

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 12/4/2020

Auditor Information

Name: Adam T. Barnett **Email:** Adam30906@gmail.com

Company Name: Diversified Correctional Services, LLC

Mailing Address: P.O. Box 20381 **City, State, Zip:** Augusta, Georgia 30906

Telephone: 706-414-6579 **Date of Facility Visit:** 10/21-22/ 2020

Agency Information

Name of Agency: Hennepin County Department of Community Corrections and Rehabilitation

Governing Authority or Parent Agency (If Applicable): Hennepin County

Address: 300 South 6th Street **City, State, Zip:** Minneapolis, MN 55487

Mailing Address: same **City, State, Zip:** same

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: <https://www.hennepin.us/residents/public-safety/prea>

Agency Chief Executive Officer

Name: Catherine Johnson

Email: Catherine.Johnson@hennepin.us **Telephone:** 612-543-4915

Agency-Wide PREA Coordinator

Name: Veronica Briden

Email: Veronica.Briden@hennepin.us **Telephone:** 612-235-1148

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**

Angela Cousins, Division Manager 3

Facility Information

Name of Facility: Hennepin County Juvenile Detention Center

Physical Address: 510 Park Ave.

City, State, Zip: Minneapolis, MN 55415

Mailing Address: same

City, State, Zip: same

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://dept.hennepin.us/doccr/JUV/JDC/sitepages/JDC%20PREA.aspx>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Facility Administrator/Superintendent/Director

Name: Deborah Dayon

Email: Deborah.Dayon@hennepin.us

Telephone: 612-348-2924

Facility PREA Compliance Manager

Name: Ovid Westin

Email: Ovid.Westin@hennepin.us

Telephone: 612-348-8472

Facility Health Service Administrator N/A

Name: Heidi Ewing

Email: hewing@teamcenturion.com

Telephone: 612-596-1094

Facility Characteristics

Designated Facility Capacity:

87 Licensed Capacity

Current Population of Facility:	23	
Average daily population for the past 12 months:	40	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	11 to 22	
Average length of stay or time under supervision	12.4 days	
Facility security levels/resident custody levels	Maximum	
Number of residents admitted to facility during the past 12 months	1147	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	446	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	282	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	110	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	35	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	11	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
<p>Number of single resident cells, rooms, or other enclosures:</p>	87
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>4</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i></p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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.

Methodology:

The PREA audit of Hennepin County Juvenile Detention Center (HCJDC) was conducted 10/21/20 thru 10/22/20. The Hennepin County Department of Community Corrections and Rehabilitation operates the Hennepin County Juvenile Detention Center. The Juvenile Detention Center hereinafter maybe referred to as facility.

The auditor uses a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, facility practice, interviewed staff and residents, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision are designed with documentation reviewed, PREA Audit: Pre-Audit Questionnaire, overall findings, and interview results.

Site Review Location:

The site review for this audit took place at Hennepin County Juvenile Detention Center, 510 Park Ave Minneapolis, MN 55415. The auditor conducted per-audit work prior to arrival at the facility.

Pre-Audit Preparation:

Agency/Facility House Residents For:

- Hennepin County Department of Community Corrections and Rehabilitation.

Audit Notice Posting:

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications on 9/8/20. The facility posted the notices in English and Spanish. The auditor received email, pictures confirming the posted notices and observed the posted notices on-site.

As of 10/17/20, there were no communications from residents or staff.

Pre-Audit Questionnaire (PAQ):

In order to prepare for the audit process, emails correspondence occurred with the agency PREA coordinator and facility PREA compliance manager. The Pre-Audit Questionnaire was completed and sent to the auditor as required. As a part of the on-site visit, the auditor requested that the agency PREA coordinator review and revised the Pre-Audit Questionnaire to reflect updated information to include the current population.

The auditor completed a documentation review using the Pre-Audit Questionnaire, website review, policies and procedures review send from the agency headquarters, and additional documentation provided. Phone conversations and email exchanges occurred with the facility and the agency PREA coordinator.

The following documentation was requested for on-site visit:

- Residents' roster (100%)
- Youthful resident' roster (100%), if any
- Notice of Auditor Post Time Stamp (English & Spanish)
- List of residents with disabilities
- List of residents who are Limited English Proficient (LEP)
- List of LGBTI residents (100%)
- List of residents in segregated housing (PREA related), If any
- List of residents who reported sexual abuse
- List residents who reported sexual victimization during risk screening
- Staff roster (100%)
- List of specialized staff
- Staff personnel (documentation)
- Resident documentations
- Contractors who have contact with residents (if any)
- Volunteers who have contact with residents (if any)
- PREA screening to be taken with the auditor
- PREA reassessments, to be taken with the auditor
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months (100%) to be taken with the auditor
- All hotline call made during the 12 months
- A summary of all incidents within the past 12 months (log)
- Unannounced rounds documentation to be taken with the auditor

Additional pre-audit information requested prior to the visit was obtained.

Website Reviews:

Prior to the onsite portion of the audit, the auditor conducted a website review of the facility/agency. The reviewed content included but not limited to:

- PREA

- Audit Compliance Report
- Reporting Sexual Abuse or Sexual Harassment in Our Facilities
- PREA Reports
- DOCCR Investigations- Hennepin County Sheriff's Office
- PREA Standards for Juvenile Facilities
- DOCCR 2018 Annual PREA Report
- Hennepin County Volunteer Manual
- Visiting and Communicating with Residents
- Admission Process
- Visiting Residents
- Programs and Services
- JDC Resident Wellness Policy
- Parent and Resident Grievance

Agency/Facility Policies Reviewed

- DOCCR JJC Administration Policy: Prison Rape Elimination Act (PREA) - August 24, 2020
- DOCCR Administration Revised August 24, 2020
- DOCCR Juvenile Detention Center Policy, JDC PREA, Zero Tolerance of Sexual Abuse, Sexual Misconduct and Sexual Harassment Revised February 11, 2020
- DOCCR JDC - Administration: Juvenile Detention Center Staffing Plan - February 4, 2020
- DOCCR JDC Policy 06-03, Resident Rights – February 15, 2019
- DOCCR JDC Policy 07-04, Resident Showers – December 3, 2020
- DOCCR JDC Policy 03-09, Resident Searches – March 31, 2016
- DOCCR Policy, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act
- DOCCR Policy: PREA: Resident Receiving and Orientation, Institutions
- JDC Policy, 06-03, Supervision Juveniles
- DOCCR Policy, Criminal Records Check
- DOCCR Policy, Staffing Patterns
- Hennepin County Sheriff's Office PREA Policy 904
- Professional Standard and Conduct Policy, Incident Intake and Triage Policy
- DOCCR Policy Professional Standard and Conduct Investigations Policy
- DOCCR Policy Prison Rape Elimination Act, Paragraph 10
- JDC Policy 01-12, PREA: Resident Receiving Assessment, Classification and Orientation
- DOCCR Policy 06-09, Access to Programs and Services
- JDC Policy, PREA: Reporting and Responding Process
- JDC Policy, 06-02, Resident/Family Grievance Procedures, "PREA Grievances"
- JDC Policy, 01-12, PREA: Reporting and Responding Process
- JDC Policy, 06-01 Rights and Protections
- DOCCR Policy, 01-13, PREA, Sexual Abuse Data Management
- JDC Policy, 06-10, Facility Rules and Due Process

- DOCCR Human Resources, Rules, Section 16 and 17
- DOCCR Human Resources, 16.2 Violations and Penalties
- DOCCR Human Resources, 16., General Rules of Conduct
- Minnesota State Statues Quick Reference Guide to Statues listed below.
 - Mandatory Reporting: 626.556 Reporting of Maltreatment of Minors
 - Vulnerable Persons: 609.23 Mistreatment of Persons Confined
 - Staff Sexual Misconduct: 609.344 Criminal Sexual Conduct in the Third Degree and 609.345 Criminal Sexual Conduct in the Forth Degree.
 - Child Exploitation: 609.342
 - Sex Offender Registration: 243.166

On-Site Audit Phase:

Entrance Conference:

On 10/19/20, the on-site audit started with meeting the division manager, facility PREA compliance manager and the agency PREA coordinator. The entrance conference was held and attended by:

- Adam Barnett, USDOJ Certified PREA Auditor
- Deborah Dayon, Division Manager
- Veronica Briden, Agency PREA Coordinator
- Ovid Westin, Facility Compliance Manager
- Eric Finley, Program Manager

Welcome was given by the PREA coordinator and the division manager. The auditor introduced himself and provided a brief description of his experiences, qualifications, correctional and auditing background. The auditor explain that an associate is working with him regarding this audit.

The associate is Robert Lanier, President of Diversity Correctional Services, LLC. Mr. Lanier was a DOJ Auditor.

As associate:

1. Discussed agency and facility documentation.
2. Assist with administrative/prep work
3. Final report ensuring that they meet the PREA resource recommended guidelines.

The auditor provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The auditor established a process to make corrections on site and if necessary, post onsite follow ups.

The audit agenda was reviewed and discussed, to include resident population based on 1st day of the on-site audit and the 2nd day planned activities.

The auditor requested an updated list of all staff work scheduled the on-site visit, sorted by shift. The facility operates on eight-hour shift (three shifts). The auditor provided the facility with a list of random and specialized staff and random and target residents who would be interviewed.

Site Review/Tour:

On the first day of the audit after the entrance conference, the auditor conducted a comprehensive toured of the facility. It was requested that when the audit paused to speak to a resident or staff, that staff on the tour to please step away so the conversation might remain private. This request was well respected.

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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 1st 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 residents housed in general population. Each of the mods/pods (living units) has two shower rooms where residents shower separately/individually.

The auditor was provided unimpeded access to all parts of the facility, to include residents living areas, storage areas in the facility as requested. While inspecting the facility, doors and offices were checked consistently to ensure they are secured and locked. The auditor observed the location of staff. Informal dialogue occurred with Residents and staff, asking PREA related questions and agency procedures a safety consideration. Residents that engaged in conversation with the auditor discussed feeling safe at the facility.

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 areas 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 auditor did observed announcements of female or male staff entering the living areas announcing entering the female or male living areas. The auditor had opportunities to view resident and staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both Residents and staff.

The PREA standards require the auditor to tour the facility to verify compliance with the standards. The following areas and locations were visit.

