competency standards and guidelines for working with any person doing interpreting. The standards require the interpreter, among other things, to be accurate in interpreting. This requires the person doing the interpreting to transmit the content as well as the spirit of the original language without omitting, modifying, condensing or adding to the interpretation. The standards also require communicating to all parties, the content and emotions expressed by all parties.

The agency values bilingual staff to serve as interpreters. To become a staff interpreter, the staff must become certified by the County. This process requires demonstrating competency to become certified. The agency provides a monetary incentive for going through the process and agreeing to interpret. The DOCCR/Juvenile Detention Center requires staff to be trained in the limited English proficiency plan. The training was confirmed by interviewing staff and reviewing the computerized master training roster. Onehundred percent (100%) of the ten (10) randomly selected staff affirmed that they would not rely on a resident interpreter or resident reader or other type of resident assistant in receiving a report of sexual abuse absent exigent circumstances. All of them related to the auditor that they would call in a professional interpreter or a bilingual staff if time permitted it and would not jeopardize the resident's safety.

The JDC's education program is provided by the Minneapolis School System. The staffing includes special education teachers who develop Individual Education Plans for residents who have been assessed and meet the criteria for that placement. Residents with disabilities have access to the school system resources as well. Special Education teachers can provide and assist in ensuring disabled residents have access to the agency's prevention, detecting, responding and reporting processes. Staff, after determining their intake is challenged in any way, raising questions about the resident's understanding all the information required to be imparted to the resident as well as vital information that is needed from the resident. Interviews with staff confirmed that if they are working intake and an intake has any form or disability, including any intellectual or cognitive issues making it hard for him/her to read or understand, the staff would read the information to the resident.

Staff also confirmed that they could not recall any resident needing interpretive services during the past twelve (12) months. The Pre-Audit Questionnaire documented that there were no cases in which interpretive services were needed during the past twelve months. The reviewed Pre-Audit Questionnaire and interviews with staff indicated the facility has not used any a resident interpreter for any reason during the past twelve (12) months. DOCCR Policy prohibits the use of resident interpreters or resident assistants for reporting or communicating written policy to other residents. The auditor interviewed one resident who had been identified as having cognitive issues. The resident stated staff read the information to him when he came into the facility. When questioned, he could answer the PREA related questions.

. The auditor relied on the following in making the determination that the JDC exceeded the requirements of the standard:

- DOCCR Policy, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act
- DOCCR Policy, PREA: Resident Receiving and Orientation
- AAA A-Z Friendly Language Contract
- JDC Policy, 06-03, Supervision of Juveniles
- All in One Translation Contract
- Garden and Associates Contract
- Itasca Company Contract
- Language Line Contract
- Middle English Contract
- Midwest Language Services
- Surad Interpreting Contract
- End the Silence Brochure translated into six languages
- Hennepin County Juvenile Detention Center Safety Guide and translated versions
- JDC Master Training Roster /Limited English Proficiency Plan
- Interviews with 10 random staff
- Interviews with 14 randomly selected residents

## 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
- ✦ 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.*

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 PreEmployment 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 Director of the PS&C as well as the human resources staff 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.

An interview with the Senior Administrative Manager of the Office of Administrative Services (OAS) revealed a comprehensive background check process for employees, contractors and volunteers. DOCCR Policies require Employees receive a full background study in which the PREA Questions are asked; questions are mailed to former employers for reference checks and include the required PREA Questions of Employers; a background check is conducted that includes a computerized check, finger print checks, Department of Human Services Study and Driver's License Check. The level of checks is determined by the level of access the individual will need. Employees receive a full background study in which the PREA Questions are asked; questions are mailed to former employers for reference checks and include the required PREA Questions of Employers; a background check is conducted that includes a computerized check, finger print checks, Department of Human Services Study and Driver's License Check. DOCCR Policy, Criminal Records Checks, Paragraph 9 and 10 address different levels of checks depending on access to DOCCR Facilities. Full access to DOCCR facilities and clients requires the applicant to successfully pass a fingerprint-based criminal record check. Restricted access requires the applicant to pass a name query only criminal record check. An additional restricted access to DOCCR facilities and clients within 24 hours of the request may be referred to OAS for an Emergency Record Check. Paragraph 13. Requires that individuals working in a juvenile correctional facility must successfully pass a Minnesota Department of Human Services (DHS) background study in addition to the criminal record check.

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

Sixteen (16) Background Studies were provided for review. The Professional Standards and Conduct (PS&C) conducts a thorough background study prior to hire. A typical Background Study Summary contained the following:

- 1) Personal Information
- 2) Residential
- 3) Family/Peer Summary

- 4) Education (investigator verifies)
- 5) Employment (investigator verifies)
- 6) Club Affiliation/Community Service/Volunteer Service
- 7) Military
- 8) Driver's License Check
- 9) Civil Record
- 10) Fingerprint Date
- 11) Certifications/Awards
- 12) References
- 13) Search Engine Result
- 14) PREA Summary (documenting the PREA Hire Questions)
- 15) CSTS/Securus Phone Check
- 16) Department of Human Service (DHS) Study
- 17) Drug Testing
- 18) Investigator Summary
- 19) Personal Information.
- 20) Residential
- 21) Family/Peer Summary
- 22) Education (investigator verifies)
- 23) Employment (investigator verifies)
- 24) Club Affiliation/Community Service/Volunteer Service
- 25) Military
- 26) Driver's License Check

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 Result, Level of Access and Expiration Date of the Criminal Background Check Results (documenting the five-year check requirement). It also documents the results of the Department of Human Services Study and Driver's License Check. This form documents that Driver's License and insurance needs to be checked annually.

In addition to the sampled background checks, the agency provided a master roster of JDC employees, including contactors and SVHS (education staff, documented the background check dates was provided for review.

DOCCR Policy, Criminal Record Checks, in Paragraph 13, requires that individuals working in a juvenile correctional facility must pass a Minnesota Department of Human Services (DHS) background

study in addition to the criminal record check required by the Office of Administrative Services. Reviewed background checks documented the DHS background checks as required.

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 (educational staff); and volunteers. These checks include, according to staff, fingerprint checks and may include DHS 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 auditor relied on the following in determining a rating for this standard.

- DOCCR Policy, Criminal Records Check
- DOCCR Policy, Staffing Patterns
- Complete background studies (reviewed 16 complete background checks)
- Background Check Roster for Employees
- Background Check Roster for Volunteers
- Interviews with the Office of Administrative Services, Senior Manager

- Interviews with the Staff responsible for volunteer checks
- Interviews with a volunteer and a contractor

## 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 agency has not made any substantial modifications to the facility since the last PREA Audit. However, interviews with the Agency Director, Area Director, Superintendent and the PREA Compliance Manager confirmed that there was a blind spot in intake and the wall obstructing the viewing was lowered to facilitate viewing and eliminate the blind spot. The Agency Director related sexual safety and all forms of safety are given the utmost consideration in the design and planning of any new facilities and in the modification of any existing facility. The auditor observed the lowered wall during the tour of the entire facility. The lowering of the wall eliminated the blind spot.

Interviews with the Superintendent and the PREA Compliance Manager and a document provided by the PREA Compliance Manager, indicated that since the last audit, the JDC added 26 cameras to cover identified blind spots.

Interviews with the Director of the Department of Community Corrections, Area Director, Superintendent and the PREA Compliance Manger all confirmed that prior to any modifications to the facility, as well as upgrades or additions to video monitoring, the team would consider how these changes would impact keeping residents safe. The auditor relied on interviews with the Agency's Director, Area Director, Superintendent and PREA Compliance Manager, a Memo from the Superintendent, as well as observation and reviewed camera diagrams. These confirmed that there were no significant modifications to the facility during the past 12 months however the facility staff were proactive in identifying a blind spot in intake. By lowering the wall, they eliminated the blind spot. Interviews with the Agency's Director, Area Director, Superintendent and PREA Compliance Manager confirmed that sexual safety, as well as all safety, will be given serious consideration in constructing, acquiring or modifying any facility. Staff interviews and reviewed camera diagrams and a memo from the Superintendent confirmed that the Juvenile Detention Center added twenty-six (26) cameras in the past twelve months. The Agency Director affirmed his support for PREA and considered any needs for cameras to be a high priority.

## 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

*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 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.

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 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.

Multiple messages were left on the voice mail of the SANE nurse however she never returned the calls. Interviewed medical staff, including the facility's Medical Director (MD), Director of Nursing, and a Registered Nurse Manager 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 stated the exam will be performed by a skilled and highly trained Sexual Assault Nurse Examiner.

Interviews conducted with the Medical Director, Corizon Supervisor and Director of Nursing/Nurse Manager 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. 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.

The facility does not have a MOU with the hospital however in their agency planning and in compliance with the Hennepin County Sheriff's Office PREA Policy, the victims will be examined at the Hennepin County Medical Center by a Sexual Assault Nurse Examiner. The Sexual Assault Resources affirms that victims of sexual abuse will be examined by a Sexual Assault Nurse Examiner at the Hennepin County Medical Center.

Interviews with staff and reviewed investigation reports confirmed that there have been no cases requiring a forensic examination during the past twelve (12) months.

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 (JDC contracted Healthcare 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. An 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. An 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 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.

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.

Forensic exams are conducted by a Sexual Assault Nurse Examiner. This is confirmed by reviewing DOCCR Policy, Hennepin County Sheriff's Office Policy 904, interviews with the Juvenile Detention Center's medical director, health services administrator and director of nursing. Multiple efforts to contact the Sexual Assault Nurse Examiners at the Hennepin County Medical Center were made.

Victims of sexual assault receive a forensic exam at no cost to the victim. This is confirmed through reviewed DOCCR Policies, Hennepin County Sheriff's Office Policy 904, the Sexual Assault Resources Brochure and an interview with the Director of the SVC.

The agency has a Memorandum of Understanding with the Sexual Violence Center (SVC) describing the advocacy services they will provide victims of sexual assault. This involves accompaniment through the forensic exam and the investigatory process. These services were confirmed through reviewing the MOU and interviews with the Director of the SVC.

The auditor reviewed the following to arrive at a rating for this standard:

- 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
- Professional Standards and Conduct Investigations Policy
- Duty Supervisor Sexual Assault Response Checklist
- First Responder Cards
- Sexual Assault Resource Services Brochure
- MOU with the Sexual Violence Center
- Interviews with the SVC Director, Senior Administrative Manager (Office of Administrative Services), PS&C Investigator, JDC Medical Director, JDC Health Services Administrator, Director of Nursing, Nurse Manager, Licensed Mental Health Professional, Superintendent, PREA Compliance Manager and randomly selected staff

## **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

*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*

The JDC 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 and 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 on the sexual abuser's response form.

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, 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 facility reported 16 allegations resulting in completed administrative investigations and none of the allegations reported during the reporting period were criminal in nature. The Director of the Professional Standards and Conduct Office provided the auditor with a binder complete with the investigation packages for investigations conducted during the past twelve (12) months. The reviewed investigations contained allegations that were verbal comments of an inappropriate nature and some related to touching. The investigations concluded in several that they did not meet the definition of a PREA allegation. For example, a one-time comment made in anger or while horse playing. The auditor agreed that the investigations, although conducted, did not meet the definition of a PREA allegation. Although there were allegations of youth on youth touching, witness statements indicated the touching was either inadvertent or horse playing. None of the allegations involved any touching of genitalia or penetration. It was evident from the nature of some of these allegations that the staff take sexual harassment and sexual assault very seriously and report and investigate allegations that really appear to be youth playing around or horse playing. Some involved insensitive remarks made by youth to homosexual youth. These were addressed by staff. A review of the investigations and reviewed incident reports indicated that the staff take every inappropriate comment or inappropriate horse playing seriously and that they take great care to respond, separate residents and take immediate actions to protect youth upon learning of any allegation.

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.

