

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: July 3, 2015

Auditor Information			
Auditor name: Robert G. Lanier			
Address: 1825 Donald James Road, Blackshear, GA 31516			
Email: robrunsslow@gmail.com			
Telephone number: 91-281-1525			
Date of facility visit: June 22, 2015			
Facility Information			
Facility name: Hennepin County Home School			
Facility physical address: 14300 County Road 62, Minnetonka, MN 55345-6706			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 612-596-0550			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Randy Bacon			
Number of staff assigned to the facility in the last 12 months: 150			
Designed facility capacity: 64			
Current population of facility: 38			
Facility security levels/inmate custody levels: Staff and Hardware Secure; but no fences			
Age range of the population: 12-20			
Name of PREA Compliance Manager: Randy Bacon		Title: Acting Superintendent	
Email address: Randy.Bacon@hennepin.us		Telephone number: 612-596-0607	
Agency Information			
Name of agency: Hennepin County Department of Community Corrections and Rehabilitation			
Governing authority or parent agency: <i>(if applicable)</i> Hennepin County Government			
Physical address: 300 South 6 th Street, Minneapolis, MN 55487			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 612-348-7962			
Agency Chief Executive Officer			
Name: Chester Cooper		Title: Department Director	
Email address: Chester.Cooper@hennepin.us		Telephone number: 612-48-7962	
Agency-Wide PREA Coordinator			
Name: Patricia Mullen		Title: PREA Coordinator and Safety Manager	
Email address: Patricia.Mullen@hennepin.us		Telephone number: 612-596-7869	

AUDIT FINDINGS

NARRATIVE

The Hennepin County Home School (HCHS), located at 14300 County Road 62, Minnetonka, MN, is a 64 bed treatment facility operated by the Hennepin County Department of Community Corrections and Rehabilitation. The facility serves male and female youth who have been committed by the courts and deemed in need of treatment and/or rehabilitation. State Licensed, the facility provides both long and short term services for juveniles ages 13-20. Following adjudication and commitment by the courts, a screening committee decides the most appropriate placement resource for the youth.

Programs provided by the HCHS include the following: Girl's Focus Program, Short Term Adolescent Male Programs and the Adolescent and Family Sexual Health Services Program.

The Girl's Focus Program is a residential gender and culturally-responsive treatment program for girls. Girls must be 13-18 years old, have an IQ of 75 and above, court ordered, have a current psychological assessment, a history of failed community based interventions and a pattern or patterns of "acting out" behaviors resulting in harm to self or others. It provides a safe, structured, therapeutic environment to promote the growth and rehabilitation of adolescent females who are at risk to themselves or to the community. Evidence-based and gender-responsive interventions target each young woman's individual risk and need areas to stabilize, teach and develop skills and strategies that will better enable her to lead a safe and productive lifestyle when she returns to the community. There is a short-term (90-120 days) residential program focusing on stabilization, short-term intervention, engagement of family and community resources, development of a comprehensive safety plan, transition or return to the community with individualized treatment goals as well as chemical dependency treatment. The Long Term Program, lasting between six and nine months, focuses on community safety, intensive dialectical behavior therapy, psychiatric consultation, engagement of family and community resources, chemical dependency treatment, development of a comprehensive relapse prevention and safety plan and transition or return to the community with individualized treatment goals and aftercare services.

Short Term Adolescent Male Programs (STAMP) are residential treatment programs for adolescent males at the HCHS. STAMP is a 90-120 day intervention program for low to moderate risk youth. STAMP Plus is a four-six month intervention program for high risk youth. Both programs use cognitive behavioral therapy to change behavior and foster healthier ways of thinking and communicating. Both programs focus on stabilization, community safety, cognitive behavioral therapy, psychiatric consultation, chemical dependency treatment, engagement of family and community resources, development of a comprehensive safety plan and transition or return to the community with an individualized plan. Youth who are eligible for the programs include adolescent males 13-19 years old, court ordered, have IQs of 80 and above, with offense levels of gross misdemeanor or felony.