Locations & Observations	Check
Facility physical designed	✓
Cameras and surveillance technology deployment	✓
Resident housing units (Pod/Rooms)	✓
Cross-gender announcements when entering living areas	✓
Observe for blind spots	✓
Notices of the PREA Audit Posted in English and Spanish	✓
Phones	✓
Residents files in secured area	✓
Staff personnel files in secured area (HR Office of Site)	✓
PREA information posted English & Non-English	✓
Bathroom and shower procedures	✓
Cameras does not have a line of sight into Resident toilets and showers	✓
New and/or renovated areas observed (none)	✓
Residents program areas	✓
Facility was orderly in appearance (Resident behavior)	✓
Grounds was average	✓
Reactions between residents and staff	✓
Intake area	✓
Administration area	✓
Storage rooms & closets	✓
Laundry	✓
Dining area (Resident meals serve in their mods)	✓
Kitchen (Facility do not prepare meals on site, Adult Correctional Facility prepares the meals)	✓
Visitation area	✓
Library	✓
Inside recreation area	✓
Outside recreation area	✓
Grievance Box	✓
Medical area	✓
Maintenance area (storage)	✓
Control rooms	✓
Programs	✓

The following staff accompanied the auditor on tour and responded to the auditor’s questions concerning the facility operations:

- Adam T. Barnett, DOJ PREA Auditor
- Veronica Briden, Agency PREA Coordinator
- Ovid Westin, Facility Compliance Manager

PREA posters were posted in English and Spanish to include phone numbers. There are telephones in the Units.

The auditor did observe announcements of female staff and male staff entering the opposite gender living areas. The auditor had opportunities to view resident and staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both residents and staff.

The PREA standards require the auditor to tour the facility to verify compliance with the standards. The following areas and locations were visit.

Locations & Observations	Check
Facility physical designed	✓
Cameras and surveillance technology deployment	✓
Resident housing units (pod/rooms)	✓
Cross-gender announcements when entering living areas	✓
Observe for blind spots (none)	✓
Notices of the PREA Audit Posted in English and Spanish	✓
Phones (one in each pod)	✓
Residents files in secured area	✓
Staff personnel files in secured area	✓
PREA information posted English & Non-English	✓
Bathroom and shower procedures	✓
Cameras does not have a line of sight into resident toilets and showers	✓
New and/or renovated areas observed (none)	✓
Residents program areas	✓
Facility was orderly in appearance (resident behavior)	✓
Grounds was average	✓
Reactions between residents and staff	✓
Intake area	✓
Administration area	✓
Storage rooms & closets	✓
Mail room (none)	✓
Laundry	✓
Dining area	✓
Kitchen (facility do not prepare meals on site)	✓
Visitation area	✓
Library (none)	✓
Inside recreation area	✓
Outside recreation area	✓
Grievance Box	✓
Medical area	✓
Mental Health area	✓

Classification area (none)	✓
Maintenance area (storage)	✓
Control rooms	✓
Program staff offices	✓
Sally ports (none)	✓

The following staff accompanied the auditor on tour and responded to the auditor’s questions concerning the facility operations:

- Adam Barnett, USDOJ Certified PREA Auditor
- Veronica Briden, Agency PREA Coordinator
- Ovid Westin, Facility Compliance Manager

Advocacy Organizations:

The PREA Auditor’s manual pages 37 and 38 requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

- Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. We (they) hold government officials accountable for prisoner rape; challenge the attitudes and misperception that all sexual abuse to flourish; and make sure that survivors get the help they need.
- National Sexual Violence Resource Center (NSVR) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting.

The following national advocacy, State, and/or community advocacy organizations were contacted.

Advocacy Organization	Contact Information	Comments
Sexual Violence Services	555 Cedar Street Saint Paul, MN 55101 651-266-1000	Call on 11/9/2020 @ 1:10pm Advocate note the relationship with the JDC and do not remember any calls during the past 12 months.
Justice Detention International (JDI)	Just Detention International Wilshire Blvd., Suite 340 Los Angeles, CA 90010	Email sent July 10, 2020 Response Received: July 13, 2020 – No Concerns
National Sexual Violence Resource Center (NSVRC)	National Sexual Violence Resource Center 2101 N Front Street	Email sent July 10, 2020 Response Received: July 15, 2020 – No Concerns

	Governor's Plaza North, Building #2 Harrisburg, PA 17110	
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The auditor seeks the following information from the local and/or national advocacy organizations:

- How many SAFE or SANE referrals did the organization received in the last 12 months?
- Can the residents remain anonymous, upon request, when making a report?
- Whom do the organization notify at the facility regarding reports?
- How many reports have the organization received in the past 12 months for advocacy services?
- How many residents reported sexual abuse and/or sexual harassment?
- Who is your contract at the facility?
- Is there any additional information you would like to share regrading this facility?

The auditor seeks the following information from the local and/or national advocacy organizations:

- How many SAFE or SANE referrals did the organization received in the last 12 months?
- Can the residents remain anonymous, upon request, when making a report?
- Whom do the organization notify at the facility regarding reports?
- How many reports have the organization received in the past 12 months for advocacy services?
- How many residents reported sexual abuse and/or sexual harassment?
- Any relevant insight to conditions in the facility.

The auditor conducted interviews with the following agency leadership, which are counted in the totals. Below are the staff interviewed written, by lead auditor, on-site, or by telephone.

The facility reported a total of 109 positions. There is a total of 2 contract positions. The auditor or the associated conducted the following staff interviews on-site or via phone

Category of Staff Interviewed	#Interviews Conducted
Random Staff <i>Selected from All Shifts</i>	12
Specialized Staff (Total) / (<i>Staff Interviewed for more than one category counted only once</i>)	17
Staff Informally Interviewed during Facility Tour	2
Staff Refused to interview	0
Total Staff	31
Breakdown of Specialized Staff Interviews	
✓ Agency Head or Designee	1
✓ Division Director	1
✓ Agency PREA Coordinator	1
✓ Facility PREA Compliance Manager	1

✓ Agency Contract Administrator	1
✓ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	1
✓ Line staff who supervise youthful residents (if applicable):	0
✓ Education and program staff who work with youthful residents (if applicable)	0
✓ Medical staff	1
✓ Mental health staff	1
✓ Non-Medical staff involved in cross-gender strip or visual searches	1
✓ Administrative (Human Resources) Staff	1
✓ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff – Off Site	0
✓ Volunteers who have contact with residents	0
✓ Contractors who have contact with residents	1
✓ Investigative staff responsible for conducting administrative investigations. (Facility)	1
✓ Investigative staff responsible for conducting criminal investigations. (Agency and Outside Agency)	1
✓ Staff who perform screening for risk of victimization and abusiveness	1
✓ Staff who supervise residents in segregated housing/residents in isolation	0
✓ Security staff first responder	1
✓ Non-security staff first responder	1
✓ Intake staff	1
✓ Staff who handle resident Mail	0
✓ Staff who handle Grievances	0
Total Specialized Staff Interviews	17

A review of the 34 formal and informal interviews revealed that staff at the Juvenile Detention Center has a basic understanding of PREA and their roles as it relates to PREA responsibilities.

Residents Interviewed:

On the first day of the audit, the facility designated capacity was 123-beds, with 87-bed Licensed secure juvenile detention. The number of residents housed during the first day of the audit was 28, 27 males and 1 female. The auditor conducted the following resident interviews during the on-site phase of the audit:

Note: During the on-site audit there were one (1) female resident housed at the facility.

Category of Residents	#Interviews Conducted
Random Residents (<i>Selected from all living areas</i>)	10
Targeted Residents	1
Residents Informally Interviewed during Facility Tour	1
Residents Refused to Interview	2
Total Residents Interviewed	12
Breakdown of Targeted Resident Interviews	
✓ Youthful Residents (if applicable)	0
✓ Resident with a Physical Disability	0
✓ Residents who are Blind, Deaf, or Hard of Hearing	1
✓ Residents with Cognitive Disability	0
✓ Residents who are Limited English Proficient (LEP) Spanish	0
✓ Residents who Identify as Transgender or Intersex	0
✓ Residents who Identify as Lesbian, Gay, or Bisexual	0
✓ Residents who Reported Prior Sexual Abuse while at this facility	0
✓ Residents in Segregated Housing for High Risk of sexual Victimization	0
✓ Residents who disclosed prior sexual victimization during risk screening	0
Total Number of Targeted Residents Interviews	1

A review of the 12 formal and informal interviews revealed that resident at the Hennepin Juvenile Detention Center has a basic understanding of PREA and how to report incidents.

Investigation

It should be noted that any SA/SH grievances are not reviewed by grievance process, if received automatically sent for an investigation.

	Allegations Type by Category	Results
1	Resident-on-Resident Sexual Abuse	
	Substantiated	0
	Unsubstantiated	0
	Unfounded	4
	Investigation Ongoing	1
2	Resident-on-Resident Sexual Harassment	Results
	Substantiated	0
	Unsubstantiated	0
	Unfounded	6
	Investigation Ongoing	0
3	Staff-on-Resident Sexual Abuse	
	Substantiated	0

	Unsubstantiated	0
	Unfounded	1
	Investigation Ongoing	0
4	Staff-on-Resident Sexual Harassment	Results
	Substantiated	0
	Unsubstantiated	0
	Unfounded	2
	Investigation Ongoing	0
Total		0

Note: Number of staff sexual misconduct investigations = 4 unfounded. Number of youths on youth sexual misconduct investigations = 4, substantiated 2, unfounded 1, and open 1.

Informational Consolidation:

The audit contacts the agency PREA coordinator frequently throughout the three days to consolidate information and ensure that the interviews, documentations, and facility observations supported compliance determination for the required PREA standard. The work onsite and offsite at the hotel to discuss findings. When additional information was requested to established compliance, the facility management team was responsive and made every effort to deliver documentation or explanation. The facility staff was receptive to identified areas of concern during the facility site visit and during the posted phase of the audit regarding noted concerns.

Exit Conference:

The auditor conducted an exit meeting on 10/22/20 at which preliminary findings of the review were discussed with the facility and agency leadership team. The attendees, and addition to the state agency staff participated in the exit briefing. During the exit, the auditor provided a verbal list of identified non-compliant items and described how these related to the standards and or provisions. For resolution of issues following the exit, the auditor indicated that outstanding issues should be provided with proof of compliance and practice.

The following staff attended the exit conference.

- Adam Barnett, USDOJ Certified PREA Auditor
- Deborah Dayon, Division Manager
- Veronica Briden, Agency PREA Coordinator
- Ovid Westin, Facility Compliance Manager
- Eric Finley, Program Manager

Facility officials were very open and receptive to an honest discussion of areas where PREA compliance needed to be strengthened or non-compliance. The auditor indicated that an interim or final report will be sent with 45 days with standards or provisions details.

Post Audit Phase

Upon completion of the onsite phase of the audit, the auditor, agency PREA coordinator, and facility PREA compliance manager agreed to communication by email and telephone during the post audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. Further, the agency PREA coordinator indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies.

Communication with the agency PREA coordinator and designated facility staff was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone.

Audit Section of the Compliance Tool:

The auditor uses the required Prison Rape Elimination Act (PREA) Audit Report Juvenile Standards report to enter collected information. Detailed information from the audit interviews were integrated into relevant sections of the standards. In order to ensure all standards were analyzed, the auditor proceeded standard by standard and provision by provision, to determine compliance or non-compliance.

Interim Report:

The auditor found the facility to be successful in its mission to promote PREA. The leadership and staff are very committed to the safety and well-being of their residents. There was no interim report submitted.