This standard was rated "meets" the standard. The rating was based on a review of the DOCCR policies, Juvenile Detention Center Policies, Hennepin County Sheriff's Office Policy, ten (10) reviewed incident reports, ten (10) reviewed investigation reports, the Memorandum of Understanding between the Department of Community Corrections and Rehabilitation and the Hennepin County Sheriff's Office, interviews with the Agency Director, Area Director, PREA Coordinator, PREA Compliance Manager, the Senior Administrative Manager of the Office of Administrative Services, a Professional Standards and Conduct (PS&C) Investigator, randomly selected staff and residents. Ancillary documentation, including PREA related brochures, multiple PREA related posters, the resident handbook and the JDC Safety Guide were reviewed. The PS&C is responsible for conducting administrative investigations and allegations that appear to be criminal in nature are referred to the agency with the legal authority to conduct criminal investigations; the Hennepin County Sheriff's Office. The auditor reviewed ten (10) incident reports documenting the allegations of sexual abuse and/or sexual harassment. The nature of the allegations evidenced that the facility staff take reporting seriously and that they report virtually

everything. Several of the reported incidents/allegations involved resident-on-resident inappropriate comments on the one-time basis. An allegation of inappropriate touching appeared, from the investigation to be ‘horse-playing’ however staff took the allegation seriously, separated the individuals involved, reported it to their immediate supervisor who initiated the supervisor’s sexual abuse checklist, including notifications. Investigations were prompt and timely and the reports documented interviewing alleged victims and perpetrators, witnesses, and review of video, where applicable and available. All the interviews were audio recorded and provided to the auditor for review along with the investigation package.

The auditor relied on the following in determining a rating for this standard:

- 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
- Ten (10) reviewed incident reports
- Ten (10) reviewed investigation reports
- DOCCR Website Instructions for Reporting Incidents of Sexual Abuse, Sexual Misconduct or Sexual Harassment and Investigation
- Interviews with the 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
- Reviewed PREA related brochures, JDC Resident Safety Guide, Resident Handbook, PREA Related Posters

## 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.*

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 and JDC Policies and Procedures, provided training curricula, documentation to confirm staff received the training, and interviews with staff. The agency's commitment to PREA was evidenced in interviews with a representative from the DOCCR Training Office, the JDC Training Coordinator and a training staff from the JDC; the reviewed JDC 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 facility has a detailed Training Matrix identifying the training that different levels of staff are required to complete. The Agency Training Representative related how the training plans for the Department are developed. She related, for example, that by October 10, the agency will have the agency's training plan developed for the next year. 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 identify must remain confidential.

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

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

The facility provided the auditor with computer generated training rosters; one of which documented the cumulative training for all staff. Computerized training records documented the following: 2017 March Policy Acknowledgements, Scenario Based PREA; PREA Boundaries; PREA 101, An introduction and overview, PREA Effective and Professional Communication with LGBTI; Mandated Reporting; Limited English Proficient, PREA Corrective Action Policy, Documents and Procedure Acknowledgment and Understanding. Interviews with staff confirmed they have been well trained in PREA and PREA related topics. The provided master training rosters documented 100% in all categories.

The JDC is a juvenile facility housing both male and female youth awaiting court and/or placement. Both male and female youth are housed in the program. Staff are multicultural. Training is tailored to the unique needs of the facility. For example, with female youth housed in the program, the facility trains staff in topics including the Limited English Proficiency Plan; Trauma Informed Care; and Gender Specific Training. An interview with the Agency's Training Staff and JDC Training Coordinator confirmed that the unique needs and attributes and gender of the residents at the DOCCR facilities is considered and drives the training plan for those facilities.

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.

The Pre-Audit Questionnaire documented staff acknowledgments, indicating that staff have read/attended and understood the content of the courses included in the E-learning courses and the APEX Learning Management System. The PAQ documented 145 of 145 staff who were trained in PREA since the last PREA Audit. The PAQ also documented 100 percent of the staff completed all the required PREA trainings. Training may be online or in a class setting. The venue is identified in the Training Matrix.

Reviewed training rosters provided by the JDC and interviews with the DOCCR and JDC 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.

Staff have refresher training at least annually. This was confirmed through the reviewed master training roster that identified the March 2017 Training Plan for PREA. Interviewed staff confirmed training is at least annually and many staff said training is at least twice a year and online and that their supervisors and the system alerts them when training online is required.

This standard is rated exceeds. This rating was determined after reviewing the comprehensive agency and Juvenile Detention Center (JDC) policies, the reviewed JDC 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 Superintendent, PREA Compliance Manager, PREA Coordinator, DOCCR Training Staff, JDC Training Coordinator, JDC Trainer/Coach, random staff and specialized staff. The interviews with the agency Training Staff 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 JDC Training Coordinator also described the levels of training provided to staff related to 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 "welltrained" 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. The provided master training rosters confirmed 100% in all categories.

The following were relied on in determining a rating for this standard:

- 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
- JDC Supervisor's Scenarios
- JDC PREA Refresher Outline
- PREA Refresher Training Matrix
- Interviews with an Agency Training Staff (developing yearly training plan), JDC Training Coordinator, Trainer/Coach, random staff, Superintendent, PREA Coordinator, PREA Compliance Manager

## **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.*

The agency volunteer coordinator, in an interview, described the process for recruiting and/or handling applications for volunteers. She related that upon completion of their background checks, she calls them in for their orientation. The orientation includes the link to watch the PREA Video. They read the zero- tolerance policy, told how to report and are given the PREA brochure to read. She stated the orientation lasts between an hour and half and two hours. She related that she then sends that same information to the volunteers every three years. Staff responsible for contractor training stated contractors receive the Contractor letter and PREA Brochure, including boundaries and reporting. The agency's website advises volunteers that they must view the PREA 101 video. The link to that video is provided. They must also, according to the website review the PREA Pamphlet for Volunteers entitled: "Preventing and Reporting Sexual Misconduct with Offenders" and read and sign the PREA

Acknowledgement Statement affirming their receipt and understanding of the training information provided.

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

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

Interviews with a volunteer chaplain and 4 Contracted Corizon Staff confirmed they were trained as required. The volunteer related he had been a volunteer for approximately 20 years and about three years ago was required to watch the PREA Video, review the Zero Tolerance Policy and he was also told how to report allegations made to him related to any form of sexual activity that he observed or was told about.

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

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

The facility provided samples of acknowledgment statements. The acknowledgment statements document having received information on the following: 1) Responsibilities under DOCCR's Policies and Procedures; 2) DOCCR's Zero Tolerance for sexual abuse and sexual harassment and 3) Information on how to report sexual abuse and sexual harassment. By signing the volunteer/contractor affirms have received and understanding the material provided. Interviews with both volunteers and contractors confirmed that those individuals were knowledgeable of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment.

The auditor relied on the following in determining a rating for this standard:

- Prison Rape Elimination Act Volunteer Training Confirmation Forms (signed)
- Sexual Misconduct Brochure for Volunteers (How to report, protection from retaliation, receiving a report, red flags, abuse of power, consequences of sexual abuse/harassment and misconduct)
- JDC Volunteer Training – Completing 2017 refresher
- Taking points for Prevention and Reporting
- DOCCR Policy Prison Rape Elimination Act, Paragraph 10
- Reviewed DOCCR Website -Volunteer Services (how to become a volunteer with DOCCR-link to PREA Video and training)
- Interviews with the Agency Volunteer Coordinator, Interviews with four (4) Corizon Contract Staff, Interviews with a JDC Volunteer

## 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 at the Juvenile Detention Center (JDC) are “well educated” on PREA and this is accomplished through multiple means, including information provided at intake, education provided during orientation, through the PREA brochures given the resident, the resident handbook, the JDC Safety Guide and through multitudes of PREA related posters observed located throughout this facility. Some PREA related information is given during “expectations” for residents that are given several times on the first and second shifts. Interviews with residents, randomly selected, confirmed these residents “know” PREA. Information is provided during intake followed by PREA education on the Sunday following admission. The facility has multiple contracts (7 for LEP, the most common foreign languages in the Minneapolis area) and a contract for services to the hearing and visually impaired. Bilingual staff may serve as translators if they obtain certification through Hennepin County. The facility also has access to the resources of the Minneapolis School System who provides the education program at the JDC. Too, special education teachers are on staff and available to assist developmentally challenged youth, youth with cognitive challenges, youth with speech, hearing or vision issues and other disabilities that would interfere with a resident’s ability to effectively participate in the JDC’s prevention, detection, responding and reporting program. Interviews with fourteen (14) randomly selected residents including a cognitively challenged resident, confirmed that they received the information identified in policy during intake and that they then watched the PREA Video, the Sunday following admission, took a PREA test on the information from the video and discussed the answers. They were very knowledgeable of PREA and PREA related issues.

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.

DOOCR Policy, Prison Rape Elimination Act, PREA, Resident Receiving and Orientation, DOOCR Institutions requires that the SOP, Prison Rape Elimination Act (PREA) must be read to the resident and all residents, including those incoming and current, ensuring they are fully informed about the DOOCR’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.

The Facility provided a document entitled, “JDC 5-Step PREA Education/Awareness Process. This document asserts that during the admissions booking process the youth is given a pamphlet with PREA information. When they are brought to a living mod, they are given the PREA Safety Pamphlet. Youth are also given the JDC resident handbook and must complete a quiz that includes PREA Questions before being eligible to join the group for mod activities.

Interviews with fourteen (14) residents confirmed that they did receive this information upon intake and that the Sunday following their admission, they watched the PREA Video and took a PREA Quiz after which staff went over the answers and residents and staff discussed the responses. Several interviewed residents related they took the test on several Sundays, even after the first time, because they are awarded an incentive if they take the test. These incentives involve a variety of snack items.

The Pre-Audit Questionnaire documented that 1368 residents received the required information at intake. All the fourteen (14) residents who were interviewed related they received the information at intake. They confirmed they received the PREA brochure and were told about the zero-tolerance policy and how to report sexual abuse and sexual harassment.

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 document entitled, "JDC 5-Step PREA Education/Awareness Process, item 4, states that each Sunday, all living mods have a PREA Education Program that provides youth the opportunity to view an informational video and complete the quiz. Youth who are LEP/ADA will be offered alternative methods of PREA information/education.

The Pre-Audit Questionnaire (PAQ) documented the information was presented in an age appropriate fashion. Interviewed staff conducting intake stated if a resident may be limited in their understanding or cannot read, they read the brochure to the resident and explain it verbally. The facility school (Stadium View) is operated by the Minneapolis School System and special education teachers are available to assist any youth with special challenges. The auditor interviewed one resident who had been identified in the screening process as having educational and mental challenges. The youth told the auditor the staff explained all the PREA information and told him about zero-tolerance and how to report it if it happened to him or someone else.

The PAQ documented that all the residents who remained in the facility received comprehensive education as required. On the Mod (module/living unit) youth are given a PREA Safety Pamphlet and the resident handbook. Each Sunday staff have received a list of all residents who have not received the PREA Education component and show residents the PREA Video. Following the viewing, residents are given a quiz about what was on the video. Upon completion of the quiz, staff go over the answers and discuss the responses with the residents. Residents are given an incentive for watching the video and taking the quiz. Interviewed residents confirmed this process and said it occurs the first Sunday following a resident's admission to the program.

The facility documented on the Pre-Audit Questionnaire that all residents receive PREA education upon admission booking. Interviews with staff, both intake staff and staff performing orientation confirmed that all the newly admitted and residents transferred into this facility have received PREA intake information as well as the PREA Video on the Sunday following admission to the program.

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

The agency also provides the PREA brochure in four different languages. These were observed in the lobby of the program and are accessible to all visitors.

The JDC provided the auditor a document entitled, New Resident PREA Orientation Class Tracking Form documenting classes provided weekly by date, as well as the numbers of residents who were trained/viewed the PREA video and took the PREA Quiz. This information documented PREA Education classes weekly.

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.

The Hennepin County Juvenile Detention Center Safety Guide given to resident, provides definitions, the problem of sexual abuse and sexual harassment, staying safe, resident rights, how to report sexual abuse and sexual harassment, what to do if sexual abuse or sexual harassment happens and rape crisis and victim advocacy organizations. The resident handbook covers the JDC zero-tolerance policy, PREA Orientation, multiple ways to report sexual abuse, and cross-gender staff announcements. This JDC 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) posters 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. Youth related they have received PREA information in other facilities as well.