The Adolescent and Family Health Sexual Health Services is a state-certified treatment program at the HCHS for youth who have committed sexual offenses or have sexual problems that disrupt their daily lives. The program identifies services needed by each individual; matches them with the identified risk level; and provides caring, specialized treatment in a least restrictive environment. The program is provided short (120 days) and long term (12-14 months). Short term focuses on stabilization, short-term intensive intervention, engagement of family and community resources, development of a comprehensive safety plan, transition or return to the community with individualized treatment goals and chemical dependency treatment. Eligibility for the short term program include the following: youth must be low to moderate risk youth between 14-18, adjudicated for a sexual offense, first time or repeat offender, youth failing outpatient services, youth who do not have a stable living environment and need community placement and youth with significant chemical dependency concerns.

The long term program includes comprehensive clinical services, psychosexual assessment, sexuality education and individual, family and group therapy. It focuses on community safety, long-term intensive therapy, psychiatric consultation, engagement of family and community resources, sexual health, chemical dependency treatment, development of a comprehensive relapse prevention and safety plan and transition or return to the community with individualized treatment goals and aftercare services. Eligibility for long term placement include the following: youth between the ages of 14-17 ½, adjudicated delinquent for a sexual offense, youth who have completed a psychosexual evaluation and identified as high risk and recommended for long term residential sex offender treatment, youth who have failed outpatient or residential programs and youth demonstrating significant sexual deviancy, sexual aggression or patterned offending behaviors.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Hennepin County Home School (HCHS) is a state licensed residential treatment center for adolescent males and females ages 12 through 20 who are committed by the court. The campus, located on 167 beautiful acres in a rural setting, provides a safe and secure environment consisting of four 24 bed residential cottages, educational facilities and an administration and services building.

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

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

There are four cottages that are operational at this time. Each cottage has wings or halls extending from a lobby/control area. Youth are housed in single rooms. Cottage C-2, the Focus Cottage, is licensed for a maximum population of 18. The STAMP cottage, C-3, (short term) has a licensed capacity of 10 male youth. The Adolescent and Family Sexual Health Services unit has a licensed capacity of 16. Lastly the STAMP PLUS housing unit has a licensed capacity of 20.

The HCHS has a total of 152 staff. These include, in addition to the Superintendent and Assistant Superintendent, 19 other administrative staff, six maintenance staff, three drivers (transportation), 17 educational staff (contracted through the local board of education), 15 social workers and corrections counselors, 14 corrections supervisors and 76 juvenile correctional officers.

Medical and mental health services are provided contractually through Corizon. Corizon provides on site health care services with licensed nurses on duty from 6:30AM through 11:00PM, seven days per week. Health care services are directed by the nurse supervisor. A physician is on site weekly for seven hours and a dentist for three hours. A psychologist is on site twice a week for a total of 10 hours per week. Psychiatric services are provided on site and these services have recently had an increase in on site hours. There are total of 13 full time and two part time social workers and corrections counselors. There are no SAFE/SANES employed by Corizon however the facility has a Memorandum of Understanding with the Hennepin County Medical Center and Nurse Examiners are available through the Sexual Assault Resources Services. The Sexual Assault Resources Services has 22 Certified Nurse Examiners.

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

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted in the facility on May 5, 2015, over six weeks prior to the date of the on-site visit. Posting was verified by photos received electronically from the Hennepin County Department of Community Corrections and Rehabilitation (DOCCR) PREA Coordinator. The USB flash drive containing the Pre-Audit Questionnaire, DOCCR Policies, Hennepin County Home School Policies and other supporting documentation was received on May 8, 2015. The documentation that was uploaded onto the flash drive was comprehensive, detailed, exceptionally well organized and more than easy to navigate. The Pre-Audit Questionnaire (PAQ) contained supporting policies and other documentation embedded at each of the appropriate substandards supporting the facility's responses on the PAQ as to whether the facility was in compliance with a particular substandard. This was an excellent practice and facilitated the review. Policies, both DOCCR and HCHS, were well written and documented the department and facility's response to preventing, detecting, responding and reporting sexual abuse and sexual harassment. The format of the policies and procedures was quite interesting. To the side of designated and applicable paragraphs, the facility or departmental staff responsible for implementing and ensuring compliance with that paragraph were identified. Another feature of the policies and procedures I found effective was the fact that PREA Standards requirements were often repeated in a number of related policies. This process not only addressed specific policies but it also repeatedly reinforced the PREA Standards. Clarification was requested in several areas and was provided expeditiously. The responsiveness of this team, including the PREA Coordinator and Facility Staff, was exceptional.