Final Audit Report:

The final 2020 PREA audit report was email to the Facility and Agency PREA Coordinator on December 4, 2020.

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.

Facility Demographics:

- Designated Capacity: 123 with 87 licensed
- Actual Population on First Day: 28
- Average Daily Population for the last 12 months: 40
- Security/Custody Level: Maximum with varying risk levels from low-very high
- Gender: Male and Female

The Hennepin County Juvenile Detention Center is a 123-bed capacity with 87-bed Licensed secure juvenile detention facility 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.

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 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 check 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.
3. Structured school time, where staff is always present.

Meals are prepared and delivered by the Adult Correctional Facility. JDC staff provide residents with the meals, under staff supervision.

The average length of stay is 12.4 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 the COVI-19 and the agency's involvement with the Annie E. Casey Juvenile Detention Alternative Initiative (JDAI). Populations are consistently around 29 – 40 residents.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 43

- 115.311- Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.312 – Contracting with other entities for the confinement of residents
- 115.313 – Supervision and Monitoring
- 115.315 – Limits to cross-gender viewing and searches
- 115.316 – Residents with disabilities and residents who are limited English proficient
- 115.317 – Hiring and promotion decisions
- 115.318 – Upgrades to facilities and technologies
- 115.321 – Evidence protocol and forensic medical examinations
- 115.322 – Policies to ensure referrals of allegations for investigations
- 115.331 – Employee training
- 115.332 – Volunteer and contractor training
- 115.333 – Resident education
- 115.334 – Specialized training: Investigations

- 115.335 – Specialized training: Medical and mental health care
- 115.341 – Obtaining information from residents
- 115.342 – Placement of residents in housing, bed, program, education, and work assignments
- 115.351 – Resident reporting
- 115.352 – Exhaustion of administrative remedies
- 115.353 – Resident access to outside support services and legal representation
- 115.354 – Third-party reporting
- 115.361 – Staff and agency reporting duties
- 115.362 – Agency protection duties
- 115.363 – Reporting to other confinement facilities
- 115.364 – Staff first responder duties
- 115.365 – Coordinated response
- 115.366 – Preservation of ability to protect residents for contact with abusers
- 115.367 – Agency protection against retaliation
- 115.368 – Post-allegation protective custody
- 115.371 – Criminal and administrative agency investigations
- 115.372 – Evidentiary standard for administrative investigations
- 115.373 – Reporting to residents
- 115.376 – Disciplinary sanctions for staff
- 115.377 – Corrective action for contractors and volunteers
- 115.378 – Interventions and disciplinary sanctions for residents
- 115.381 – Medical and mental health screenings; history of sexual abuse
- 115.382 – Access to emergency medical and mental health services
- 115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.386 – Sexual abuse incident reviews
- 115.387 – Data collection
- 115.388 – Data review for corrective action
- 115.389 – Data storage, publication, and destruction
- 115.401 – Frequency and scope of audits
- 115.403 – Audit contents and finding

Summary of Corrective Action (if any)

PREVENTION PLANNING

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

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

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- DOCCR JJC Administration Policy: Prison Rape Elimination Act (PREA) - August 24, 2020
- DOCCR Administration Revised August 24, 2020
- DOCCR Juvenile Detention Center Policy, JDC PREA, Zero Tolerance of Sexual Abuse, Sexual Misconduct and Sexual Harassment Revised February 11, 2020
- PREA Definitions
- Agency Organizational Chart
- Facility Organizational Chart
- Incident Reports (20)
- Investigation Final Report (20)
 - Complainant or Incident Initiated
 - Type of Incident
 - PREA Standard
 - Incident
 - Immediate Response
 - Statement/Interviews
 - Summary
 - Documents Reviewed
 - Complainant Notified
 - PREA Incident Review Required
 - Methodology
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.311 (a)

Agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

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.

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

115.311 (b)

The agency employs an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The agency has designated a higher-level staff to serve as PREA Coordinator. This position is reflected on the Agency's Organizational Chart and depicts the PREA/Workforce Safety Manager (Agency PREA Coordinator), Juvenile Services, who reports directly to the Agency Director. The PREA Coordinator, who is knowledgeable of the PREA Standards, also has an Administrative Assistant who also is experienced knowledgeable of the PREA Standards This was confirmed through reviewing agency policies, the agency's organizational chart and interviews.

The Agency PREA Coordinator oversees three facilities that implements the PREA Standards. Each of the facilities has a PREA Compliance Manager who relates to the PREA Coordinator. The PREA Coordinator has sufficient time and authority to coordinate the agency's efforts to comply with the PREA Standards.

Interviewed Specialized Staff: The agency PREA coordinator indicated that she has enough time to manage all of her PREA related responsibilities.

115.311 (c)

Where an agency operates more than one facility, each facility has a designated PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Interviewed Specialized Staff: The agency PREA coordinator indicated that she oversees three (3) facility PREA compliance managers. All three managers are supervised by facility administration; however, they connect on any PREA topics that arise. Including but not limited to; documentation, incidents, audit preparation, and training.

The facility's designated PREA Compliance Manager (PCM) is the Correctional Institutional Supervisor who reports to the facility's Assistant Superintendent. 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. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards.

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.) 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.

Supporting Documents, Interviews and Observations

- 2020 PREA Tracking of Juveniles Service Vendors (46 Contracts)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Letter to Residential Facility Service Providers (PREA Contractor Impact) February 20, 2020
- Hyperlink to Contracts
- Interviews:
 - Staff

115.312 (a)

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

The Pre-Audit Questionnaire documented that the facility has not entered 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 by the agency PREA Coordinator and a reviewed excel spreadsheet documenting programs housing youth.

Interviewed Specialized Staff: The agency contract administrator indicated that the agency has started one new contract in the past 12 months. The facility has not become PREA compliant yet and the agency have given them some flexibility since they are new to working with corrections clients and have faced several challenges just working through the pandemic and civil unrest. All other facilities serving the majority of corrections clients, which DOCCR is currently utilizing, are in compliance with PREA.

The agency contract administrator also indicated that the agency chosen not to renew one group home contract after 2020 who was not in compliance with PREA requirements and ceased referrals to this facility earlier this year.

Most of the facilities used by DOCCR for youth, report having the majority of social services referrals and are therefore not subject to DOJ Certified PREA audits.

115.312 (b)

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

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 provides an example of a vender contract containing the required PREA language as well as other contracts for review. The reviewed contracts contained the required PREA Language.

Interviewed Specialized Staff: The agency contract administrator indicated that for new contracts, the agency has built in PREA compliance in the Request for Proposals as an expectation that they will need to adhere to if they serve more than 50% corrections clients and PREA language is added to the contracts, both new and renewed.

To monitor compliance, a spreadsheet of all the residential facilities used by DOCCR is maintained on the PREA share point site. Through a survey sent out to facilities, the agency update if they are serving mostly corrections or social services clients and then record if they are PREA compliant, working toward compliance, or it is not required because most of the residents are social services referrals.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) 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.

Supporting Documents, Interviews and Observations

- DOCCR JDC - Administration: Juvenile Detention Center Staffing Plan - February 4, 2020
- Staffing Plan Assessment (PREA) Juveniles
- 2020 Staff Coverage (Daily Assignments)
- JDC Staffing Plan Assessment of 2020 (July)
- Population Reports (1:8 and 1:16 Ratios) – Staff Assignment Sheet
- Screen Shot Recording in Daily Computerized Log (Deviation from staffing Plan)
- Duty Logs documenting Unannounced rounds Well Being Checks
- Facility Layout (1, 2, 3, 4, and 5 floors)
- JDC Division Profile Report
- Housing Plans (Staff Assignment Sheet)
- Camera Locations Diagrams
- Camera Diagram for Outside
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.313 (a)

The agency shall ensure that each facility it operates shall 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 sexual abuse. In calculating adequate staffing levels and determine the need for video monitoring, facilities shall take into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any finding of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated);
- The composition of the resident population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular staff;

- Any applicable State, or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

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 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 past 12 months.

The agency's annual review form documented that there have been no findings of inadequacy from Federal Investigative agencies during the past 12 months.

The agency's annual review form documented that there have been no findings of inadequacy for internal or external oversight bodies. 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" areas where staff or resident may be isolated).

The agency's annual review form documented that the program has considered the composition of the resident's population

The agency's annual review form documented that the program has considered the number and placement of supervisory staff.

The agency's annual review form documented the program considered institution programs occurring on a particular shift.

The agency's annual review form documented the program considered any applicable State or local laws, regulations, or standards.

The agency's annual review from documented the program considered any other relevant factors.

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.

Interviewed Specialized Staff: The division manager indicated that when assessing adequate staffing levels and the need for video monitoring. She stated MN 2960 standards to ensure compliance and upholding standards.

Interviewed Specialized Staff: The division manager indicated that the facility has a staffing plan. The staffing plan is reviewed on an annual basis and adjustments and modifications are made as needed. Reference to JDC Staff Plan Assessment and JDC Admin policy 01-09.

The division manager also stated that there are adequate staffing levels to protect residents against sexual abuse considered in this plan; the facility complies with standards of 8:1 resident/staff ratio during waking hours. Never dropping below this standard.

This division manager stated that video monitoring is part of the staffing plan. Recorded camera footage throughout the facility. Supervisors and managers have accessibility to video monitoring system for review and spot checking.

PAQ: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents was 37.4

PAQ: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated was 37.4.

115.313 (b)

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

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.

Interviewed Specialized Staff: The division manager indicated that the staffing plan is documented. Reference to JDC Staffing Plan Assessment/JDC Admin policy 01-09.

115.313 (c)

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

The PREA Coordinator is a part of the annual review of the Staffing Plan. The agency complies with 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.

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 confirmed the facility maintains the required ratios during awake and sleeping hours.

The Living Units house a maximum of twelve residents. At least two staff are assigned to each living unit unless the population of the unit is less than twelve (12) and more than eight (8). Rovers are available to relieve them for breaks and to support them.

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 resident will always be supervised by staff or other professionals 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 on staff per eight (8) residents during waking hour and on staff to sixteen (16) during resident sleeping hours.

Interviews with staff and residents indicated these ratios are always maintained. Additionally, they indicated the facility has rovers who provide relief for the living units and provide support as needed during their shift. Minimum staffing guidelines, a document provided by the Non-court

Days and Weekends, and Overnights. During Standard/Court Days the guidelines provide for a minimum of two JCOs per living unit (Maximum of 12 residents).

PAQ: In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was zero.

PAQ: In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours was zero.

115.313 (d)

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by standard 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to paragraph (a) of this section;
- Prevailing staff patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

JDC Policy, Administration 01-09, Juvenile Detention Center Staffing Plan, Paragraph 13, requires that whenever necessary, but no 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.

115.313 (e)

Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff member that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

The 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 documentation indicated that unannounced rounds for deterring sexual activity living units, checking doors and other areas of the facility where staff or youth could be involved in clandestine sexual activity.