The auditor relied on the following to determine a rating for this standard:

- JDC Policy, PREA Education Process
- DOCCR Policy, Resident Receiving and Orientation, DOCCR Institutions
- JDC PREA Video
- Ten (10) reviewed acknowledgment forms
- Multiple PREA Class Attendance Rosters- documenting Sunday Orientations
- Reviewed contracts to provide interpretive services
- End the Silence Brochure
- Resident Handbook
- JDC Resident Safety Guide
- Multiple PREA related posters, posted throughout the facility
- Interviews with staff conducting intake, staff conducting orientation, and with fourteen (14) residents representing all housing units and genders, including a cognitively challenged resident

## 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

*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 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 and a PS&C Investigator confirmed the specialized training they received. They could discuss the contents of the training that included the areas and topics required by the PREA Standards for specialized training for investigators in conducting sexual abuse investigations in confinement settings.

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.

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.

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.

This following was relied upon in determining a rating for this standard:

- 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
- Interviews with the Senior Administrative Manager, OAS, and a Professional Standards and Conduct Investigator, JDC Training Coordinator

## **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.*

This standard is rated meets. The rationale for that rating is discussed below.

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 nine (9) medical staff and two (2) 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 eleven (11) staff completed the following training related to PREA:

Corizon PREA

PREA Boundaries

PREA 101 (Introduction and Overview)

JDC PREA Policy Acknowledgement

Online PREA Boundaries

PREA Effective Professional Communications with LGBTI Residents

Female Response Program Training

Training documented on the training record included training from 2015 through 2017 prior to the forwarding of the PREA Questionnaire and external drive.

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, Health Services Administrator and the Director of Nurses 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 with the Medical Director (Psychiatrist), Health Services Administrator, and Director of Nurses, indicated that new employees complete the training provided in the New Employee Binder (containing topics such as what to do if you become aware of a sexual assault; mandated reporting; collecting forensic evidence; and referrals to mental health. They described the training they received and the information contained in the Power Point Presentation.

The auditor relied on the following in determining a rating for this standard:

- DOCCR Policy, Prison Rape Elimination Act, PREA
- Corizon Power Point Presentation – Specialized Training
- JDC Master Training Roster (including all training topics for all staff, including Corizon)
- Corizon Training Roster Documenting PREA Training (101) and Specialized Training
- Interviews with the JDC Training Coordinator, Corizon Medical Director, Corizon Health Services Administrator, Director of Nursing

## **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.*

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. JDC Policy 01-12, JDC PREA Resident Receiving, Assessment, Classification and Orientation, requires the JDC to conduct an intake assessment and screening each resident to identify predatory risk factors and potential vulnerability of victimization. The JDC 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. 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.

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.

Interviews with staff conducting the risk screening assessment indicated staff conduct the assessment in an office with privacy. 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 several staff who conduct the initial risk screening assessment stated they do the initial screening most often within 48 hours and not later than 72 hours. Reviewed screening assessments also indicated that the screenings are conducted within 72 hours of admission to the facility.

The PAQ and interviews with staff indicated there were 680 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-five (25) assessments that indicated the screening occurred within 72 hours of admission.

This standard is rated “meets” after a thorough review of the policies and procedures related to screening for victimization and abusiveness, interviewing staff conducting the assessments, who described a process consistent with the PREA Standards, reviewed assessments completed by staff, and interviews with residents regarding the questions asked during the assessment process to further confirm the process. Interviewed staff conducting the assessments were enthusiastic about their work and affirmed the process and its value to the resident and to the JDC in protecting the resident. The following were relied on in determining the rating for this standard.

- DOCCR Prison Rape Elimination Act, PREA
- JDC Policy 01-12, PREA: Resident Receiving Assessment, Classification and Orientation
- Reviewing 25 Victimization/Abusiveness Assessments
- Interviewing intake staff, staff conducting the victimization assessment, Superintendent, PREA Compliance Manger
- Interviewing fourteen (14) Residents to determine if they recalled being asked the assessment questions.

## 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.*

The auditor reviewed DOCCR Policy, Prison Rape Elimination Act, PREA, Resident Receiving and Orientation, DOCCR Institutions and JDC Policy, PREA, Resident Receiving, Assessment, Classification and Orientation. 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, JDC 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 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. 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 particular living unit based on their identification. They also stated that care would be taken to ensure the resident would feel safe in a particular 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 JDC) 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.

Interviews with staff and residents confirmed residents are not segregated for their protection. Staff were sensitive to the effect of placing a victim or potential victim in an isolated status as a result of his/her being a victim or potential victim. Staff were sensitive to the fact that a resident may have been abused and indicated they would not revictimize the victim.

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.

JDC PREA Resident Receiving, Assessment, Classification and Orientation, 01-12, requires in paragraph 5, page 6, that residents who self-identify as lesbian, gay, bisexual, transgender, or intersex will not be placed in particular housing assignment based solely on the basis of 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. However, residents, in compliance with policy and procedures, who identify as lesbian, gay, bisexual, transgender, or intersex are not to be placed in particular housing assignment based solely on the basis of this identification or status.

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.

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

This sub-standard is not applicable. The facility does not use isolation to protect residents or to separate them from the general population.



This standard is rated “meets” based on a thorough review of the agency and JDC policies, procedures, and practice; reviewed victimization assessments; and interviews with staff responsible for conducting victimization assessments and others, including interviews with residents. The auditor relied upon the following in determining the rating for this standard:

- DOCCR Policy Prison Rape Elimination Act, PREA
- JDC Policy, PREA: Resident Receiving, Assessment, Classification and Orientation
- Reviewed victimization assessments
- Interviews with intake staff
- Interviews with staff responsible for victimization screening
- Interview with the Superintendent
- Interview with the PREA Compliance Manager

## 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

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

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

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

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

JDC 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

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).

Residents confirmed in their interviews that they were given the PREA Brochure, Resident Handbook, and the Safety Guide. They also reminded the auditor there were posters "all over the place" with information about reporting. Reviewed incident reports reflected that residents prefer to report to staff however they also filed several grievances alleging sexual abuse or sexual harassment. These were all responded to immediately.

The facility has an extremely liberal phone call and visitation process allowing residents to make calls daily and visit daily if family could come. They also said they can call their attorney's whenever they need to and that the attorneys can visit them at virtually any time they want to. They also stated that if an attorney visited, the facility would place them in an office to afford them privacy. They stated they could report to their probation officers and professional phone calls can be made virtually anytime and professionals may also visit residents whenever they need to and that they would be given a private area to meet with the resident.

Agency Policy, JDC PREA Reporting and Responding Process requires in Paragraph 7, that residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Interviews with the Superintendent indicated the facility would not ever have a resident being detained solely for civil immigration purposes. This is based on the criteria for detaining a resident.

JDC Policy, JDC PREA Reporting and Responding Process, Paragraph 5, page 3, requires staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly report and document them in writing. Interviews with staff confirmed they are expected to accept reports of sexual abuse and sexual harassment through any source or means through which the report or information comes. They said they are also required to report even a suspicion of sexual abuse or sexual harassment.

Agency Policy, JDC PREA, Reporting and Responding and Process, requires in Paragraph 5, that staff accept reports made verbally, in writing, anonymously and from third parties and will promptly document these reports in written documentation. Interviews with staff and the reviewed Pre-Audit Questionnaire confirmed that the expectation for documenting reports of allegations of sexual abuse, sexual harassment, or retaliation is immediately and not later than the end of the shift.

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

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.

DOCCR Policy and Procedures, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse Elimination Act, A. Staff Reporting, procedure 2., requires the agency provide a private reporting mechanism to report sexual abuse and sexual harassment of residents. The following agencies, along with contact information, are provided to enable staff to privately report allegations of sexual abuse and sexual harassment:

- 1) Inspections and Enforcement Unit (mailing address provided)
- 2) Sexual Violence Center (mailing address and phone number provided)

3) MN Department of Human Rights (mailing address provided)

4) Professional Standards and Conduct Unit (mailing address and phone number provided)

DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse Elimination Act, Policy 6, asserts that DOCCR institutions will provide multiple internal and external mechanisms for residents and staff to safely, securely, privately and anonymously, report sexual abuse. 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 daily; 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 JDC Safety Guide.

Fourteen (14) 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. Several were made using the grievance process. The auditor relied on the following in determining this rating:

- DOCCR Policy, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Chapter 12.
- JDC Policy, PREA: Reporting and Responding Process
- Resident Handbook
- “End the Silence” Brochure given to residents
- JDC 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 ten (10) incident reports and investigation packages
- Interviews with random and specialized staff
- Interviews with fourteen (14) residents, including one cognitively challenged youth and two residents reporting prior sexual abuse
- Observation of attorney visit

## 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.*

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.



JDC Policy 06-02, Resident/Family Grievance Procedures requires that the JDC 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, or express a concern about any aspect of the resident's care during the resident's stay in the facility. The section entitled "PREA Grievances", Paragraphs 1-8 address the items required in the PREA Standards.

The Hennepin County Juvenile Detention Center (JDC) Resident Handbook, Resident Grievance Procedure, Page 3-4, explains to the youth how to file a grievance/complaint.

Additionally, the Hennepin County Juvenile Detention Center Safety Guide, Page 11, 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 JDC Policy 06-02, Resident/Family Grievance Procedures, PREA Grievances, Paragraph 4., 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 JDC 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.

Interviewed residents indicated they believed if they filed a grievance or complaint related to sexual abuse or sexual harassment that staff would take it seriously and do something about it. When asked if the resident had ever filed a regular grievance or one alleging or complaining about sexual abuse or sexual harassment, all the interviewed youth related they had never filed a grievance related to sexual abuse or sexual harassment. Residents consistently stated, in their interviews, that they knew that a friend or relative could make a report or file a grievance alleging sexual abuse or sexual harassment for them.

JDC Policy -06-02, Resident/Family Grievance Procedures, Paragraph 2, 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.

JDC Policy 06-02, 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.

When the auditor asked staff how the grievance process works for a resident alleging sexual abuse or sexual harassment and if the grievance had to be submitted to the staff member who is subject of the

complaint for resolution staff said the resident could and should place the grievance in the medical request box or the resident has the option of handing the grievance back to any staff they trust.

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

DOCCR Policy 06-02, Resident Grievance Procedures requires the DDC to ensure the grievance is not referred to the staff who is the subject of the complaint for resolution. This policy also allows a resident filing a grievance related to sexual abuse to file it by putting it in "the" locked medical box on the mod to be collected by medical staff and submitted to the JDC's PREA Compliance Manager.

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

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

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

The auditor reviewed all the 64 grievances filed in the last 12 months. The facility had identified six of these in the Pre-Audit Questionnaire as alleging sexual abuse or sexual harassment. The auditor found that those six were the only PREA grievances in the total of 64 grievances. Two of the allegations involved allegations against staff; 1) female staff coming in room and saying something inappropriate; 2) and one, that a male staff touched a female resident inappropriately. One alleged they tried to contact PREA but staff would not let them. And another allegation alleged inappropriate harassment toward a resident by another resident. Several of the grievances revolved around the same incident by the same grievant. In the past twelve months there were six (6) grievances alleging sexual abuse and all six (6) reached the final decision within 90 days after being filed. There were no (0) grievances alleging sexual abuse that involved extensions because final decisions were not reached within 90 days. The auditor requested additional information related to the investigations for these grievances. The investigation related to making a PREA report was well documented and involved a resident with mental health issues who was on "suicide watch" making vague complaints that a staff came in her room and told her to kill herself. Cameras were reviewed and no staff entered the resident's room without another staff being present (as required by JDC Policy). The investigator after conducting a thorough investigation determined the allegation was unfounded. Another investigation was related to a grievance filed alleging a resident walked past the room of another resident and made a sexual gesture toward the resident in the room. Witness statements were taken and video camera footage was reviewed and at no time was the resident alleged to have made the inappropriate gesture close the other resident's room. The investigation determined the allegation was unfounded. Lastly an allegation that an opposite gender staff touched a female resident inappropriately was referred to the Hennepin County Sheriff's office, in compliance with DOCCR Policy and the MOU between the Hennepin County Sheriff's Office and the DOCCR. Documentation was provided to confirm the grievances were addressed immediately and that all resulted in a prompt investigation.