The auditor arrived at the facility at 7:45AM, Monday, June 22, 2015 and was greeted by the agency's PREA Coordinator, followed by the Superintendent and the Assistant Superintendent. A brief meeting with the PREA Coordinator, Superintendent and Assistant Superintendent was held in the administration building's conference room. Introductions were made and strategies for the audit process were discussed. Additional documentation was provided and tentative selections for interviews were made. Following the entrance conference a tour of the facility was conducted. Notices were posted throughout the facility providing youth, staff and visitors the opportunity to contact the PREA Auditor prior to the audit. No contacts/communications were made prior to the audit. The large administration building contained numerous offices, a Crisis Intervention Unit, Education, Medical and Mental Health, a state of the art training room, an art room, food services/dining area, a gym and a master control room. The control room was spacious. It contained equipment typically found in secure facility's control rooms including radios, key boxes, entry control, and numerous video camera monitors. The Superintendent indicated there were over 100 cameras throughout the facility. The control room operator had the capacity to use a joy stick to tilt and zoom the cameras for expanded views. Additionally the operator was very knowledgeable of routine and emergency procedures, including the emergency response plans to a PREA related incident. Cameras were observed throughout the facility. Additionally staff were noticed posted in halls, especially in the education area. The Superintendent related that direct line of sight supervision is expected with cameras augmenting staff observations and direct supervision. A mini control area is located in the education area where staff monitor operations in the education area and assist in movement of youth. The Superintendent related an incident that occurred in the past in the library behind a high book shelf. The height of the book shelf created a blindspot enabling youth to engage in some form of sexual misconduct. As a result of the incident review, the book shelf was removed and repositioned against a back wall. The facility does not use isolation but does have a crisis intervention unit housing youth who are there as a result of a due process hearing. These rooms are single cell with cameras. The area around the toilet is blacked out and youth are allowed to dress and use the bathroom without being viewed. It was also observed in the female unit cottage that there are several rooms for high risk youth (high risk for suicide). These rooms are equipped with cameras to enable staff to monitor potentially suicidal youth. The youth are clothed in protective garments when in the rooms and there are no restroom facilities in the rooms. An interview with a staff in the unit indicated that the cameras are turned off when a youth is dressing in the mornings. The cottages are designed with a central hub area, with a kitchen and day room area with wings extending off from this area. Rooms are single occupancy. The medical unit did not have any cameras. The rationale given was that the clinic is off limits to youth when the clinic is closed and that all youth were directly supervised while in the area. Too, the keys to medical are restricted and accessible only to medical staff. It was recommended that laminated signs be placed on solid doors throughout the facility simply saying something like "Authorized Staff Only, No Youth Allowed". This will obviously not keep a predator from going behind the closed door but it provides one other action the facility took to mitigate their liability in the event an incident did occur. Posters were observed throughout that facility as were telephone numbers to outside agencies to report allegations of sexual assault and to access advocacy services. Staff reported that showering procedures require one youth to be showered at a time and supervision by same gender staff.

There were 38 youth at the facility on the day of the audit. None of the youth were identified as disabled or Limited English Proficient. One youth was identified as lesbian and several youth had reported prior victimization in the community. Ten youth were interviewed. Youth were very knowledgeable of PREA, the Zero Tolerance Policy and reporting procedures. Every interviewed youth reported they had confidence in at least one staff member and that they would not hesitate to report it to them. The youth who identified as lesbian was interviewed. She indicated that she has been treated no differently from any other youth nor was she placed in specific housing as a result of her status. The youth reporting prior victimization were interviewed. They stated they reported their prior victimization upon admission and were seen by mental health either the same day or just few days afterward. One youth reported that she was pansexual. She related she had not received differential treatment as a result of her identification.