Policy prohibits the announcement of these rounds. Staff making 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. During a tour of the facility, the auditor observed the facility has camera coverage, including a camera in the elevator. There are no cameras in the resident rooms however there is a intercom in the resident rooms enabling residents to contact the control room.

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 have policies 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 have 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.

Supporting Documents, Interviews and Observations

- DOCCR JDC Policy 06-03, Resident Rights – February 15, 2019
- DOCCR JDC Policy 07-04, Resident Showers – December 3, 2020
- DOCCR JDC Policy 03-09, Resident Searches – March 31, 2016
- 2019 Search Refresher Training (In-Service) (83 Line Staff/6 Mgr./16 Sup.)

-
- Duty Log
- Observation of Signs Announcing Opposite Gender
- Observation of Opposite Gender Staff Making Announcements
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.315 (a)

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

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 residents 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 cross-gender 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 for conducting any cross-gender searches absent exigent circumstances. They also could explain what an exigent circumstance is and provide at least on example of what could be an exigent circumstance. Any such searches are required to be documented.

PAQ: In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero.

PAQ: In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff was zero.

115.315 (b)

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

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

Interviewed Random Staff: Twelve (12) out of twelve (12) random staff indicated that they are restricted from conducting cross-gender pat-down searches except in exigent circumstances.

Interviewed Youth: Ten (10) out of ten (10) interviewed residents indicated that staff of the opposite gender never performed a pat down search of their body.

The **PAQ** documented and staff affirmed in their interviews that they have not conducted any cross-gender searches, including pat-down searches. Staff related there are always enough opposite gender staff on duty and available to conduct the cross-gender searches.

115.315 (c)

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Interviewed Youth: Nine (9) out of ten (10) interviewed residents indicated that staff announce their presence when entering the housing area or any area where residents shower, change clothes, or perform bodily functions. One resident stated some times.

See Section (b) response.

115.315 (d)

The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

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 PAQ reported there have been no exigent circumstances in the past 12 months.

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, 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.

Interviewed Random Staff: Twelve (12) out of twelve (12) random staff indicated that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

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 Mods, 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. Is also reiterates the announcement made to the Mod at the beginning of the first two shifts and that all announcement 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. Residents stated that if a male staff is working the unit and a female staff comes in the male staff announces their presence.

Interviewed Random Staff: Twelve (12) out of twelve (12) random staff indicated that they announce their presence when entering a housing unit that houses residents of the opposite gender.

Interviewed youth: Ten (10) out of Ten (10) random residents indicated that staff announce their presence when entering a housing unit that houses residents of the opposite gender.

115.315 (e)

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

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.

The same policy requires that residents' searches will be conducted in a manner that avoids unnecessary force, embarrassment, or indignity.

Interviewed Random Staff: Ten (10) out of twelve (12) indicated that they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status.

115.315 (f)

The agency shall train security staff in how to conduct cross-gender pat down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The facility provided a computerized pat search training roster documenting staff search training. 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 residents' genital status. 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 training roster identifying all PREA related training staff have received.

Interviewed Random Staff: Twelve (12) out of twelve (12) random staff indicated that they have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act
- DOCCR Procedures, PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse, Prison Rape Elimination Act
- JDC Staff ADA & LEP Training
- DOCCR Policy: PREA: Resident Receiving and Orientation, Institutions
- AAA-A-Z Friendly Language Contract
- JDC Policy, 06-03, Supervision 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
- We Are A Zero Terrance Facility! Power Point
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.316 (a)

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skill, or who are blind or have low vision. An agency is not required to take actions that it can demonstrated would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

DOCCR Policy, PREA, Resident Receiving and Orientation, Poly, 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 includes, according to policy, resident 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 harassment must be provided with assistance.

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 contracted services, the agency has had the "End the Silence" Brochure translated into four different languages, again, those languages most common to the area. A review of the Hennepin County Juvenile Detention Center Safety Guide is also is prepared in a variety of a 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 is bilingual staff at the facility. Hennepin County has a 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.

Interviewed Specialized Staff: Interviewed agency head indicated that the agency established procedures to provide residents with disabilities and residents who are limited English proficient 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. She stated that all written PREA information is translated into multiple languages including those most common among our population – Spanish and somali. Individuals with disabilities are provided PREA information in a manner consistent with ADA. Intake officers check for understanding upon admittance to the facility.

The procedures are all outlined in the PREA, Institutional Reporting and Responding Maltreatment and Sexual Abuse policy and procedures to include the following:

- 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.
- Only Hennepin County certified interpreters will be accepted as reporters on behalf of limited English proficiency residents. Use of residents as interpreters or for reporting or communicating written policy to other residents is prohibited.

115.316 (b)

The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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 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 have access to resources available through the school system for interpretive services.

115.316 (c)

The agency shall not rely 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 standard, or the investigation of the resident's allegations.

Interviews with staff confirmed that the agency prohibits the use of resident interpreters and resident readers except in exigent circumstances. All staff know that interpretive and translators' services were available. Staff knew there were some bilingual staff who had been certified by the county to interpret.

Interviewed Random Staff: Eleven (1) out of twelve (12) random staff indicated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff also indicated that to the best of their knowledge, have resident interpreters, resident readers, or other types of resident assistant has not been used in relation to allegations of sexual abuse or sexual harassment.

PAQ: In the past 12 months, the number of instances where interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties was zero.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether 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)

- 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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, Criminal Records Check
- DOCCR Policy, Staffing Patterns
- Completed Background Studies (Past 12 Months)
- Background Check Roster for Employees
- Background Check Roster for Volunteers
- Background Check Roster for Contractors
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.317 (a)

The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the 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)
- 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
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section.

The DOCCR Policy, Criminal Records Checks, places the authority for conducting criminal records checks with the DOCCR Office of Administrative Services (OAS) Unit. 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 that meets the requirements listed above.

The DOCCR Office of Administrative Services (OAS) Unit has the authority to manage and conduct criminal record checks. This is established in DOCCR Policy, Criminal Records checks. The Pre-Employment Questionnaire solicits required information from previous employers using the PREA Employment Mailing Form containing a signed consent for the release of information and conducts background checks including finger-prints. The level of the check depends on the level of contact the employee, volunteer, contractor or intern would have with the youth.

Interview staff revealed a very thorough process for conducting background checks including contacting former employers, criminal record checks every five years for as staff, volunteers and non-escorted contractors and vendors. Procedures for accessing the database and running five (5) year background checks were provided. The PREA Employment Mailer, is a reference check sent to former employees as conditional hires after the staff signs the consent for the release of information. The form asks the three PREA Questions.

DOCCR Policy, Criminal Records Checks, Policy, 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.

115.317 (b)

The agency shall 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.

The agency considers incidents of sexual harassment in determining whether to hire or promote staff and contractors.

The Office of Administrative Services conducts background check of Corizon Staff (contracted medical and mental health staff).

Interviewed Specialized Staff: The DOCCR administrative services access unit manager indicated that the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents and employees, who may have contact with residents, who are considered for promotions as required by the PREA Staffing Patterns and Resident Supervision policy outlines this information. The same process is conducted for contractors.

115.317 (c)

Before hiring new employees, who may have contact with residents, the agency shall:

- Perform a criminal background records check; and
- Consult any child abuse registry maintained by the State or locality in which the employee would work;
- 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.

The Professional Standards and Conduct (PS&C) conducts a thorough background study prior to hire. The background check includes the following:

- Personal Information
- Residential
- Family/Peer Summary
- Education (investigator verifies)
- Employment (investigator verifies)
- Club Affiliation/Community Service/Volunteer Service
- Military
- Driver's License Check
- Civil Record
- Finger Print Date
- Certifications/Awards
- References
- Search Engine Result
- PREA Summary (documenting the PREA Hire Questions)
- CSTS/Securus Phone Check
- Department of Human Service Study
- Drug Testing
- Investigator Summary

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-years check requirements). This form documents that Driver's License and insurance needs to be checked annually.

The agency provided a master roster of JDC employees, including contractors and SVHS (education staff, documented the background check dates was provided for review.

Interviewed Specialized Staff: The DOCCR administrative services access unit manager indicated that the facility perform criminal record background checks or consider pertinent civil

or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents and employees, who may have contact with residents, who are considered for promotions as required by the PREA Staffing Patterns and Resident Supervision policy outlines this information.

Interviewed Specialized Staff: The DOCCR administrative services access unit manager indicated that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The PREA Staffing Patterns and Resident Supervision policy requires interviewers to ask these questions. Also, a review of persons involvement in any PREA related incidents is conducted during the criminal record check process.

Interviewed Specialized Staff: The DOCCR administrative services access unit manager indicated that the system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with residents. DOCCR conducts criminal background checks of current employees and contractors who may have contact with residents. DOCCR utilizes the Minnesota Bureau of Criminal Apprehension (BCA) system which accesses the FBI CJIS and NCIC criminal record systems. All DOCCR employees are finger printed. During the criminal background check, DOCCR also accesses MNCIS (Minnesota Court Information System) and may utilize DVS (Department of Vehicle Services) and Wisconsin Circuit Court Results. DOOCR conducts background checks of current employees at least once every five years as directed by DOCCR PREA Staffing Patterns and Resident Supervision policy and Criminal Record check policy.

It was also indicated that these background checks are conducted at least once every 5 years.

PAQ: In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 38.

115.317 (d)

The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

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 Officer of Administrative Services. Reviewed background checks documented the DHS Background Checks as required.

Interviewed Specialized Staff: The DOCCR administrative services access unit manager indicated that before hiring new employees or contractors who may have contract with residents, does the facility consult any child abuse registry maintained by the State or locality in which a potential employee/contractor would work. All new employees and contract employees are required to pass a Minnesota Department of Human Services backgrounds study which includes

any child abuse registries. This is required for anyone who will have the ability to provide direct contact/care of residents. Direct contact care services mean providing face-to-face care, training, supervision, counseling, consultation or medication assistance to person served by the program (Minnesota Statute 245C.02, Subd. 11).

115.317 (e)

The agency shall 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.

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 finger print check conducted by OAS after a conditional offer of employment had been accepted. Permanent employees have a name query record check conducted by OAS for promotions, lateral transfers and five-year checks (since the last record check). Policy requires that employees are advised six months prior to their 5th year since their last background check. Volunteers, Interns and Contract Staff have finger print checks conducted by OAS at initial hire and when unrestricted access is requested. Names record queries are conducted by OAS when five years are 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.

See Section (c) response.

115.317 (f)

The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Interview staff revealed a very thorough process for conducting background checks including contacting former employers, criminal record checks every five years for as staff, volunteers and non-escorted contractors and vendors. Procedures for accessing the database and running five (5) year background checks where provided. The PREA Employment Mailer, is a reference check sent to former employees as conditional hires after the staff signs the consent for the release of information. The form asks the three PREA Questions.