The auditor relied on the following in assessing the standard:

- JDC Policy, 06-02, Resident/Family Grievance Procedures, "PREA Grievances"

- Resident Handbook
- JDC Safety Guide
- End the Silence Brochure
- Review of 64 grievances filed in the past 12 months
- Reviewed 6 grievances filed in the past 12 months alleging sexual abuse or sexual harassment
- Reviewed the investigations generated as a result of the grievances

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## 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.*

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 Juvenile Detention Center (JDC) Resident Handbook, on page 2, provides residents with ways to report allegations of sexual abuse and sexual harassment. 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 Juvenile Detention Center 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 the JDC 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 four 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.

JDC PREA Reporting and Responding Process, paragraph 4., 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 Juvenile Detention Center Division, 06-01, 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, Resident Rights, Page 3, 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 with staff indicated that youth are afforded liberal access, both through phone calls and visits, to their attorneys. Visits are allowed in private offices or rooms where there are no listening devices or cameras. Fourteen (14) of fourteen (14) interviewed youth stated they can call their attorney's anytime they needed to. They also said that their attorney can visit any time during the week. Several of those who said their attorney had visited stated they visited in an office and were afforded complete privacy. The auditor observed an attorney visiting with a resident in an office.

DOCCR Juvenile Detention Center Division, 06-01, 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, Resident Rights, Page 3, instructs residents that they have the right to reasonable communication and visitation by their parents/guardians during visiting hours. The facility provides for residents to make phone calls to their parent(s)/guardian(s) and two professional phone calls to professionals working on their cases. There is no time limit to calls to professionals. Parents are provided visitation during normal visitation hours any day of the week and Saturday mornings between

10AM and 11AM. Special visits may be arranged as well. Lawyers may visit at any time. This information is provided in the Resident's Handbook.

They also indicated that residents are provided access to their families/legal guardians through phone calls, visitation and the mail. Visitation, they stated, is provided during the admission process, through the availability of daily visits and through special visits approved by staff. One hundred percent (100%) of the interviewed residents said they can also call their parents/legal guardians daily, visit daily and write them if they wanted to.

This standard is rated exceeds. The rationale for this rating is based on the availability of the facility and residents to access outside confidential support services and legal representation. Agency policies and procedures provide for access. The agency has a Memorandum of Understanding with the Sexual Violence Center enabling residents to have access to them for services, including advocacy services and to report an allegation of sexual abuse and sexual harassment. An interview with the Director of the SVC confirmed the availability of these services. She related her agency is required to and does comply with State Statute to operate in Minnesota. Too, State Statutes, she said, required 40 hours of training for advocates but the SVC requires 54 hours of training prior to service. She related to the auditor that in the event of a sexual assault, her organization would automatically be contacted and dispatched to the Hennepin County Medical Center to provide support services, if requested by the victim, including being with them through the forensic exam, interviews, and investigations etc. SVC services are available 24/7. Residents are provided contact information on the Sexual Violence Center in a variety of ways, including in the PREA Brochure, "End the Silence"; the resident handbook, the JDC PREA Youth Safety Guide, and through numerous posters providing information on the SVC and how to contact them. The auditor observed on wall in one section of unit contained five posters with SVC contact information. There were no allegations in the last 12 months made through the SVC. The JDC has a very liberal policy for home calls and visitation, providing residents with easy access to the outside world. Residents stated they can make phone calls every day to the parent(s)/guardian(s) and to their attorneys and probation officers. They also said, when asked, that they can have visits from parent(s)/guardian(s) daily. According to the interviewed residents, their attorney's and probation officers can visit at any time. If an attorney or other professional visitor comes to visit, they visit in an office or other area providing privacy. Residents also can write parent(s)/guardian(s), attorneys and probation officers if they want to.

To determine a rating for this standard the auditor relied on the following:

- JDC Policy, 01-12, PREA: Reporting and Responding Process
- JDC Policy, 06-01 Rights and Protections
- Memorandum of Understanding between the Sexual Violence Center and Hennepin County Department of Community Correction and Rehabilitation
- JDC 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
- Interviews with the Director of the SVC, Superintendent, PREA Compliance Manager, Medical and Mental Health Staff and interviews with fourteen (14) residents representing every module in the facility.

## 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

*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 JDC Policy, Zero Tolerance of Sexual Abuse, Sexual Misconduct and Sexual Harassment, Reporting of Allegations of Sexual Abuse, Sexual Misconduct and Sexual Harassment, 3.b., 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.

"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.

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.

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.

The auditor relied on the following in determining the rating for this standard:

- JDC Policy Zero Tolerance of Sexual Abuse, Sexual Misconduct, and Sexual Harassment
- PREA Brochure, “End the Silence”
- DOCCR Website
- Reviewed grievances
- Reviewed incident reports
- Reviewed investigations
- Interviews with the PREA Compliance Manager, random staff, Senior Administrative Manager, Office of Administrative Services (OAS), Professional Standards and Conduct Unit Investigator (PS&C), and fourteen (14) randomly selected residents.

## **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*)

### 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.*

JDC Policy, PREA Reporting and Responding Process, 01-11, Reporting of Alleged Incident Occurring within the JDC, requires staff, contractors and volunteers to report immediately to the on-duty Corrections Supervisor (CS), any knowledge, suspicion, or information regarding an alleged incident of sexual abuse, sexual misconduct and sexual harassment that occurred in the JDC. This includes an allegation made on behalf of a resident by a parent and/or legal guardian or professional. They are also required to report staff neglect or violation of policy that may have contributed to an incident or retaliation. Specific instructions for reporting are provided in this policy as well.

The agency's Prison Rape Elimination Act (PREA) Policy in Paragraph 7, mandates that staff, volunteers, and/or contractors report any incidents of sexual abuse, sexual misconduct or sexual harassment immediately.

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

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

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

The Hennepin County PREA brochure for staff, "Preventing and Reporting Sexual Misconduct with Offenders" requires that "all reports are taken seriously and any report, whether it's made verbally, in writing, anonymously or by a third-party must be reported."

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. 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.

See 115.361 (a)-1. To confirm this substandard the auditor reviewed the agency's policy, interviewed staff and youth and reviewed investigation reports containing incident reports written by staff becoming aware of the allegation or incident.

DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, in section A., Staff Reporting requires staff to report retaliation against residents or staff who reported an incident as well as any staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse/sexual harassment or retaliatory behaviors. Procedures of this same policy, in paragraph A.1.b and c., requires staff to report immediately to a supervisor retaliation against residents or staff who reported and incident and staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse/sexual harassment or retaliatory behaviors. Multiple mechanisms for reporting privately are provided as well.

Interviewed staff related that the agency and facility has a zero tolerance for all forms of retaliation and that they are expected to and required to report any staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The reviewed investigation reports did not reveal any form of staff neglect.

DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, A.4, requires staff 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 of local agency under applicable mandatory reporting laws. Interviewed staff all related they are mandated by statute to report any form of abuse, including sexual abuse as well as staff neglect. There were no incidents involving staff neglect in any of the reviewed investigation packages.

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.

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.

The auditor reviewed all of the relevant policies related to reporting and found that the policies and procedures address the PREA Standards, but equally important I think, is that 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. For example, most of the reviewed allegations were reported to staff and staff took immediate action, reporting it to their supervisor and having it promptly investigated. 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. Several of the reported and investigated allegations did not meet the criteria for sexual harassment and of those that did meet the criteria, they often were the result of what appeared more like horse playing or rule violations but these were investigated just like what initially appeared to be less serious allegations.

The auditor relied on the following to determine the rating for this standard:

- JDC Policy, 01-11, 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 (64)
- Interviewed random staff, medical director, health services administrator, Superintendent, PREA Compliance Manager, PREA Coordinator, Senior Administrative Manager, Office of Administrative Services (OAS), Professional Standards and Conduct Unit (PS&C) Investigator, and fourteen (14) randomly selected residents

## 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.*

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.

DOOCR Policy, JDC PREA Reporting and Responding Process, 01-11, paragraph 9., requires that when the JDC obtains information or discovers a resident is subject to a substantial risk of imminent sexual abuse, they will take immediate action to protect the residents.

The Hennepin County Department of Community Corrections and Rehabilitation Juvenile Detention Center Prison Rape Elimination Act (PREA) Coordinated Response Plan, Step 1.d, requires that when the JDC 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 for the past year (64).

Interviewed staff stated if a resident was at risk of imminent sexual abuse they would take his/her allegation/report seriously. They would keep the resident with them or within a direct line of sight or bring him into an office until the supervisor could determine where to place the resident. All the staff stated they would not let that resident out of their sight. An interview with the Superintendent indicated the facility has a five (5) room living unit where the resident could be housed in a single occupancy room while staff investigated. The offending resident, if known, could be placed in another living unit or transferred from the JDC.

The auditor reviewed 64 grievances filed in the past 12 months. None of the reviewed grievances alleged imminent sexual abuse.

None of the fourteen (14) interviewed residents reported or alleged having ever felt unsafe in this facility and none reported having experienced imminent risk at this facility.

Reviewed Department of Community Corrections and Rehabilitation and Juvenile Detention Center Policies and Procedures affirm that staff are to take immediate action to protect a resident who asserts, in any manner, that he/she is at risk of imminent sexual abuse. Staff, in their interviews, related they would take the allegation seriously, place the resident with them and probably take him/her to a safe place, such as the supervisor's office, and report the incident/allegation to their immediate supervisor. The Superintendent, in an interview, related the facility has a five-room living unit where the resident could be safely housed until an investigation was completed. The Pre-Audit Questionnaire documented that there were no allegations or incidents in which a resident was at risk of imminent sexual abuse. The auditor reviewed 64 grievances that had been filed during the past 12 months. None of the reviewed grievances alleged being at risk of imminent sexual abuse. Fourteen (14) youth were interviewed and all of them stated they felt safe at this facility and none had made any allegations of imminent sexual abuse.

The auditor relied on the following in determining the rating for this standard:

- DOCCR PREA Institutional Report
- JDC Policy, 01-11, PREA: Reporting and Responding Process
- 64 Reviewed Grievances
- 14 Interviewed Residents
- Interviewed staff, including random staff, Superintendent and PREA Compliance Manager

## 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

*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.*

DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, A.3., requires the Division Manager or designee to provide the PS&C a written report of allegations of any alleged abuse at another facility within 24 hours of learning of the allegation.

JDC PREA Reporting and Responding Process, 01-11, requires in paragraphs 1 and 2, that the Superintendent or designee make the initial notification to the other facility Superintendent. The Superintendent will report all allegations of sexual abuse, sexual misconduct and sexual harassment that occurred in another facility in writing to the PS&C within 24 hours of receiving the allegation and document the notification to PS&C. PSC will send a follow-up written notice to the agency head of the facility where the alleged abuse occurred and any other appropriate notifications. An incident involving a resident who reported an allegation of sexual abuse while housed in another program confirmed the head of the sending program was notified within 24 hours of staff becoming aware of the incident and an investigation was initiated the same day.

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.

Interviews with the Superintendent, the DOCCR PREA Coordinator and PREA Compliance Manager confirmed that the head of the sending agency/facility is notified upon receiving an allegation that a resident was allegedly sexually abused while in another facility. The JDC received one allegation from a resident that he was sexual abused while at another program. Documentation was provided (Professional Standards and Conduct Notification Checklist) documenting that the PS&C Investigator notified the head of the sending program. The allegation was made on 8/19/2016 and reported to the program head on 8/19/2016. The report of the investigation was 55 pages in length and documented a thorough review of the allegations. Upon receiving the allegation, the Duty Supervisor at the JDC implemented the Sexual Abuse Response Checklist.

The reviewed Pre-Audit Questionnaire documented that there was one (1) allegation that a resident was abused while confined at another facility. This was confirmed through interviews with staff as well.