Staff interviews were comprehensive and included discussions with staff during the tour, 10 structured interviews with direct care staff, the agency head designee, the Agency PREA Coordinator, Agency Contract Administrator, Agency Labor Relations Manager, Professional Standards and Conduct Manager (Investigations and Background Clearances), Nurse Manager, Mental Health Social Worker, Sexual

Assault Services Nurse Examiner, Superintendent/PREA Compliance Manager, Volunteer Coordinator, Intake Staff, Training Manager, Facility Contracts Manager, a volunteer and the facility personnel manager. Interviews included staff serving as first responders, staff supervising youth in room confinement, staff serving as retaliation monitors and staff serving on the incident review committee as well as others. Staff were articulate, enthusiastic and very knowledgeable of PREA and their responsibilities related to prevention, detecting, responding and reporting.

The background clearance process is very thorough and includes pre-employment disclosure, seeking PREA related information from previous employers with the applicant's written consent for the release of information, database checks and fingerprints. The Professional Standards and Conduct Manager is responsible for this process. She described an extensive and thorough process including checks for staff being promoted and every 5 years.

Interviews with male and female youth from all of the cottages, interviews with direct care staff, supervisors and numerous specialized staff as well as reviewed policies and procedures and other supporting documentation confirmed that the facility is in full compliance with the PREA Standards.

At the conclusion of the audit at 5:00PM on June 23, 2015, an exit conference was conducted. Those attending included the Agency PREA Coordinator, the Facility Superintendent and the Facility Assistant Superintendent. The findings were presented and no additional documentation was needed. A final report will be issued within 30 days. The auditor thanked the team for their hospitality, their professionalism and for being so responsive in providing additional information when it was requested.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Hennepin County Home School and the Department of Community Corrections & Rehabilitation have clearly written and detailed PREA policies mandating zero tolerance for all forms of sexual abuse and sexual harassment. These policies also outline the approaches to preventing, detecting responding and reporting sexual abuse and harassment.

The Facility Superintendent serves as the Facility PREA Compliance Manager. An interview with him indicates that he is knowledgeable of PREA and the PREA Standards and that he has sufficient time and authority to develop, implement, and oversee the efforts to comply with PREA. The Hennepin County Department of Community Corrections and Rehabilitation (DOCCR) has designated an Agency PREA Coordinator. The PREA Coordinator, who is a Certified PREA Auditor, reports to the Corrections Area Director and is included on the DOCCR organizational chart. Interviews and conversations with the Agency PREA Coordinator indicated that she is very knowledgeable and very committed to PREA. The Facility PREA compliance manager is listed on the facility organizational chart. He reports directly to the Corrections Area Director for Juvenile Services.