Interviewed Specialized Staff: The DOCCR administrative services access unit manager indicated that the facility does ask all applicants and employees who may have contact with resident about previous misconduct described in standards, in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current.

115.317 (g)

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The PAQ stated yes.

115.317 (h)

Unless prohibited by law, the agency shall 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.

Interviewed Specialized Staff: The DOCCR administrative services access unit manager indicated that when a former employee applies for work at another institution, upon request from that institution, the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

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.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.318 (a)

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

Interviewed staff indicated that when designing or acquiring any new facility and in planning any substantial expansion or modification that 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.

Interviewed Specialized Staff: The agency head indicated that resident safety is the primary concern in any physical facility modifications. This includes protecting residents from sexual assault. Facility modifications that do not meet standards for resident safety are not pursued.

The agency has not made any substantial modifications to the facility since the last PREA Audit.

115.318 (b)

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Interviewed Specialized Staff: The PREA compliance Manager 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.

Interviewed Specialized Staff: The agency head indicated that the facility is equipped with multiple CCTV cameras, affording staff the ability to remotely monitor resident and staff activity while still providing for appropriate levels of resident privacy.

PAQ: The facility has installed several cameras within the facility.

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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) 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.

Supporting Documents, Interviews and Observations

- Hennepin County Sheriff's Office MOU between the Hennepin County Sheriff's Office and the DOCCR 2020
- Hennepin County Sheriff's Office PREA Policy 904
- Professional Standard and Conduct Policy, Incident Intake and Triage Policy
- DOCCR Policy Professional Standard and Conduct Investigations Policy
- Duty Supervisor Sexual Assault Response Checklist
- First Responder Cards
- JDC Medical Referral Form
- Sexual Assault Resource Services Brochure
- MOU with the Sexual Violence Center
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.321 (a)

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for an obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The agency (DOCCR) is responsible for conducting administrative investigations only. This was confirmed through reviewing agency policy, the Hennepin County Sheriff's Office policy. The Hennepin County Sheriff's Office conducts criminal investigations and the reviewed agency Memorandum of Agreement affirms that Administrative 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 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 investigation. Policy provides a consistent protocol for conducting sexual abuse/assault investigations.

When conducting sexual abuse investigations, the investigators follow a uniform evidence protocol. The Department's Professional Standard and Conduct unit refers all sexual abuse allegations to the Hennepin County Sheriff's Office (HCSO) for investigations. The agency provides 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, 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 r information to aid in the investigations.

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 interna 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.

Interviewed Random Staff: Twelve (12) out of twelve (12) random staff indicated that they understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They all discuss the steps of a first responder duties.

115.321 (b)

The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.

Hennepin County Sheriff's Office Prison Rape Elimination Policy, 904.3 requires the SO PREA Coordinator to ensure a protocol is developed for investigating allegations of sexual abuse and the protocol must include evidence collection practices that maximize the potential for obtaining usable physical evidence based on the most recent edition of the US DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or a similarly comprehensive and authoritative protocol.

The facility provided a MOU between the Hennepin County Department of Community Corrections and Rehabilitation, Sexual Violence Center and Corizon, inc. The reviewed MOU and interviews 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:

- 24-hour crisis line;
- Support during evidentiary exams
- Support groups
- 1:1 counseling
- Legal advocacy
- Personal advocacy
- Assistance with filing for reparations
- 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.

115.321 (c)

The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provided SAFEs or SANEs.

The facility offers to all residents who experience sexual abuse access to forensic medical examinations at not financial cost to the victim. Victims will have a forensic exam at the Hennepin County Medical Center. This documented in the DOCCR policy and in the Hennepin County Sheriff's Office PREA Policy 904. 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 advises the victim to contact the SAR. Office if they receive any bills for the exam.

PAQ: The number of forensic medical exams conducted during the past 12 months was zero.

PAQ: The number of exams performed by SANEs/SAFEs during the past 12 months was Zero.

PAQ: The number of exams performed by a qualified medical practitioner during the past 12 months was zero.

115.321 (d)

The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provided victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g (b) (2) (c), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

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 interviews 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:

- 24-hour crisis line;
- Support during evidentiary exams
- Support groups
- 1:1 counseling
- Legal advocacy
- Personal advocacy
- Assistance with filing for reparations
- 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 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
- offer follow-up services as requested.

115.321 (e)

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

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 Resources Services, 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 the discussed. The brochure advises the victim they have the right to decline any part of the exam at any time.

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.

The Sexual Violence Center organization would provide an advocate to meet inside or outside the facility. An advocate from the agency would be automatically dispatched as a part of the 911 notification process. The Sexual Violence Center provides coverage and accessibility 24/7. The SVC has 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.

115.321 (f)

To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

The requirements of paragraphs a-f will be applied to any investigations.

Interviewed Random Staff: Twelve (12) out of twelve (12) random staff indicated that the person responsible for conducting sexual abuse investigations are the agency or the facility PREA compliance manager.

115.321 (g)

The requirements of paragraphs (a) through (f) of this section shall also apply to:

- Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile.

The requirements of paragraphs a-f will be applied to any investigations.

115.321 (h)

For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The Sexual Violence Center organization would provide an advocate to meet inside or outside the facility. An advocate from the agency would be automatically dispatched as a part of the 911 notification process. The Sexual Violence Center provides coverage and accessibility 24/7. The SVC has 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.

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 the policy 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 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.

Supporting Documents, Interviews and Observations

- Hennepin County Department of Correction (PREA) Website
- DOCCR Policy, Prison Rape Elimination Act
- PSC Incident Intake and Triage Policy
- PSC Investigations Policy
- MOU between Hennepin County Sheriff's Office and DOCCR
- Investigations Spread Sheet
- Incident Reports (20)

- Investigation Final Report (20)
 - Complainant or Incident Initiated
 - Type of Incident
 - PREA Standard
 - Incident
 - Immediate Response
 - Statement/Interviews
 - Summary
 - Documents Reviewed
 - Complainant Notified
 - PREA Incident Review Required
 - Methodology

- DOCCR Website Instructions for Reporting Incidents of Sexual Abuse, Sexual Misconduct of Sexual Harassment and Investigation
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.322 (a)

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

DOCCR Policy, Chapter 12, Prison Rape Elimination Act (PREA) affirms the agency's zero tolerance for incidents of 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 in 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.

PAQ: During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 20.

115.322 (b)

The agency shall have in place a policy 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. The agency

shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

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, 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 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.

Interviewed Specialized Staff: The agency head indicated the yes to the facility ensure that administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated that as indicated in the AOS Investigative referrals policy and the agency Professional Standards and Conduct Investigation policy.

PAQ: In the past 12 months, the number of allegations referred for criminal investigation was zero.

115.322 (c)

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

115.322 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile shall have in place a policy governing the conduct of such investigations.

Interviewed Specialized Staff: The agency head describe how and administrative or criminal investigation is completed for allegations of sexual abuse or harassment. She indicated that criminal investigations are handled by the Hennepin County Sheriff’s Office independent from DOCCR and agreed upon via a memorandum of understanding between the two agencies.

Administrative investigations are handled by DOCCR’s Office of Administrative Services, Professional Standard and Conduct Unit. Administrative investigations are reviewed for policy compliance as well as training needs and potential policy/procedural changes necessary to prevent similar incidents in the future. Evidence reviewed include facility video footage, any available physical evidence, and statements from involved parties and witnesses.

115.322 (e)

Any department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile shall have in place a policy governing the conduct of such investigations.

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.

Supporting Documents, Interviews and Observations

- DOCCR, Policy, Prison Rape Elimination Act
- Staff Training Acknowledgements (Past 12 Months) Electric
- PREA 101 Course Objectives – Online Training
- PREA 101 Power Point – Online Training
- JDC School Staff Training Spread Sheet
- JDC Medical Staff Training Spread Sheet
- PREA Boundaries Slide Presentation
- Effective and Professional Communication with LGBTI Residents
- PREA, Victim Reactions and Sexual Abuse – Slide Presentation
- JDC Supervisor's Scenarios
- Supervisors PREA Orientation
- JDC PREA Refresher Outline
- PREA Refresher Training Matrix
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.331 (a)

The agency shall train all employees who may have contact with residents on:

- Its zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents' right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs threatened and actual sexual abuse;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

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.

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.

Interviewed Random Staff: Nine (9) out of twelve (12) indicated that they received all the required training and can list training topics. Three staff had some difficulties remembering key topics.

PAQ: The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above was 137.

115.331 (b)

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that house only male residents to a facility that houses only female residents, or vice versa.

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.

115.331 (C)

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

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: 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.

115.331 (d)

The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

The provided master training rosters documented 100% in all categories.

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.

Supporting Documents, Interviews and Observations

- Prison Rape Elimination Act Volunteer Training Confirmations 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 Confirmation – (10)
- Taking points for Prevention and Reporting
- DOCCR Policy Prison Rape Elimination Act, Paragraph 10
- DOCCR Website – Volunteer Services (how to become a volunteer with DOCCR-link to PREA Video and Training)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.332 (a)

The agency shall ensure 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.

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.

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.

115.332 (b)

The level and type of training provided to volunteers and contractors shall be based on the services they provided and level of contact they have with residents, but all volunteer and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Volunteers are 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.

115.332 (c)

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

A Volunteer Training Roster documented all volunteers.

See section (a) response.

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 the comprehensive education referenced in 115.333(b)?
 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.

Supporting Documents, Interviews and Observations

- JDC Policy, PREA Education Process
- DOCCR Policy, Resident Receiving and Orientation, DOCCR Institutions
- JDC PREA Video
- JDC – 5 Step PREA Education/Awareness Process
- JDC Division Profile Report
- Resident Acknowledgement Forms (28)
- Multiple PREA Class Attendance Rosters- Documenting Sunday Orientations
- Contracts to Provide Interpretive Services
- End the Silence Brochure
- Resident Handbook
- JDC Resident Safety Guide
- Multiple PREA related Posters
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.333 (a)

During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

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.

Interviewed Youth: Interviewed residents indicated the following.

1. Ten (10) out of ten (10) residents indicated that they were given information regarding their right to not be sexually abused or sexually harassed.
2. Ten (10) out of ten (10) residents indicated that they were given information regarding how to report sexual abuse or sexual harassment.
3. Nine (9) out of ten (10) residents indicated that they were given information regarding their right not to be punished for reporting sexual abuse or sexual harassment.

115.333 (b)

Within 10 days of intake, the agency shall provide comprehensive education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

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.

Interviewed Youth: Ten (10) out of ten (10) interviewed residents indicated that when they first came to this facility, they received information about the facility's rules against sexual abuse and harassment.

115.333 (c)

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

115.333 (d)

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

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.

115.333 (e)

The agency shall maintain documentation of resident participation in these education sessions.

115.333 (f)

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through poster, resident handbooks, or other written formats.

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.

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.