The facility provided documentation in a 55-page packet to support compliance with documenting all the actions the facility and agency took in response to an allegation made by a resident that the resident experienced sexual misconduct and potential harassment by another resident at another facility. The package included multiple documents including the dates of the incident, the date reported and the completed PS&C External Notification Checklist documenting in items 2-4 information to confirm the head of the facility was notified within 72 hours; that they agency has been provided written notification; and that the facility head/agency office received notification and documented that the incident is being investigated in accordance with the PREA standards. All these activities were documented 8/19/2017. Additional documents in the package included an extensive incident summary; incident report; Hennepin County Duty Supervisor-Sexual Abuse Response Checklist (DOCCR), case management notes and a variety of other ancillary documents to indicate a thorough process. The JDC PREA Reporting and Responding Process, Reporting of Alleged Incident Occurring Outside the JDC or at Another Facility, Paragraph 1, requires any knowledge, suspicions, or information regarding an alleged incident of sexual abuse, sexual misconduct and sexual harassment that is staff-to-offender or offender-to-offender in another facility will follow the same steps outlined in the procedures noted in "Reporting of Alleged Incident Occurring Within the JDC", with additional actions required. Policy requires the PS&C to be notified, who will in turn ensure that an investigation is conducted into the allegation. Policy requires the PS&C to be notified within 24 hours.

The auditor relied upon the following in determining a rating for this standard:

- DOCC Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse



- JDC Policy, PREA: Reporting and Responding Process
- DOCCR Policy, 01-13, PREA, Sexual Abuse Data Management
- Professional Standards and Conduct Notifications Checklist
- 55 Page Investigation Package
- Interviews with the Superintendent, PREA Compliance Manager, PREA Coordinator

## 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.*

JDC Policy 01-11, JDC PREA Reporting and Responding Process, Procedure 2, for First Responders requires 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. The supervisor also is guided by and responsible to completing the DOCCR Sexual Abuse Response Checklist.

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.

DOCCR Policy PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act, C. Follow-Up Process, addresses staff responses and instructs staff to request that the alleged victim not take any action that could destroy physical evidence and immediately notify the Duty Supervisor and/or designee and Immediately separate the alleged

perpetrator and victim making certain they cannot see or hear one another. The Sexual Abuse Response (SAR) First Responder Checklist is initiated.

The PAQ documented that there were 16 allegations of sexual abuse 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. The reviewed investigation reports indicated there were no allegations of sexual abuse that involved anything beyond one female resident touching the buttocks of another female resident on an elevator transporting female residents. The witness statements in the report indicated that residents had been playing games touching the buttocks of other residents in a horse playing manner while staff were not viewing them. The other allegations were more of the inappropriate comments variety.

All staff are required to respond in the same manner using the same procedures for first responding. The Medical Director, the Health Services Administrator and the Director of Nursing 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 JDC 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, JDC 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.

The auditor relied on the following in determining a rating for this standard:

- JDC Policy, 01-11, PREA, Reporting and Responding Process
- DOCCR JDC Coordinated Response Plan
- DOCCR JDC PREA, Institutional Reporting, Responding, Maltreatment and Sexual Abuse
- Sexual Abuse Response (SAR) Checklist
- Reviewed Incident Reports
- Reviewed Investigation Packages
- Interviews with random staff, Superintendent, PREA Compliance Manager, Medical Director, Health Services Administrator, Director of Nursing

## **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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The reviewed Hennepin County Department of Community Corrections and Rehabilitation Juvenile Detention Center 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.

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.

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.

The auditor relied on the following in determining a rating for this standard:

- JDC Coordinated Response Plan
- Supervisor Sexual Abuse Response Checklist
- Reviewed First Responder Card
- Interviews with random staff, Superintendent, PREA Compliance Manager, Professional Standards and Conduct Investigator, Medical Director, Health Services Administrator, Director of Nurses and Licensed Professional Clinician

## 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

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 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.

The Superintendent provided a memo to the auditor confirming that there is nothing in any contract with employees as the result of collective bargaining, that would prevent him from taking appropriate action, including the removal of a staff during an investigation. He indicated the employee would be placed on administrative leave with pay after consulting with supervisors and human resources. The memo, dated September 19, 2017, stated that the JDC, under the supervision of the Department of Community Correction and Rehabilitation and Hennepin County has the authority to remove any staff, volunteer, and contractor, vendor for any staff conduct that is in violation of ethics, policy or procedure.

The auditor relied on the following in determining a rating for this standard:

- Reviewed contract
- Reviewed Memo from Superintendent
- Interviews with the Superintendent

## 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*)

### **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.*

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. Policy 01-11, JDC PREA Reporting and Responding Process Policy, in paragraph 7. States the JDC has in place a Retaliation Monitoring Process to ensure compliance and protection for staff and residents from retaliation.

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.

JDC PREA Reporting and Responding Process requires protection from retaliation. It affirms in paragraph 1. that JDC has multiple protection measures including housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims. That same policy requires in paragraph 3 that for at least 30 days following a report of sexual abuse, the JDC will monitor the conduct or treatment of residents or staff who reported the abuse to see if there are any changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation.

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. JDC Policy 01-11 JDC PREA Reporting and Responding Process requires the agency to continue monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Interviewed youth and staff were aware of their right to be free from retaliation for reporting sexual abuse. The reviewed Pre-Audit Questionnaire documented there were no incidents involving retaliation during the past twelve months. This was also confirmed through interviews with the PREA Compliance Manager and Superintendent as well as through the review of the investigations conducted in the past 12 months.

The auditor relied on the following in determining a rating for this standard:

- DOCCR Policy, Prison Rape Elimination Act (PREA)
- 64 Reviewed Grievances
- Reviewed Incident Reports
- Reviewed Investigation Packages
- Interviews with the Superintendent, PREA Compliance Manager, random staff and fourteen (14) interviewed residents

## **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.*

JDC Policy, PREA: Resident Receiving, Assessment, Classification and Orientation, 01-12, Paragraph 6., prohibits residents from being isolated from others unless it is at last resort when less restrictive measures are inadequate to keep them and other residents safe.

JDC Policy, 06-10, Facility Rules and Due Process, defines "seclusion" as behavior management techniques used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined ineffective.

Documentation was provided affirming that JDC only places residents in isolation (which the JDC defines as seclusion for short periods of time per license standard 2960 use of physical holding or seclusion). Seclusion is used as a behavior management technique that is used in situations as a response to imminent danger to the resident or others. Seclusion is to be used as a temporary means until a case plan can be put together and/or the behavior stops. The resident will be evaluated on the appropriate unit and if deemed that the resident is a danger to others and cannot be in general population he will be placed in the housing unit on the 1st floor near the medical unit, which has better access to mental health and medical. The resident will receive all the legally required educational programming, special education services, and daily large-muscle exercise that the other residents receive.

The Superintendent related, in an interview, that if there was a resident who needed protection, he could place the resident in the housing pod that has 5 beds in single rooms. He indicated he would also ensure there were no aggressive kids in that unit. In this section the resident would not be isolated but would be out of his room with all privileges provided. The perpetrator, however, could be placed in Disciplinary Room Time, until arrangements could be made to remove him/her. Interviews with random staff, when asked, stated they would immediately separate the resident from the threat and keep the resident with them until a decision could be made about where to place the resident. When asked if they knew where the resident might be housed stated he/she would probably be placed in the five (5) bed pod. They also affirmed the resident, in that unit, would have access to all rights and privileges that any other resident would have.

The JDC Policy, 06-10, Facility Rules and Due Process, confirms in Paragraph 7., that the JDC will not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. It also requires that residents in isolation will receive daily visits from medical and mental health care providers. (Also, please refer to 115.368 (a)-1.

The PAQ documented there have been no incidents in which a resident was placed in isolation for protective custody in the past 12 months. Interviews with staff, including the Superintendent, confirmed that resident victims are protected without re-victimizing them by putting them in isolation. Staff consistently stated the resident victim could be placed, as a last resort, in the 5-man living unit. Reviewed incident reports did not document a resident being secluded or isolated for any allegation of sexual abuse, sexual harassment or for protection based on a fear of imminent sexual abuse.

The staff at this facility are conscious of the need for not re-victimizing the victim. They reflected this in multiple interviews with random and administrative staff. The Superintendent indicated, in an interview, that he would not use any form of isolation or seclusion to protect a victim but could, for safety reasons, place them in a living unit that has five (5) single rooms. While in that unit, the Superintendent stated the resident would not be locked in his/her room and would have access to all privileges and programs just as any other resident would have. Interviews with random staff and administrative staff, as well as the reviewed Pre-Audit Questionnaire, indicated there have been no occasions during the past 12 months in which a resident was placed in any form of seclusion or isolation or even in the five (5) man unit for protection.

The auditor relied on the following in determining a rating for this standard:

- JDC Policy, PREA, Resident Receiving, Assessment, Classification and Orientation
- JDC Policy, 06-10, Facility Rules and Due Process
- Reviewed Pre-Audit Questionnaire
- Interviews with random and administrative staff
- Interviews with residents

## 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

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The Hennepin County Department of Corrections has a unit dedicated to conducting investigations. That entity is the Professional Standards and Conduct Unit (PS&C). It is staffed by the Senior Administrative Manager and five investigators, two of whom conduct background investigations.

DOCCR, Professional Standard and Conduct: Investigations, requires the DOCCR Professional Standards and Conduct Unit (PS&C) to investigate allegations of employee misconduct as directed by Department Administration. These investigations are required to be conducted only by DOCCR approved and trained investigators. All allegations of sexual abuse and sexual harassment are required to be 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. Complaints involving criminal misconduct are to be immediately referred to law enforcement.

The DOCCR has a Memorandum of Understanding with the Hennepin County Sheriff's Office confirming that the Sheriff's Office will conduct sexual abuse investigations. The Hennepin County Sheriff's Office Policy 904.5, Investigation, requires officers to promptly, thoroughly and objectively, investigate all allegations including third party and anonymous reports of sexual abuse and sexual harassment. Too, it affirms and requires that only investigators who have received approved special training will conduct sexual abuse investigations. The same policy requires that, when practical, an investigator of the same sex as the victim should be assigned to the case. Investigations are to be conducted promptly and continuously until completed and conducted without any bias related to the detainee's sexual orientation, sex, or gender identity. Investigators are instructed not to assume that any sexual activity is consensus.

An interview with the Senior Administrative Manager of the Office of Administrative Services (who is also a DOCCR Investigator who has received the specialized training for conducting sexual abuse investigations in confinement settings) and another PS&C investigator confirmed the investigation process, including referring incidents that appear to be criminal in nature to the Hennepin County Sheriff's Office for investigation. The investigators stated they would be talking with someone within 24 hours of a report and that they are available after hours and on weekends and holidays if needed, to respond immediately to an incident of sexual assault/abuse. When an allegation is sent to the PS&C, they triage to see if the alleged act appears criminal; pull video, review incident reports, and talk with witnesses. All interviews with the alleged victim, alleged abuser, and with witnesses are audio recorded. The investigators provided a DVD of the audio recordings of interviews during an investigation. The investigators related they will come on the weekends if necessary in response to a sexual assault or sexual misconduct. Investigators related if the act appears criminal, their responsibility would be to protect the evidence.

The facility provided a large notebook binder containing the investigations conducted during the past 12 months.

The reviewed reports were comprehensive. The format for a typical report includes the following: 1) PS&C Intake Form, providing an incident summary, including the residents/staff involved; 2) PS&C Investigation Report; 3) PS&C Number/Incident Number; 4) Date referred; 5) Who initiated the complaint; 6) Type of incident; 7) Definitions of the PREA Standards; 8) Incident description; 9)

Immediate response; 10) Interviews (audit recorded); 11) Documents reviewed; 12) PREA review finding; 13) Rationale; 14) Next Steps; 15) Mental Health assistance provided; 16) Complainant notified; 17) PREA Incident Review Required (yes/no); 18) Notification; 19) JDC Medical Referral Form (and referrals to mental health); 20) Incident Report; 21) Supervisor Sexual Abuse Response Checklist; and 22) Emails/correspondence.

Allegations consistently revolved around inappropriate comments by residents directed toward residents. Several of these were not repeated and did not meet the criteria for a PREA Sexual Harassment Case. Reports indicated that staff took all allegations, regardless of the level of the complaint, seriously and reported them as required. Where available, video was monitored. The auditor was provided a DVD with the recorded interviews. The facility reported one allegation involving a female youth touching the clothed buttocks of another female youth. The investigation was substantiated through reviewing the video on the elevator. Although staff were on the elevator they were not positioned to see the incident. As a result of an incident review, procedures were reinforced that required one staff in front and one staff behind the youth when on the elevator. The Senior Administrative Manager responsible for the PS&C described a very logical and comprehensive investigation process. An interview with another investigator confirmed the process as well. These interviews, the nature of the reports, and reviewed investigations indicated a reporting and investigating process that has been institutionalized in this program.

The Senior Administrative Manager provides a weekly report to the PREA Coordinator documenting all reported allegations as well as the status of the investigations. The report, according to multiple interviews, confirmed the PS&C provides a weekly Investigation Summary Sheet labeling all investigations including the type of complaint, status, disposition, date closed and whether an incident report is required.

Interviewed staff were generally aware that that the Hennepin County Sheriff's Office conducted investigations as well as the PS&C.

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

The agency has institutionalized the reporting and investigation process and the processes have been in place following the initial implementation of the PREA Standards in the DOCCR. Staff have been trained to report virtually "everything" and to take reports from all sources, including anonymous and third-party reports. The reporting process is institutionalized. A review of reported incidents, accompanying incident reports and investigations appeared to confirm that staff report everything and take allegations seriously regardless of how minor the complaint may appear at first. Some of the allegations appeared to be "horse playing" but the staff took the allegations seriously and reported them and they were investigated. Multiple incident reports were related to inappropriate comments made to residents, not fitting the definition of sexual harassment. None of the allegations involved any form of penetration. There was one allegation of inappropriate resident-on-resident same gender touching. Witness statements seemed to indicate the touching was an on-going horse playing game. Staff took the allegations seriously and the incident review at the conclusion of the investigation resulted in

reinforcing procedures for supervising residents when transporting groups on the elevator. There were no allegations of incidents that appeared to be criminal in nature.

The auditor relied on the following to determine a rating for this standard:

- 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
- Ten (10) reviewed Investigation Packages
- Interviews with the Senior Administrative Manager of OAS (responsible for Professional Standards and Conduct Unit), a PS&C investigator, the Superintendent, PREA Coordinator, PREA Compliance Manager, random staff, contract staff and a volunteer

## 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.*

The preponderance of the evidence is the standard used by the Hennepin County Sheriff's Office and the Professional Standards and Conduct (PS&C) Investigators. This is documented in Hennepin County Sheriff's Office Policy 904. DOOCR Policy, Professional Standards and Conduct: Investigations, in Paragraph 9., requires that all investigative standards set forth in the Prison Rape Elimination Act will be adhered to, including substantiating an allegation of sexual abuse, misconduct or harassment will be established by proof at a preponderance of the evidence.



Interviews with the Senior Administrative Manager who is responsible for the Professional Standards and Conduct Unit (PS&C), and a PS&C Investigator confirmed that the standard they require to substantiate a case of sexual abuse, sexual misconduct or sexual harassment is a preponderance of the evidence.

Reviewed investigation reports documented the investigators findings based on a preponderance of the evidence.

The auditor relied on the following in determining the rating for this standard:

- Hennepin County Sheriff's Office Policy 904, PREA
- DOCCR Professional Standards and Conduct: Investigations
- Reviewed Investigation Reports
- Interviews with the Senior Administrative Manager Office of Administrative Services and with a Professional Standards and Conduct Investigator

## 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.*

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 two 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. Although there have not been any criminal allegations made during the past 12 months the Professional Standards and Conduct Unit maintains relationships with the HCSO and would serve as the liaison between the Juvenile Detention Center and the Hennepin County Sheriff's Office.

There were no allegations or investigations of alleged sexual abuse in the facility during the past 12 months.

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

The Pre-Audit Questionnaire and interviews with staff documented and confirmed there have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the past 12 months.

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

Interviews with the PS&C investigators confirmed the process for notification of residents after an investigation into an allegation of sexual abuse. One of the investigators related that if the youth has

more rapport with a counselor or social worker he may request that they deliver the notification letter to the resident.

DOCCR Professional Standards and Conduct Investigations, Policy, paragraph 9., requires all notifications are required to be documented.

The facility provided two 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.

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 JDC 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 JDC is informed of the results of the investigation. The JDC provided the two notifications made during the past 12 months.

The auditor relied on the following to determine a rating for this standard:

- DOCCR Professional Standards and Conduct Investigations
- Two Completed Notifications Made to Residents (Both unfounded)
- Interviews with the Agency's Director, Area Director, Superintendent, PREA Coordinator and PREA Compliance Manager

## 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.*

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 Pre-Audit Questionnaire documented there were no JDC staff that have violated any agency sexual abuse or sexual harassment policies. Interviews with the Superintendent, PREA Compliance Manager and reviewed incident reports and investigations indicated that there have been no allegations involving a staff at the JDC. It also documented that in the past 12 months there have been no staff that have been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies. 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.

The Pre-Audit Questionnaire and interviews with staff confirmed that there have been no staff terminated for violation of any agency sexual abuse or sexual harassment policy.

The reviewed DOCCR Policies, reviewed incident reports and investigations, and Interviews with administrative staff confirmed the agency has and enforces a zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment. Policies provide for disciplinary actions to be taken if a staff is substantiated for violating an agency sexual abuse policy. The Superintendent indicated in an interview that there is nothing in employee's contracts that could prevent him from removing a staff from the JDC if the resident violated a sexual abuse policy. The presumptive sanction would be termination and the staff would likely be referred for prosecution. There were no investigations indicating any staff violations of sexual abuse or sexual harassment policies. The reviewed PAQ and interviews with staff also indicated there have been no allegations made against a staff during the reporting period.

The auditor relied on the following in determining a rating for this standard:

- 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

## 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.*

DOCCR Professional Standards and Conduct Policy defines Employee Misconduct as Behaviors including, but not limited to the following:

- All complaints of sexual harassment, including staff/inmate/resident/client
- Any level of complaint against contract Staff/vendors, volunteers/interns
- Any complaint of Staff conduct, which, if proven, would result in significant discipline up to and including termination.
- Any complaint that, when investigated, will require any type of forensic assistance.
- Any complaint that a DOCCR Division Manager determines to be appropriate for referral to PS&C.

DOCCR Professional Standards and Conduct Policy, #3 requires that all allegations of sexual abuse and sexual harassment will be 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. Hennepin County Sheriff's Office Memo of Understanding.

DOCCR Policy, Prison Rape Elimination Act (PREA) 8., Administer discipline per agreed sanctions, Paragraph C. requires that all terminations for violations of DOCCR sexual abuse or sexual harassment policies or resignations by staff that would be terminated if not for their resignation to law enforcement agencies and any relevant licensing bodies.

An interview with the Superintendent confirmed that any volunteer or contractor alleged to have violated any agency sexual abuse policy will immediately be prohibited from coming into the facility. If the allegations appear criminal in nature the Hennepin County Sheriff's Office will be notified and conduct an investigation. If the allegation is substantiated the individual will be referred for prosecution and appropriate licensing bodies will be notified.

DOCCR PREA Policy requires that staff, volunteers, interns, and contractors alleged to have perpetrated sexual abuse, harassment, and misconduct will be prohibited from contact with the victim and/or reporter pending an investigation.



The Pre-Audit Questionnaire documented that there were no incidents involving contractors or volunteers related to sexual abuse in the past 12 months. This was further confirmed through interviews with the Superintendent and the PREA Compliance Manager, as well as reviewed incident reports and investigation reports.

The Pre-Audit Questionnaire documented that there were no incidents during the past 12 months related to any incidents of sexual abuse involving a contractor/volunteer. This was further confirmed through interviews with the Superintendent and the PREA Compliance Manager, as well as reviewed incident reports and investigation reports.

DOCCR PREA Policy requires that staff, volunteers, interns, and contractors alleged to have perpetrated sexual abuse, harassment, and misconduct will be prohibited from contact with the victim and/or reporter pending an investigation.

The auditor relied on the following in determining a rating for this standard:

- DOCCR Policy, Prison Rape Elimination Act
- PS&C Investigations Policy
- PS&C Incident Intake and Triage Policy
- Interviews with the Superintendent and PREA Compliance Manager

## **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-onresident sexual abuse, or following a criminal finding of guilt for resident-onresident 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.*

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, Facility Rules and Due Process provides sanctions for minor and major rule violation. Major rule violations may result in any of the following: verbal discussion, Disciplinary Room Time beyond one hour; case plans; and one- hour reviews to be completed by a Corrections Supervisor. This policy also requires that JDC will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Lastly policy requires that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.

Interviews with the Superintendent, PREA Compliance Manager and an investigator indicated that if an allegation that a resident engaged in sexual abuse, the resident would be referred for prosecution.

There were no allegations, either criminal or administrative, that were substantiated during the past 12 months. This was confirmed through review of the PAQ, interviews with the Superintendent, the PREA Compliance Manager, and Investigators from the Professional Standards and Conduct Unit.

Staff at Hennepin County Juvenile Detention Center (JDC) asserted that the JDC does not use isolation however separate housing would be used and all rights outlined in the standard would be provided. However, residents may be placed in Disciplinary Room Time. While in DRT, if their behavior is not out of control, the resident is allowed large muscle activity. The same policy, "Access to Programs and Services" states "residents in

DRT are given the opportunity to participate in the large muscle activity and more activities may be allowed depending on the resident's behavior and at the discretion of the Module JCO and Correctional Supervisor.

The JDC Policy, Facility Rules and Due Process, Resident Rights, Paragraph 7., states that in the event a disciplinary sanction results in the isolation of a resident, the JDC will not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services.

The Hennepin County Juvenile Detention Center does not use isolation, however separate housing would be used and all rights as outlined in the standard would be given. Interviews. They do use Disciplinary Room Time but only until a Case Plan can be developed. The Case Plan is designed to address the behavior. JDC Policy, Facility Rules and Due Process, Resident Rights, in Paragraph 8., affirms that a resident in isolation will receive daily visits from medical and mental health care providers.

The JDC does not use isolation but does use Disciplinary Room Time, but only until a Case Plan can be developed to address the behavior. If a youth is in DRT, DOCCR Policy, Resident Rights, 06-09, Access to Programs and Services states residents will be allowed opportunities to interact, have programs and culturally and racially positive experiences. DOCCR Policy, also provides that "more activities may be allowed depending on the behavior of the residents and at the discretion of the Module JCO and Correctional Supervisor.

The PAQ and interviews with staff as well as reviewed incident reports and investigations indicated there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

The reviewed PAQ as well as interviews with staff and reviewed incident reports and investigation reports indicated there were no residents placed in isolation or DRT during the past 12 months.

The reviewed PAQ as well as interviews with staff and reviewed incident reports and investigation reports indicated there were no residents placed in isolation or DRT during the past 12 months.

The JDC is not a treatment facility and is not allowed to "treat" residents who are in detention status. Mental health counseling is provided and the facility has a licensed mental health person through the Corizon healthcare contract. An interview with the mental health staff indicated that a referral could be made to an appropriate agency/program.

The facility is not a treatment facility however interviews confirmed residents are not denied general programming or education however if they are in DRT their behavior may prevent participating. Insofar as possible programming and education will be offered and provided.

JDC Policy, Facility Rules and Due Process, PREA Disciplinary Standards requires, in Paragraph 3., The JDC will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility has not had

any substantiated cases in the past 12 months, therefore there have been no disciplinary actions taken against any resident as a result of a violation of the agency/facility rules pertaining to sexual abuse and sexual harassment

JDC Policy, Facility Rules and Due Process, PREA Disciplinary Standards, Paragraph 4., asserts that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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. Interviewed residents consistently stated they were provided information about the facility's rules against sexual abuse and sexual harassment. Interviewed staff also confirmed the agency's zero tolerance for all forms of sexual abuse, sexual harassment and sexual misconduct.