Supporting Documents, Interviews and Observations

- Hennepin County Sheriff's Office, PREA Policy, 904
- Hennepin County Sheriff's Office MOU with DOCCR
- DOCCR Policy, Prison Rape Elimination Act, PREA
- Prison Rape Elimination Act (PREA) Training for Investigators
- PREA Refresher Training Matrix
- Investigators Training Spread Sheet (4)
- Special Training Certificates
- Training Transcripts

- NIC PREA Training for Investigators Certificates (Investigating Sexual Abuse in Confinement Settings – The Moss Group)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.334 (a)

In addition to the general training provided to all employees pursuant to standard 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

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.

115.334 (b)

Specialized training shall include techniques for interviewing 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 for administrative action or prosecution referral.

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

115.334 (c)

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

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. This training is in addition to the regular PREA training required by the agency staff.

115.334 (d)

Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

See section (b) response.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

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 or the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, Prison Rape Elimination Act, PREA
- DOCCR Procedures, 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:
 - Staff
 - Residents

115.335 (a)

The agency shall 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;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

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.

115.335 (b)

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Agency medical staff do not perform or conduct forensic medical exams. Interviews staff 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.

Interviewed Specialized Staff: The medical MD indicated that the facility medical staff does not conduct forensic examinations.

115.335 (C)

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

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.

Interviewed Specialized Staff: The medical MD indicated that medical staff did received specialized training regarding sexual abuse and sexual harassment. The training was computer-based modules and some of the training topics were Relias training, definitions, identification of red flags, steps and procedures for intervening, referring to appropriate authorities for further investigation and management.

115.335 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.331 or for contractors and volunteers under standard 115.32, depending upon the practitioner's status at the agency.

Medical and mental health care practitioners receive the training that is mandated for all employees.

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: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) 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.

Supporting Documents, Interviews and Observations

- DOCCR Prison Rape Elimination Act, PREA
- JDC Policy 01-12, PREA: Resident Receiving Assessment, Classification and Orientation
- Victimization/Abusiveness Assessments (28)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.341 (a)

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

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.

Interviewed Specialized Staff: Staff perform PREA screening for risk of victimization and abusiveness indicated that residents are screen within 72 hours of their intake. Upon admission to the facility or transfer from another facility.

Interviewed Youth: Ten (10) out of ten (10) interviewed residents indicated that when they first came to this facility, they remember being ask the following questions.

1. Whether you have ever been sexually abused.
2. Whether you identify with being gay, bisexual or transgender.

3. Whether you have any disabilities.
4. Whether you think you might be in danger of sexual abuse at this facility.

PAQ: The number of residents entering the facility within the past 12 months (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 490.

115.341 (b)

Such assessments shall be conducted using an objective screening instrument.

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.

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.

115.341 (c)

At a minimum, the agency shall attempt to ascertain information about:

- Prior sexual victimization or abusiveness;
- 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;
- Current changes and offense history;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities;
- The residents own perception of vulnerability; and

- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

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 residents 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.

Interviewed Specialized Staff: Staff perform PREA screening for risk of victimization and abusiveness indicated that the initial risk screening considers all the above requirements.

115.341 (d)

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

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.

115.341 (e)

The agency shall implement 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.

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.

Interviewed Specialized Staff: The agency PREA coordinator indicated that the agency outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. Centurion conducts a confidential health assessment on every resident, facility intake staff keep intake interview information in an electronic database accessible to only designated staff.

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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) 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 (LGBTI) 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 provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) 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? (N/A if the facility *never* places residents in isolation for any reason.)
 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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Supporting Documents, Interviews and Observations

- DOCCR Policy 06-09, Access to Programs and Services
- DOCCR Prison Rape Elimination Act, PREA
- JDC Policy 01-12, PREA: Resident Receiving Assessment, Classification and Orientation
- Victimization/Abusiveness Assessments (All Current Residents)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.342 (a)

The agency shall use information from the risk screening required by standard 115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

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 resident's size and age and consideration of the residents 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.

115.342 (b)

Residents may be 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 resident's safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

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. 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.

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.

PAQ: The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero.

PAQ: The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and / or legally required education or special education services in the past 12 months was zero.

PAQ: The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months was zero.

115.342 (c)

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

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 residents health and safety, and whether the placement would present management or security concerns.

Interviewed Specialized Staff: The agency PREA coordinator indicated that the facility does not have special housing unit (s) for lesbian, gay, bisexual, transgender, or intersex residents as per the PREA Resident Receiving an Orientation DOCCR Policy.

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex resident in particular housing, bed, or other assignments solely on the basis of such identification or status. The PAQ stated yes.

115.342 (d)

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 agency shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems.

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 residents 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.

115.342 (e)

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Staff are required, by agency procedures, to take into serious consideration the residents 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.

115.342 (f)

A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

Interviewed Specialized Staff: Staff perform PREA screening for risk of victimization and abusiveness indicated that the transgender or intersex residents' views of his or her safety given serious consideration in placement and programming assignments.

See section (e) response.

115.342 (g)

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender and intersex residents are given the opportunity to shower separately for other residents.

Interviewed Specialized Staff: Staff perform PREA screening for risk of victimization and abusiveness indicated that transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower separately.

115.342 (h)

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- The basis for the facility's concern for the resident's safety; and
- The reason why no alternative means of separation can be arranged.
- Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

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

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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

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.

Supporting Documents, Interviews and Observations

- 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
- Sexual Violence Center Contract Informational Posters
- PREA Brochure, Preventing and Reporting Sexual Misconduct with Offenders, How to Make a Report (for Staff)
- Incident Reports (20)
- Investigation Final Report (20)
 - Complainant or Incident Initiated
 - Type of Incident
 - PREA Standard
 - Incident
 - Immediate Response
 - Statement/Interviews
 - Summary
 - Documents Reviewed
 - Complainant Notified
 - PREA Incident Review Required
 - Methodology

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.351 (a)

The agency shall provide multiple internal ways for residents to privately report 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.

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.

Interviewed Youth: Ten (10) out of ten (10) interviewed residents indicated that they know how to report sexual abuse or sexual harassment that happened to them or someone else at this facility. The of the ways were:

- File a grievance
- Telling staff, they trust
- Putting a note in the medical box
- Telling their parents
- Using the PREA phone

115.351 (b)

The agency shall also provide 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, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detailed solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

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).

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.

Interviewed Youth: Ten (10) out of ten (10) interviewed residents indicated that there is someone who does not work at this facility that they could report to regarding sexual abuse or sexual harassment. Most residents stated, the mother, father or parents.

115.351 (c)

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

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.

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. 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. 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.

Interviewed Youth: Ten (10) out of ten (10) interviewed residents indicated that can make reports of sexual abuse or sexual harassment either in person or in writing.

115.351 (d)

The facility shall provide residents with access to tools necessary to make a written report.

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.

Interviewed Youth: Ten (10) out of ten (10) interviewed residents indicated that they have not told anyone who works at this facility that they were sexually abused or sexually harassed while in this facility.

115.351 (e)

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

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) [82] 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.

Interviewed Random Staff: Twelve (12) out of twelve (12) random staff indicated different ways they can report sexual abuse privately.

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

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.

Supporting Documents, Interviews and Observations

- JDC Policy, 06-02, Resident/Family Grievance Procedures, “PREA Grievances”
- DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- Investigations Spread Sheet
- Resident Handbook
- Resident Handbook (Spanish)
- JDC Safety Guide
- End the Silence Brochure
- Grievances Filed in Past 12 Months (4)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

- Interviews:
 - Staff
 - Residents

115.352 (a)

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

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.

115.352 (b)

- The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege and incident of sexual abuse.

- The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- Nothing in this section shall restrict the agency's ability to defend against a resident lawsuit on the ground that applicable status of limitations has expired.

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.

115.352 (c)

The agency shall ensure that:

- A resident who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the complaint, and
- Such grievance is not referred to a staff member who is the subject of the complaint.

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

115.352 (d)

PAQ: In the past 12 months, the number of grievances filed that alleged sexual abuse was four.

- The agency shall 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 shall not include time consumed by residents in preparing any administrative appeal.
- The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

- 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, the resident may consider the absence of a response to be a denial at that level.

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.

115.352 (e)

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- If a third-party file such a request on behalf on 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.
- If the resident declines to have the request processed on his or her behalf, the agency shall document the resident decision.
- A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon he juvenile agreeing to have the request filed on his or her behalf.

PAQ: The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline was zero.

115.352 (f)

- The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial

response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

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.

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.

PAQ: The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero.

115.352 (g)

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the residents filed the grievance in bad faith.

PAQ: In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

- 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.

Supporting Documents, Interviews and Observations

- JDC Policy, 01-12, PREA: Reporting and Responding Process

- JDC Policy, 06-01 Rights and Protections
- MOU between Sexual Violence Center and Hennepin County Department of Community Correction and Rehabilitation
- JDC PREA Youth Safety Guide
- Resident Handbook
- Resident Handbook (Spanish)
- Documentation of Residents Accessing Outside Services
- PREA Brochure “End the Silence”, With Contact Information for SVC
- Multiple Posters
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.353 (a)

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

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.

DC 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.

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.

Interviewed Youth: Five (5) out of five (5) interviewed residents indicated that they know about the outside services, however, they could not talk about the services.

115.353 (b)

The facility shall 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.

The agency has a policy that inform residents of communication be monitored in which abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.353 (c)

The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

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.

115.353 (d)

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

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.

Interviewed Specialized Staff: The division manager indicated that the agency provides residents with reasonable and confidential access to their attorneys or other legal representation. Residents are allowed unlimited contact via phone to attorney/legal representation in an area on the living units away from direct contact with other residents. Attorneys/legal representative may elect to meet with their clients in a secure interview room outside of the living unit without staff being present.

Interviewed Specialized Staff: The division manager indicated that the agency provides residents with reasonable access to parents or legal guardians. Residents are provided an opportunity to make daily phone calls to parents/legal guardians in an area on the living units away from direct contact with other residents. Also, parents/legal guardians are permitted to visit their child based on the parent visiting schedule.

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.

Supporting Documents, Interviews and Observations

- JDC Policy Zero Tolerance of Sexual Abuse, Sexual Misconduct, and Sexual Harassment
- PREA Brochure, "End the Silence"
- DOCCR Website
- Incident Reports (20)
- Investigation Final Report (20)
 - Complainant or Incident Initiated
 - Type of Incident
 - PREA Standard
 - Incident
 - Immediate Response
 - Statement/Interviews
 - Summary
 - Documents Reviewed
 - Complainant Notified
 - PREA Incident Review Required
 - Methodology
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.354 (a)

The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

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. 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.

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 an 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? Yes No
- 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.

Supporting Documents, Interviews and Observations

- 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"
- Incident Reports (20)
- Investigation Final Report (20)
 - Complainant or Incident Initiated
 - Type of Incident
 - PREA Standard
 - Incident
 - Immediate Response
 - Statement/Interviews
 - Summary
 - Documents Reviewed
 - Complainant Notified
 - PREA Incident Review Required
 - Methodology
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.361 (a)

The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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, Prison 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."