JDC Policy, Facility Rules and Due Process, Resident Rights, Paragraph 9., states the JDC documents that the JDC prohibits all sexual activity between residents and will discipline residents for such activity.

JDC Policy, Facility Rules and Due Process, Resident Rights, in Paragraph 9., affirms the JDC will not consider the behavior sexual abuse if a determination is made that the activity was not coerced. Interviews with staff, including the investigation staff, confirmed that although consensual sexual activity is prohibited, if it is not coerced, it is not a PREA Case. This was also confirmed through interviews with staff and the reviewed policies.

This facility has not had only one substantiated case involving resident-on-resident sexual abuse. That involved a female resident grabbing the buttocks of another same gender resident. The incident appeared to be horse playing however the investigator viewed it on the camera and saw the accused grab the buttocks of the same gender resident in front of her on the elevator. The issue that arose from the incident was the ways staff are to supervise residents on the elevator. However, there have been no sanctions as the result of any finding in an investigation of either sexual abuse or sexual harassment. Staff acknowledged that residents would be dealt with, depending on the nature and severity of the incident. The facility does not really use seclusion or room confinement as a disciplinary tool. To deal with behavior, staff may temporarily place a resident on Disciplinary Room Time however that would generally be only until a case plan is developed. Staff related they would take into consideration any challenges the resident may have, mentally or developmentally. Too, the sanction would be commensurate with the severity of the offense and similar previous cases. If a youth had to be in isolation, the residents would have access to exercise, education, and visits by the nurse and mental health.

The auditor relied on the following in determining a rating for this standard.:

- DOCCR Policy PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Policy, Facility Rules and Due Process
- Interviews with the Superintendent and PREA Compliance Manager
- Reviewed Pre-Audit Questionnaire
- Reviewed incident reports and investigation packages

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## MEDICAL AND MENTAL CARE

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### 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*)

### **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.*

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

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

The reviewed Pre-Audit Questionnaire and interviews with staff as well as reviewed documentation confirmed residents disclosing prior victimization were offered a follow-up with mental health within 14 days of the intake screening. The auditor reviewed 25 JDC Medical Referral Forms, most often completed as a result of a resident disclosing during intake or during the assessment process that they have had a sexual experience they did want to have. All the referrals except one was received by Corizon Medical Staff on the same day as the referral. One documented approximately 24 hours prior to being received. All were received within 24 hours. The auditor asked for an additional 10 referrals and then asked for documentation to confirm the resident was indeed seen by mental health staff. Reviewed case notes documented three residents were seen within a day; three within two days; one within five days and one within seven days.

An interview with the Mental Health Counselor, who is a Licensed Professional Level Clinician, indicated she receives notification sees all youth who have disclosed that they were involved in sexual activity that they did not want. Follow-ups are made with any youth who makes such a disclosure.

The reviewed Pre-Audit Questionnaire documented that 100% of residents disclosing prior victimization during screening were offered a follow-up meeting with medical or mental health practitioners. Multiple samples of referrals for a follow-up with mental health were reviewed. These referrals were documented the same day the disclosure was made. The auditor requested additional documentation to determine if residents were scheduled for mental health follow-up in accordance with policy. An additional ten (10) referrals were requested along with the documentation to confirm the residents were seen following the referral. The documentation was provided that confirmed the residents were seen usually within two days and only one was seven days.

The reviewed PAQ indicated that secondary materials are maintained in the EPIC data system used by Corizon Medical staff in the EMR (Electronic Medical Record section). The auditor requested samples of referrals to mental health. Multiple referrals were provided and received by Medical the same day. Follow-up documentation was requested to confirm the residents were seen. An additional ten referrals were requested along with the secondary documentation to confirm the resident was seen at a follow-up meeting. The documentation confirmed residents were seen usually within 1-3 days with the longest period being seven days.

DOCCR Policy requires that if a resident discloses prior sexual victimization or abusiveness, determine whether it occurred in an institutional setting or the community staff will ensure that the resident is offered a follow-up with medical or mental health practitioners within 14 days of the initial health screening.

An interview with the medical and mental health staff at the facility confirmed they would provide a follow-up for all residents disclosing, either during the admission process or afterwards, that he/she had perpetrated sexual abuse, within 14 days just like they would for anyone disclosing prior victimization.

The reviewed PAQ documented that residents who have perpetrated sexual abuse previously are offered a follow-up meeting with a mental health practitioner however there were no residents disclosing that they had previously perpetrated sexual abuse. This was confirmed through interviews with admissions and intake staff and medical staff.

The auditor reviewed multiple victimization/abuser assessments and none of those documented anyone disclosing they had previously perpetrated prior sexual abuse.

The reviewed PAQ documented that secondary materials are maintained in the Epic database. Medical and Mental Health staff provided over 20 samples of referrals made to mental health. An additional ten were requested and provided along with the case history notes confirming the residents were seen by mental health consistently between 1-3 days and none beyond 7 days (only one was documented at 7 days). Secondary materials are maintained as required as described in 115.381 (c)-2.



The facility provided the auditor with samples of informed consent forms for residents over the age of 18. They also provided documentation from the database demonstrating that this information is tracked and indicates if the consent was obtained for those residents 18 and over. The tracking sheet covered the period May 1, 2017 through May 4, 2017 and documented there were four (4) admissions who were 18 or over and who had acknowledged informed consent. The reviewed informed consent forms contained the following verbiage: “Your mental health information must be released where required by laws, rules or regulations. These include: Child Abuse Reporting, Adult abuse reporting and by signing the consent form, the resident is acknowledging that the consent form was read to him/her and that the resident understood what it means. There were no residents in the facility during the audit period 18 or over. This was confirmed by reviewing resident rosters and interviewing staff.

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

The auditor relied on the following in determining a rating for this standard:

- DOCCR Policy, PREA, Resident Receiving, Assessment, Classification, and Orientation
- 35 Medical Referral Forms
- 10 Case History Notes to Confirm Mental Health Follow-ups
- Interviews with 3-4 Intake Staff
- Interviews with the Corizon Medical Director, Corizon Health Services Administrator, Director of Nursing, and Licensed Professional Clinician

## **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

*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.*

JDC PREA Policy, 01-11, PREA Reporting and Responding Process describes medical services' responsibilities in the event a resident alleges sexual abuse. These services include mental health as well. Mental health is required to respond to notifications of sexual abuse and determine the need for providing crisis counseling during or after business hours. During nonbusiness hours, the on-call mental health services is to be notified. The purpose of mental health's response is to provide victims of sexual abuse with internal mental health services as well as opportunities for reasonable communication with external services such as victim advocacy groups or centers.

Policy describes medical services' responsibilities. These include explaining to the victim the necessity of a physical exam to assess medical needs, provide any necessary treatments, and to ensure preservation of evidence. It also affirms that the facility will offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lock-up or juvenile facility.

The Sexual Assault Resource Service, Sexual Assault Nurse Examiner Program, Hennepin County Medical Center brochure, provided to all residents, discusses the services that a victim will be offered. These include being cared for by a skilled and highly trained Sexual Assault Nurse Examiner who will explain to the resident what will happen while the resident is in the Emergency Department. The exam is explained to the resident. The resident is also informed the county in which the resident was assaulted is required by law to pay for the forensic exam. Phone numbers to emergency departments are provided as well as contact information for other resources, including the Sexual Violence Center Crisis Line and the Aurora Center Crisis Line (U of M).

Interviews with the Medical Director, Health Services Administrator and the Director of Nursing, indicated their roles would be to stabilize the resident if needed; use the green card in questioning the alleged victim to ensure information for reporting purposes and not to the extent that it could compromise the victim or interfere with evidence or an investigation. The resident would be stabilized and transferred to the hospital for a forensic examination. Medical staff also related the resident would have immediate access to the hospital because it is across the street from the JDC.

Mental Health staff likewise related their role in such an emergency would be to conduct a mental health assessment and stabilize the victim. Their role would be to attend to immediate needs, conduct a mental health assessment, stabilize the victim and ensure they are not suicidal.

The interviewed staff, including the Medical Director, Health Services Administrator and Director of Nursing confirmed that resident victims are offered a forensic exam. That exam would be conducted by a Sexual Assault Nurse Examiner, located at the Hennepin County Hospital.

Interviews with both medical and mental health staff, including the Medical Director (Psychiatrist), Health Services Administrator, and Director of Nursing as well as the Licensed Clinician, asserted, during interviews, that the nature and scope of such services are determined according to the professional judgment. They all also affirmed there have been no sexual assaults or sexual misconduct resulting in the need for a forensic examination.

There have been no incidents involving sexual abuse or sexual misconduct therefore there have been no occasions requiring emergency response by healthcare staff, either the medical or mental health staff. The reviewed Sexual Assault Resource Services, Sexual Assault Nurse Examiner Program, Hennepin County Medical Center, provides information on the role of the SANE; the exam process, and providing the victim with resources to help during their recovery. Victims are told the exam involves evaluating their risk for pregnancy and discussing safe

prevention options; evaluating the victim's risk of contracting a STI and offering medication to reduce that risk; for evaluating and documenting any injuries that require treatment.

Interviews with medical and mental health staff confirmed that a resident victim of sexual abuse would be transported to the Hennepin County Medical Center where Sexual Assault Nurse Examiners are on site. The forensic exam would be conducted there. Also, the hospital would offer and provide the victim with STI prophylaxis and tests for the risk of pregnancy and options available to the victim related to pregnancy. The JDC Corizon Medical Staff will provide any follow-up based on discharge instructions from the hospital.

The Sexual Assault Resource Service Brochure explains that they SANE will evaluate the resident's risk for pregnancy and discuss safe prevention options; evaluate the resident's risk for contracting a sexually transmitted infection and offering medication to reduce that risk.

Interviews with medical and mental health staff affirmed that residents would be giving timely access to emergency contraception and STI prophylaxis where appropriate.

Corizon Policy Y-B 06.00 Procedure in the Event of Sexual Assault, in Paragraph 3b., states that the facility healthcare staff may provide testing, counseling, prophylactic treatment and followup 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.

The reviewed Hennepin County Sheriff's Office Policy 904 affirms that forensic examinations, where medically appropriate, are provided at no cost to the victim.

The Sexual Assault Resource Service, Sexual Assault Nurse Examiner Program brochure, contains a section entitled, "How will this exam be paid for?" According to the resource service, the county in which the victim was assaulted is required by law to pay for the forensic exam. Is also states that if the victim has injuries that require medical care, the victim's insurance billed if possible while any charges beyond this will be covered by the hospital where the victim is seen. The victim is advised to call the Sexual Assault Resource Service if they receive any bills for the exam.

The reviewed policies and procedures comply with the PREA Standards. The facility has a contract with Corizon to provide healthcare in the facility. The interviewed Medical Director, Health Services Administrator and Director of Nursing 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 Licensed Professional Clinician explained her role in responding to a victim of sexual abuse. The reviewed Sexual Assault Resource Services, Sexual Assault Nurse Examiner Program, Hennepin County Medical Center brochure identified the services and resources that are made available to victims, including explanations for victims about the forensic exam and what to expect as well as any prophylactic services offered.

The auditor relied on the following in determining a rating for this standard'

- JDC PREA Policy, 01-11, PREA Reporting and Responding Process
- The Sexual Assault Resource Services, Sexual Assault Nurse Examiner Program, Hennepin County Medical Center
- Corizon Policy Y-B- 06.00 Procedures in the Event of Sexual Abuse
- Hennepin County Sheriff's Office Policy 904
- MOU between the Hennepin County Sheriff's Office and DOCCR
- Interviews with the Medical Director, Health Services Administrator, Director of Nursing
- Interviews with the Licensed Professional Clinician

## **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, followup 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

*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.*

JDC Policy, 01-11, PREA Reporting and Responding Process, Medical Services, I, asserts that the JDC will 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. If screening indicates that the resident has experienced prior sexual victimization, medical staff will ensure the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Policy also requires ongoing medical and mental health care for sexual abuse victims and abusers will be provided as outlined in the PERA Juvenile Standard 115.383.