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 an 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 Specialized Staff: The medical MD indicated that staff is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

115.361 (b)

The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

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. 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.

115.361 (c)

Apart from reporting to designated supervisors or officials, staff shall not reveal 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.

115.361 (d)

- Medical and mental health practitioners shall be 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.

- Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

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.

Interviewed Specialized Staff: The medical MD indicated that staff know at the initiation of services to a resident, they are to disclose the limitations of confidentiality and their duty to report. MD stated “I know I am supposed to, but in all honesty, I often forget to.”

115.361 (e)

- Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim’s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.
- If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim’s caseworker instead of the parents or legal guardians.
- If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation.

Interviewed Specialized Staff: The division manager indicated that when she receives an allegation of sexual abuse, she reports to the department’s OAS division who review all PREA complaints/allegations, Child Protection; vulnerable adult, MN DOC and law enforcement.

Interviewed Specialized Staff: The division manager indicated that if the victim is under the guardianship of the child welfare system, she stated the response may vary based on if Ward of State and restrictions on parental contact/rights. Most would be reported to the assigned case worker/guardian ad litem.

115.361 (f)

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.

The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the designated investigator.

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.

Supporting Documents, Interviews and Observations

Supporting Documents, Interviews and Observations

- DOCCR PREA Institutional Report
- JDC Policy, 01-11, PREA: Reporting and Responding Process
- Grievances
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.362 (a)

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

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).

Interviewed Specialized Staff: The agency head indicated when the facility learn that a resident is subject to a substantial risk of imminent sexual abuse what protective action does the agency take, she stated as outlined in the agency PREA Institution Reporting and Responding to Maltreatment and Sexual Abuse policy, staff will take immediate action to protect the resident upon learning there is a substantial risk of imminent sexual abuse.

Custody staff will then work in collaboration with the onsite social worker, the juvenile bench, the resident, and appropriate family members to create and implement an appropriate safety plan for the resident’s housing, schooling, programming, and other resource needs.

Interviewed Specialized Staff: The division manager indicated when she learns that a resident is subject to a substantial risk of imminent sexual abuse, the protective action taken with alleged victim/perpetrator separation and Victim under supervision by staff.

PAQ: In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.

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.

Supporting Documents, Interviews and Observations

- DOCCR 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
- Documentation of Reporting to other Confinement Facility (0)
- Documentation of Receiving Report from other Confinement Facility (1)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.363 (a)

Upon receiving an allegation that an resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

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.

Interviewed Specialized Staff: The agency head indicated that yes, if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. Allegations are handled in the same manner as all other PREA related allegations. Criminal investigations are referred to the Hennepin County Sheriff's Office. Administrative investigations are conducted by DOCCR's Office of Administrative Services, Professional Standards and Conduct Unit.

PAQ: During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility zero.

115.363 (b)

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

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.

Interviewed Specialized Staff: The division manager indicated that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility. The notification made to facility superintendent, PREA reports/check list conduct/completed by supervisor and information forwarded to departments PREA investigation division and complete reports relating to mandated reporting.

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegations. The PAQ stated yes.

115.363 (c)

The agency shall document that it has provided such notification.

The agency documents that it has provided notifications.

115.363 (d)

The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

DOCCR Policy, 01-13, PREA Sexual Abuse Data Management, Procedures require, when receiving any allegation of alleged sexual abuse, the Superintendent or designee will promptly

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

The 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.

PAQ: In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

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.

Supporting Documents, Interviews and Observations

- 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 First Responder Card
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.364 (a)

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and

- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

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.

PAQ: Of the four allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero.

PAQ: In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero.

115.364 (b)

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

See section (a) the same process.

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

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.

Supporting Documents, Interviews and Observations

- JDC Coordinated Response Plan
- Supervisor Sexual Abuse Response Checklist
- Reviewed First Responder Card
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.365 (a)

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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.

Interviewed Specialized Staff: The division manager indicated that in response to an incident of sexual abuse the coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The alleged victim/perpetrator separation and victim under direct supervision by staff. Notification made to facility superintendent, PREA reports/check list conduct/completed by supervisor and information forwarded to departments PREA investigation division and complete reports relating to mandated reporting.

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.

Supporting Documents, Interviews and Observations

- Agreement Between Hennepin County and Minnesota Teamsters Public and Law Enforcement Employees Union
- Agreement Between Hennepin County and Hennepin County Supervisors Association
- Agreement Between Hennepin County and General Service Unit
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.366 (a)

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew 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.

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.

115.366 (b)

Nothing in this standard shall restrict the entering into or renewal of agreement that govern:

- The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of standards 115.372 and 115.376; or
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.

Staff indicated that there is nothing in any contract with employees as the result of collective bargaining, that would prevent the facility from taking appropriate action, including the removal of a staff during an investigation. The staff would be placed on administrative leave with pay after consulting with supervisors and human resources.

Interviewed Specialized Staff: The agency head indicated that she can verify that the agreements permit the agency to remove alleged staff sexual abusers form contact with any resident pending an investigation or a determination of whether and to what extent discipline is warranted.

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, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, Prison Rape Elimination Act (PREA)
- DOCCR Policy, PREA Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.367 (a)

The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.

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.

Interviewed Specialized Staff: The agency head indicated that she would protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. Policies and procedures exist dictating prohibitions on retaliation. The facility follows the PREA retaliation monitoring process to ensure the safety of anyone who may participate in an investigation. All staff are trained in such and discipline is imposed should retaliation occur.

115.367 (b)

The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interviewed Specialized Staff: The agency head indicated that if an individual who cooperates with an investigation expresses a fear of retaliation, the agency takes measures to protect that individual against retaliation. In collaboration with the affected individual, a plan will be developed to protect that individual. Plans include a retaliation monitor and can also include such things as temporary change in housing, programming, schooling when the individual is a resident. It can include such things as temporary change in job duties or assignment when that individual member. Care is taken to avoid reassign those who may engage in retaliatory behavior.

Interviewed Specialized Staff: Staff who monitors for retaliation indicated that his role in preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations is daily monitoring, housing review, separation from alleged abusers. Making sure the mental health/medical referral was made.

115.367 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible

retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

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.

Interviewed Specialized Staff: The division manager indicated the measures the facility takes when suspect retaliation, provide emotional support, monitor conduct and treatment of residents for a minimum of 90 days after alleged compliant/violation and take appropriate measures to protect an individual against retaliation.

PAQ: The number of times an incident of retaliation occurred in the past 12 months were zero.

115.367 (d)

In the case of residents, such monitoring shall also include periodic status checks.

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.

115.367 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

See section (c) response.

115.367 (f)

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

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.

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.

Supporting Documents, Interviews and Observations

- JDC Policy, PREA, Resident Receiving, Assessment, Classification and Orientation
- JDC Policy, 06-10, Facility Rules and Due Process
- DOCCR Policy, Professional Standards and Conduct Investigations
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.368 (a)

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of standards 115.342.

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 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.

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.

Interviewed Specialized Staff: The division manager indicated that residents are not placed in isolation, yet housing transfers/relocation and no contact status between alleged victim/perpetrator is implemented. As needed an additional staff will be assigned to supervisor a resident 1:1 if applicable.

PAQ: The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero.

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 agency 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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Supporting Documents, Interviews and Observations

- DOCCR, Professional Standard and Conduct: Investigations
- MOU between Hennepin County Sheriff's Office and the DOCCR
- Hennepin County Sheriff's Office PREA Policy, 904
- Notification of Investigation Findings
- Incident Reports (20)
- Investigation Final Report (20)
 - Complainant or Incident Initiated
 - Type of Incident
 - PREA Standard
 - Incident
 - Immediate Response
 - Statement/Interviews
 - Summary
 - Documents Reviewed
 - Complainant Notified
 - PREA Incident Review Required
 - Methodology
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.371 (a)

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

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.

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.

115.371 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.334.

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.

115.371 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.371 (d)

The agency shall not terminate an investigation solely because the source of the allegations recants the allegation.

Interviewed Specialized Staff: Investigator indicated that the agency does not terminate an investigation solely because the source of the allegations recants the allegation. The investigation process continues.

115.371 (e)

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

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.

115.371 (f)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual as is and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Interviewed Specialized Staff: Investigator indicated that residents who alleges sexual abuse to submit to a polygraph or other truth-telling device.

115.371 (g)

Administrative Investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Interviewed Specialized Staff: Investigator indicated that the investigations include staff actions or failures and all investigations are documented in written format to include all standard requirements.

115.371 (h)

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

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) [116] 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.

115.371 (i)

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

PAQ: The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was zero.

115.371 (j)

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

Interviewed Specialized Staff: Investigator indicated that the agency retains all written investigation documents for up to ten years plus.

115.371 (k)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interviewed Specialized Staff: Investigator indicated that the investigations will not terminate because the alleged abuser or victim from the employment or control of the facility.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Interviewed Specialized Staff: Investigator indicated that the Department of Justice component have not conducted investigations at this facility.

115.371 (m)

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Interviewed Specialized Staff: The division manager indicated that the facility remains informed of the progress of a sexual abuse investigation if it is being investigated by outside agency through the departments OAS division who works in conjunction with law enforcement relating to criminal cases.

Interviewed Specialized Staff: The agency PREA coordinator indicated according to the MOU with the Sheriff's Office, they are required to inform the Professional Standards and Conduct (PS&C) Unit of the investigation. The PS&C Unit informs selected decision makers with the progress of the sexual abuse investigations.

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

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Supporting Documents, Interviews and Observations

- Hennepin County Sheriff's Office Policy 904, PREA
- DOCCR Professional Standards and Conduct: Investigations
- Investigation Packages (24)

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.372 (a)

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

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 the agency’s 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.

Supporting Documents, Interviews and Observations

- DOCCR Professional Standards and Conduct Investigations
- Completed Notifications Made to Residents (1)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.373 (a)

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

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 notifications were made by the Professional Standards and Conduct Unit, via the Agency's Notification of Investigation Findings.

Interviewed Specialized Staff: The division manager indicated that the facility notifies residents who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.373 (b)

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

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.

PAQ: The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.

115.373 (c)

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The agency notifies residents of the PREA investigations status.

115.373 (d)

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

See section (d) response.

115.373 (e)

All such notifications or attempted notifications shall be documented.

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

115.373 (f)

An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.

Interviewed Specialized Staff: Investigator indicated that the agency obligation to report under this standard will terminate if the resident is released from the agency’s custody.

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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, Prison Rape Elimination Act
- DOCCR Human Resources, Rules, Section 16 and 17
- DOCCR Human Resources, 16.2 Violations and Penalties
- DOCCR Human Resources, 16., General Rules of Conduct
- Documentation of Staff Sanctions (0)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.376 (a)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

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 behaviors, as mandated by PREA and DOCCR policy, will result in disciplinary action up to and including dismissal.

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.