As stated in a previous standard, documentation was provided confirming the referral process once a resident discloses prior sexual victimization. Documentation was provided to confirm the referral process as staff, in their interviews, described them, and documentation to confirm the residents were seen by mental health most commonly within 1-3 days and not later than 7 days of the referral. Multiple referrals were provided (25) and an additional ten (10) were later requested with the follow-up case notes to confirm not only the referral but the follow-up.

Medical staff related they would provide ongoing care as ordered in the discharge orders from the hospital.

The Sexual Assault Resource Service brochure informs victims that their risk of pregnancy will be evaluated and safe prevention options discussed.

The Sexual Assault Resource Service brochure informs victims the exam would also include evaluating risk for sexually transmitted infection and offering medication to reduce that risk. Interviews with health care staff at the JDC indicated that the Hennepin County Medical Center will offer the STI prophylaxis and if not and necessary, the JDC would do it.

JDC Policy, PREA, Reporting and Responding Process, M., affirms the JDC will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of the abuse history and other treatment when deemed appropriate by the medical and/or mental health practitioners. That same policy asserts that JDC medical staff will provide ongoing services and care as outlined in their (CORIZON) policies.

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). Multiple referral forms were provided to the auditor (25). The auditor requested an additional ten (10) referral forms along with the case notes that confirmed the resident was not only referred, but seen by Mental Health. These were provided and documented that the residents were seen by Mental Health expeditiously and the longest time was seven (7) days. Resident victims would be seen at the Hennepin County Medical Center where there are Sexual Assault Nurse Examiners (SANEs) who are qualified and trained to conduct forensic examinations. The reviewed Sexual Assault Resources Brochure, Sexual Assault Nurse Examiner Program confirmed that SANEs are available at this hospital to attend to victims of sexual assault and to conduct forensic exams. The auditor made multiple attempts to contact the SANEs staff at the hospital however calls were not returned. Healthcare staff at the JDC

stated the Medical Center staff would offer STI testing and prophylaxis and, if the victim is female, emergency contraception. When a victim returns from the hospital, staff related they would offer STI testing, STI Prophylaxis, Emergency Contraception or other follow-up treatment if contained in the discharge orders or if ordered by the JDC's physician. There have been no victims of sexual assault or abuse in the past 12 months. All the interviewed healthcare staff, both medical and mental health, stated the services offered at the JDC exceed the level of care in the community.

The auditor relied on the following in determining a rating for this standard:

- DOCCR 01-11, PREA Reporting and Responding Process
- Reviewed Sexual Assault Resources Brochure
- Medical Referrals for Follow-up regarding prior victimization (35 total)
- Case History Notes affirming the resident was seen by mental health for a follow-up
- Reviewed Victimization Assessments (20)
- Reviewed Pre-Audit Questionnaire
- Interviews with the Superintendent, PREA Compliance Manager, Medical Director, Health Services Administrator, Director of Nursing,

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## DATA COLLECTION AND REVIEW

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### 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*)
- 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.*

DOCCR Policy, PREA, Sexual Abuse Data Collection and Review, 5., requires that incidents are reviewed within 30 days of the conclusion of the investigation, using the DOCCR Prison Rape Elimination Act (PREA), Incident Review Team Process and DOCCR Sexual Abuse Incident Review Form. The procedures for implementation of that same policy, in paragraph 6, require the PREA Coordinator to review all incidents within 30 days following completion of the investigation and bring concerns and further recommendations to the Area Director responsible for the facility.

Additionally, the agency provided the auditor with the document entitled: "DOCCR Prison Rape Elimination Act (PREA); Incident Review Team Process." This document states that the DOCCR Executive Team has decided to review substantiated and unsubstantiated sexual misconduct incidents. The document then goes on to document the items the team will consider in their review. The team consists of the Area Director, Division Manager, PREA Coordinator, Professional Standards and Conduct Unit Investigator with input from Line Supervisors and the Contract Medical Provider. The team, according to the process, requires that all findings and recommendations are reported to the DOCCR Executive Team. Principles governing the team review process include: 1) Information discussed during the Sexual Abuse Incident Review will remain confidential with the exception of reporting findings and recommendations to the DOCCR Executive Team and membership on the team is restricted to those individuals that are required for the incident review.

JDC Policy, 01-11, PREA Reporting and Responding, in Paragraph 4. requires that after the investigation is completed, each incident will be reviewed by the PREA Compliance Manager and upper-level Management, with input from Supervisors, Investigators, and medical or mental health practitioners. It requires that incidents will be reviewed within 30 days of the conclusion of the investigation by using the DOCCR Prison Rape Elimination Act (PREA) Incident Review Team Process and DOCCR Sexual Abuse Incident Review Form.

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

The facility has not had any allegations of sexual abuse in the past 12 months however they did provide one investigation relative to an allegation made in February 2016, which was beyond the 12 months period. This incident may have involved horse playing on the elevator. One female resident complained that while on the elevator a female resident behind her touched her buttocks. The investigation revealed that "grabbing buttocks" on the elevator had been going on for a while and witnesses described it as horseplay. The investigator interviewed witnesses and reviewed the video footage for the elevator on the day the resident said the incident occurred and the video showed a female resident

standing behind another female resident grabbed the buttocks of the resident in front of her. Therefore, the investigator found the allegation “substantiated” based on the preponderance of the evidence. The date of the conclusion of the investigation was 3/15/16. The incident was reviewed by the Incident Review Team on 4/4/16 and considered all the items required by the PREA Standards. The team concluded that the policy did not need changing but that the “practice” needed to be reinforced. Staff, during the incident, were faced away from the residents and they were next to the elevator buttons. The required practice is that they ensure all residents are backed up against a wall in the elevator and the staff turned facing the residents. Participating in the review were the Area Director, Superintendent, Assistant Superintendent and PREA Coordinator. Their participation was documented by their signatures on the Incident Review Form.

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

There were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, during the past 12 months, that were followed by a sexual abuse incident review within 30 days, excluding the “unfounded” incidents. This was confirmed through review of the PAQ, reviewed incident reports and investigation reports, and interviews with the Superintendent, PREA Compliance Manager, PREA Coordinator and Professional Standards and Conduct Unit Investigators.

The facility documents its recommendations and they are implemented. The reviewed Incident Review documented the requirement to reinforce the practice for transporting residents on the elevator to deter contact between residents.

The reviewed policies and procedures were consistent with the requirements of the standard. The facility conducts a sexual abuse incident review within 30 days of the conclusion of the investigation. The processes are described and the form used to document the Sexual Abuse Incident Review Form documents the requirements of the PREA Standards. Reviewed investigations documented, for the facility, whether a particular investigation requires an Incident Review based on the allegation and the findings. Too, weekly reports are provided by the Senior Administrative Manager (Office of Administrative Services; responsible for the Professional Standards and Conduct Unit) to the PREA Coordinator documenting the status of every allegation that has been made. The review team reviewed one incident that was substantiated. Apart from that incident, which occurred beyond the 12- month period, the JDC has not had any sexual abuse allegations. The review team did not recommend a change in policy but that staff are reinforced in the procedures for supervising residents being transported on the elevator. The incident review is forwarded to the Agency Head and the PREA Coordinator is on the review team. A review of the sub-standards for the standard were reviewed and the standard was determined to meet the standard.

The auditor relied on the following in determining the rating for this standard:

- DOCCR< PREA, Sexual Abuse Data Collection and Review
- DOCCR Prison Rape Elimination Act Incident Review Team Process
- DOCCR Sexual Abuse Incident Review Process
- JDC Policy, PREA Reporting and Responding
- Reviewed Incident Review of Sexual Abuse Investigation (concluded prior to the past 12 months)
- Interviews with the PREA Compliance Manager, Superintendent, PREA Coordinator, Agency Head, Area Director, Senior Administrative Manager, Professional Standards and Conduct Investigator

## 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

- 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.*

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 2016 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 2016. 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 2016 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 Juvenile Detention Center had one corrective action and that was to reinforce a procedure for monitoring residents being transported on the elevator. It also documented that all three COCCR institutions are fully PREA compliant.

The auditor relied on the following in determining a rating for this standard:

- DOCCR Policy, Sexual Abuse Data Collection and Review
- DOCCR Data Collection Instrument
- 2016 Annual Report
- Interviews with the PREA Coordinator

## **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

- 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.*

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, comparisons, and corrective action. Corrective actions, if applicable, were identified for each of the DOCCR Facilities. The Juvenile Detention Center had one corrective action and that was to reinforce a procedure for monitoring residents being transported on the elevator. 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 and 2016. 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 2016 report shows a decline in PREA incidents in each of the DOCCR institutions. The offender-onoffender allegations have decreased slightly when compared to 2015 and all the staff on offender incidents were designated as exonerated or unfounded and those allegations also showed a decrease compared to 2015 data. Potential reasons for those declines are provided.

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 2016 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 auditor relied on the following in determining a rating for this standard:

- DOCCR Policy, Sexual Abuse Data Collection and Review
- Reviewed 2016 Annual Report
- Reviewed Agency Website
- Interview with the PREA Coordinator

## **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.*

DOCCR Policy, PREA: Sexual Abuse Data Collection and Review, B., Data Management, Paragraph 1., 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 auditor relied on the following in determining a rating for this standard:

- DOCCR Policy, Sexual Abuse Data Collection and Review
- Reviewed 2016 Annual Report
- Interviews with the PREA Coordinator

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## AUDITING AND CORRECTIVE ACTION

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### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- ✦ During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  Yes  No  NA

#### 115.401 (b)

- ✦ During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- ✦ Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

### 115.401 (i)

- ✦ Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No **115.401 (m)**
- ✦ Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

### 115.401 (n)

- ✦ Were 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.*

The agency operates three facilities; two (2) juvenile facilities and one adult corrections facility). They have all been audited as required. Over six weeks prior to the on-site audit the facility posted the Notice of PREA Audit providing viewers the opportunity to communicate with the auditor if they needed to. There was no correspondence as a result of those postings. The PREA Coordinator and staff at the facility provided an excellent Pre-Audit Questionnaire (PAQ) containing agency and facility policies and procedures as well as documents to support practice. All the documents to support each substandard, as applicable, were embedded in the PAQ, enabling the auditor to easily and efficiently to access that information. Prior to the on-site audit, the auditor listed documents requested to be provided during the on-site audit. They were provided as requested. During the on-site audit, when additional information was requested it was provided. The auditor had access to the entire facility and when documents were requested, the PREA Coordinator affirmed to staff that the auditor had access to anything needed to conduct the audit. The auditor was given access to every area of the facility and to

any staff or resident. The agency valued the process and the Agency's Director as well as the Area Director came over to the facility to be interviewed. The Senior Administrative Manager, responsible for background checks and investigations, also came over to the facility to be interviewed. This staff person brought a large binder containing background checks documents requested as well as the investigations conducted during the past 12 months. The PREA Coordinator arranged interviews with all of these individuals, including staff representing the DOCCR Training Office, the Corizon Medical Director (Psychiatrist), Corizon Health Services Administrator and

Director of Nursing and the Licensed Professional Clinician. The Agency's Volunteer Coordinator also came over to the facility to be interviewed, bringing with her requested documentation. A representative from the Department's Training Office also came over for an interview. Residents were randomly selected to be interviewed. Interviews were conducted in an office affording complete privacy. Following the on-site audit, the auditor communicated daily with the PREA Coordinator and requested clarification and additional documentation. The requested information was provided the same day. Following the onsite audit, the auditor requested multiple documents as well as clarification, when asked for. The entire team took the process very seriously, were confident and indicated that they had been involved in PREA since its inception. The DOCCR team, from Agency Director to line staff, constantly demonstrated a "team" attitude.

## 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 of 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.

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## AUDITOR CERTIFICATION

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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.<sup>1</sup> Auditors

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6a216-6f4bf7c7c110>.

are not permitted to submit audit reports that have been scanned.<sup>1</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert G. Lanier  
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October 15, 2017

**Auditor Signature**

**Date**

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<sup>1</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