115.376 (b)

Termination shall be the presumptive disciplinary sanction for ho have engaged in sexual abuse.

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.

PAQ: In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero.

PAQ: In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.

115.376 (c)

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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.

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.

PAQ: In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies was zero.

115.376 (d)

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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.

PAQ: In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.

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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, Prison Rape Elimination Act
- PS&C Investigations Policy
- PS&C Incident Intake and Triage Policy
- Documentation of Contractors Sanctions (0)
- Documentation of Volunteers Sanctions (0)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.377 (a)

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

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' Volunteers/interns.
- Any complaint of Staff conducts, 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. 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.

PAQ: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.

115.377 (b)

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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.

Interviewed Specialized Staff: The division manager indicated that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, that the agency takes remedial measures and prohibit further contact with resident. The division manager also describes examples, no contact status or denied temporary access to the facility.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

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

115.378 (c)

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

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

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

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, 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

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Supporting Documents, Interviews and Observations

- DOCCR Policy PREA: Institutional Reporting and Responding to Maltreatment and Sexual Abuse
- DOCCR Policy, Facility Rules and Due Process
- Incident reports
- Investigation packages
- Documentation of Resident Sanctions (0)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.378 (a)

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

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.

Interviewed Specialized Staff: The division manager indicated that the disciplinary sanctions residents are subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse is the judicial process and/or internal due process hearing.

115.378 (b)

Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

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. 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.

Interviewed Specialized Staff: The division manager indicated that the sanctions are proportionate to the nature and circumstances of the abuse committed, the resident disciplinary histories, and the sanctions imposed for similar offenses by other resident with similar histories.

PAQ: In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse was zero.

115.378 (c)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

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. 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. 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.

Interviewed Specialized Staff: The division manager indicated that mental disability or mental illness are considered when determining sanctions.

Interviewed Specialized Staff: The division manager indicated that the facility does not use isolation as a disciplinary sanction.

115.378 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident participate in such interventions. The agency may require participation in such interventions as an incentive, but not as a condition to access to general programming or education.

Interviewed Specialized Staff: The medical MD indicated that if the facility offers therapy, counseling, or other intervention service designed to address and correct the underlying reasons or motivations for sexual abuse, the facility considers whether to offer these services to the offending resident.

115.378 (e)

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Interviewed Specialized Staff: Investigator indicated that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f)

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 shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Interviewed Specialized Staff: Investigator indicated that the agency does not disciplinary resident that report sexual abuse made in good faith.

115.378 (g)

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The agency prohibits all forms of sexual activities between residents and staff.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

Supporting Documents, Interviews and Observations

- DOCCR Policy, PREA, Resident Receiving, Assessment, Classification, and Orientation
- JDC Medical Referral Forms
- Case History Notes to Confirm Mental Health Follow-ups (1)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.381 (a)

If the screening pursuant to standard 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

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.

115.381 (b)

If the screening pursuant to standard 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Interviewed Specialized Staff: Staff perform PREA screening for risk of victimization and abusiveness indicated that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and / or mental health practitioner.

115.381 (c)

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

See section (a) response.

115.381 (d)

Medical and mental health practitioners shall 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.

Interviewed Specialized Staff: The medical MD indicated that staff does obtain informed consent from resident before reporting about prior sexual victimization that did not occur in an institutional setting.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

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

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- JDC PREA Policy, 01-11, PREA Reporting and Responding Process
- The Sexual Assault Resource Services, Sexual 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 Hennepin County Sheriff's Office and DOCCR
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.382 (a)

Resident victims of sexual abuse shall 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.

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.

Interviewed Specialized Staff: The medical MD indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services within an hour.

115.382 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

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). The resident would be stabilized and transferred to the hospital for a forensic examination. That exam would be conducted by a Sexual Assault Nurse Examiner, located at the Hennepin County Hospital.

115.382 (C)

Resident victims of sexual abuse while incarcerated shall be 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.

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.

Interviewed Specialized Staff: The medical MD indicated that victims of sexual abuse offered are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

115.382 (d)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.383 (a)

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

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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.

Supporting Documents, Interviews and Observations

- DOCCR 01-11, PREA Reporting and Responding Process
- Sexual Assault Resources Brochure
- Medical Referrals for Follow-Up Regarding Prior Victimization
- Case History Notes Affirming the Resident was seen by Mental Health for a follow-up
- Victimization Assessments
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.383 (a)

The facility shall 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.

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.

115.383 (b)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

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.

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.

Interviewed Specialized Staff: The medical MD indicated that evaluation and treatment of residents who have been victimized entail, ensuring their safety and contracting the supervisor and for sexual assault immediate transfer to ER for SANE exam.

115.383 (c)

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Interviewed Specialized Staff: The medical MD indicated that medical and mental health services offered are consistent with community level of care.

115.383 (d)

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Interviewed Specialized Staff: The medical MD indicated that pregnancy test is offered to victims of sexual abusive vaginal penetration.

115.383 (e)

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Interviewed Specialized Staff: Medical staff indicated that if pregnancy results from rape, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (f)

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Interviewed Specialized Staff: The medical MD indicated that if pregnancy results from sexual abuse while incarcerated victims are given timely information and access to all lawful pregnancy – related services. This information is given during ER evaluation.

115.383 (g)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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. It 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.

115.383 (h)

The facility shall 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.

Interviewed Specialized Staff: The medical MD indicated that mental health is consulted to provide evaluation which occurs within 7 days.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- 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.

Supporting Documents, Interviews and Observations

- DOCCR PREA, Sexual Abuse Data Collection and Review
- DOCCR Prison Rape Elimination Act Incident Review Team Process
- Incident Reports (20)
- Investigation Final Report (20)
 - Complainant or Incident Initiated
 - Type of Incident
 - PREA Standard
 - Incident
 - Immediate Response
 - Statement/Interviews
 - Summary
 - Documents Reviewed
 - Complainant Notified
 - PREA Incident Review Required
 - Methodology
- 2019 Annual Report
- JDC Policy, PREA Reporting and Responding
- Investigation Packages
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.386 (a)

The facility shall 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.

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.

Interviewed Specialized Staff: The division manager indicated that the facility has a sexual abuse incident review team.

115.386 (b)

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

See section (a) response.

115.386 (c)

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

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.

Interviewed Specialized Staff: The division manager indicated that the sexual review team include upper-level management officials and allows for input from line supervisors, investigators and medical or mental health practitioners.

115.386 (d)

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)1) – (d) (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

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.

Interviewed Specialized Staff: The division manager indicated that the team use the information from the sexual abuse incident review to determine needed changes to policy/procedure, education and training for both staff and residents and improvement to the process as a means of corrective actions.

115.386 (e)

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The agency implement recommendation for improvement and document if the agency do not implement.

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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, Sexual Abuse Data Collection and Review
- DOCCR Data Collection Instrument
- Survey of Sexual Victimization, 2018 Summary Form
- SSV Individual (5)
- 2019 PREA Annual Report
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.387 (a)

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

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.

115.387 (b)

The agency shall aggregate the incident-based sexual abuse data at least annually.

The reviewed 2019 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 2019. 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.

115.387 (c)

The incident-based data collected shall 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.

See section (a) response.

115.387 (d)

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency maintains, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. A review of the 2019 Agency Annual Report reflects that the agency is compliant with this process.

115.387 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

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.

115.387 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The agency provides required data to DOJ thru completing the SSV reports.

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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, Sexual Abuse Data Collection and Review
- 2019 Annual Report
- Agency Website
- Interviews:
 - Staff
 - Residents

115.388 (a)

The agency shall review data collected and aggregated pursuant to standard 115.87 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;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

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.

Interviewed Specialized Staff: The agency head indicated that the agency uses incident-based sexual abuse data to assess and improve sexual prevention, detection, and response policies, practices, and training. Data is reviewed for patterns in location, staff compliment, resident activity. Any patterns identified are addressed through reviews of procedures, policies,

training, staffing, or any other items that are identified based on the data review. Changes are implemented when warranted after those reviews.

The agency head also stated that she approval all annual reports.

Interviewed Specialized Staff: The agency PREA coordinator indicated that 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, and training. The PREA coordinator also meets with the divisions to document findings on the PREA Incident Review form. This information is securely kept in the division manager's file. Professional Standards and Conduct Unit has a secured database and keeps paper files in a lock room.

115.388 (b)

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

See section (a) response.

115.388 (c)

The agency's report shall be approved by the agency heard and made readily available to the public through its website or, if it does not have one, through other means.

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.

115.388 (d)

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicated the nature of the material redacted.

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.

Interviewed Specialized Staff: The agency PREA coordinator indicated that DOCCR does indicated the nature of the material redacted. These requirements are outlined in the PREA Sexual Abuse Data Collection and Review Policy.

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.

Supporting Documents, Interviews and Observations

- DOCCR Policy, Sexual Abuse Data Collection and Review
- 2019 Annual Report
- Interviews:

- Staff
- Residents

115.389 (a)

The agency shall ensure that data collected pursuant to standard 115.387 are securely retained.

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.

115.389 (b)

The agency shall 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.

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.

115.389 (c)

Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

See section (b) response.

115.389 (d)

The agency shall 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.

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.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? 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.

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Juvenile Facility
- 2019 Annual Report
- Interviews:
 - Staff

115.401 (a)

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.

The agency began having their facility's audited in 2017. At this point, the agency complied with the auditing process.
Compliant.

115.401 (b)

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

The agency began having their facility's audited in 2017. At this point, the agency complied with the auditing process.

Compliant.

115.401 (c)

The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA related issues.

The agency has not received and recommendation from the Department of Justice, however, the agency is prepared to comply with any request receive by DOJ.

Compliant.

115.401 (d)

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

Compliant.

115.401 (e)

The agency shall bear the burden of demonstrating compliance with the standards.

Compliant.

115.401 (f)

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.

Compliant.

115.401 (g)

The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

Compliant.

115.401 (h)

The auditor shall have access to, and shall observe, all areas of the audited facilities.

Compliant.

115.401 (i)

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

Compliant.

115.401 (j)

The auditor shall retain and preserve all documentation relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

Compliant.

115.401 (k)

The auditor shall interview a representative sample of residents, residents, and detainees, and of staff, supervisors, and administrators.

Compliant.

115.401 (l)

The auditor shall be permitted to conduct private interviews with residents, residents, and detainees.

Compliant.

115.401 (m)

Residents, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Compliant.

115.401 (n)

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

Compliant.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. 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.

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Juvenile Facility
- 2019 Annual Report
- Interviews:
 - Staff

115.403 (a)

Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Compliant.

115.403 (b)

Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

Compliant.

115.403 (c)

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

Compliant.

115.403 (d)

Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

Compliant.

115.403 (e)

Auditor shall redact any personally identifiable resident or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

Compliant.

115.403 (f)

The agency shall ensure that the auditor's final report is published on the agency's website if it has on, or is otherwise made readily available to the public.

Compliant.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr.

December 4, 2020

Auditor Signature

Date

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

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