The Hennepin County Department of Community Corrections and Rehabilitation Workplace Safety, Environment and Safety Training Unit submitted the County's Prison Rape Elimination Act (PREA) Definitions.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Facility does not contract with any outside contractors to provide confinement for residents. An interview with the agency contract administrator indicated that PREA compliance language is included in all professional services contracts and in any contracts for the confinement of residents if it occurred. He provided multiple copies of contracts that were observed to contain the required language.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has developed, documented and implemented a staffing plan that provides for adequate levels of staffing to protect residents from sexual abuse. The Routine and Emergency Staffing policy ensures adequate staffing for routine daily staffing needs and a declared emergency. In calculating adequate staffing levels and determining the need for video monitoring, the facility takes into consideration all the PREA requirements in the Staffing Plan Assessment. The facility ensures that all hidden or secluded areas such as closets, mop rooms, hopper rooms, storage areas and offices, etc., where covert sexual behavior may occur, are monitored and the doors kept locked and secured at all times. There are no cameras in medical however staff stated that medical is "off limits" to youth after hours and that they are under staff supervision while receiving services there. It was recommended that laminated signs stating "Authorized Staff Only" "No Youth Allowed" be placed on all solid doors that do not have cameras covering entrances to those areas and that these areas are checked during unannounced rounds. The Superintendent stated that the Home School is licensed by the Department of Corrections. The required minimum staff to youth ratios for licensing purposes are 1:12 during awake hours and 1:25 at night however the DOCCR requires, in DOCCR Policy 1.9, Routine and Emergency Staffing, that the Home School follow the PREA Standards for staffing ratios of 1:8 during awake hours and 1:16 during resident sleep hours. In the past 12 months the facility reported one deviation from the evening staffing ratios. That deviation was documented in the Superintendent's log dated March 4, 2014. Policy 1.9, Routine and Emergency Staffing, requires supervisory staff to conduct a minimum of two unannounced rounds per shift. These are documented in the Superintendent's log, including times when rounds were completed.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The Hennepin County Home School staff are not permitted to conduct cross gender searches or cross-gender visual body cavity searches. Department of Community Corrections and Rehabilitation Policy (DOCCR) 3.12, Resident Searches, clearly states staff will only conduct searches of same gender residents. It also prohibits staff from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. DOCCR Policy 1.9, Routine and Emergency Staffing, requires same gender medically licensed staff to perform medical procedures, upon request by the resident. It also requires that same gender medically licensed staff from the Hennepin County Medical Center be assigned to perform internal body searches. Staff announce their presence when entering an opposite gender housing unit by ringing a door bell and announcing their presence. Staff and youth reported opposite gender staff are not allowed on the halls where showers are being conducted. Staff are not allowed to monitor residents in areas where residents perform bodily functions, shower and/or change clothing. This excludes staff monitoring residents completing routine basic hygiene habits such as brushing teeth and washing hands and faces. There are cameras located in the high risk safety rooms in the girl's unit. Youth who present a high risk for suicide and who are on a high level of observation as a result of suicide potential are housed there. These rooms are not equipped with a toilet or lavatory. Interviewed staff consistently reported that in the event that a male staff is monitoring the room via video camera, when it is time for the youth to change clothes, the monitor is shut off and a same gender staff monitors safety from outside the room. The Superintendent provided the auditor with a signed written statement confirming that this is the facility's practice. Rooms in the Room Time Confinement area are equipped with cameras. These rooms have toilets. The area around the toilet is obscured and not visible on the video camera. 100% of the interviewed staff and youth reported that cross gender searches are not allowed at this facility. Youth reported they have never seen a youth searched by an opposite gender staff.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Hennepin County Home School provides juvenile orientations in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills. The facility has taken reasonable steps to ensure meaningful access to all aspects of prevention, detection, and responding to sexual abuse and sexual harassment for 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. Hennepin County conducted a comprehensive assessment to ascertain the predominant languages in the county. Based on that assessment DOCCR developed a Limited English Proficiency (LEP) Plan to guarantee services to the LEP population. The agency then developed and entered into four contracts with interpretive services providers, including on site face to face interpretation, sign language and telephonic interpretive services. The Youth Safety Guides are printed in Spanish and English. Hennepin County Home School prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in exigent circumstances where an extended delay in obtaining a certified interpreter could compromise the victim’s safety. All of the interviewed staff reported that resident interpreters are prohibited except in emergencies.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Home School procedures prohibit hiring or promoting staff and contractors who may have contact with youth, who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 for having engaged in the activity. The DOCCR Professional Standards and Conduct (PS&C) Unit completes the Pre-Employment Questionnaire, solicits required information from previous employers using the PREA Employment Mailing Form containing a signed consent for the release of information and conducts background checks, including finger prints. The level of the check depends on the level of contact the employee, volunteer, contractor or intern would be having with youth. An interview with the Director of the PS&C as well as with the Home School Human Resources Staff revealed a very thorough process for conducting background checks, including criminal record checks every five years for all staff, volunteers, and non-escorted contractors and vendors. Eleven of 11 reviewed personnel files contained documentation of background clearances.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The Superintendent provided documentation indicating the video camera monitoring system was installed in 2005 and upgraded during 2013-2014. There are 106 cameras located throughout the facility and grounds. Seventy-two of those are located in the cottages housing the youth and throughout the facility. Thirty-four cameras are located in the Epsilon School Area. There is a monitoring station in the education as well. In addition, staff in education are posted at several different locations to provide additional monitoring of movement in and out of the classes and in the halls. A blind spot existed in the library because of a large book shelf positioned lengthwise. Viewing was obscured and two youth allegedly engaged in prohibited behavior. As a result of the incident review, the bookshelf was moved enabling cameras to view all areas of the library. In addition to the control room at the entrance to the administrative building, another monitoring station with video camera monitoring capacity is operational and manned after normal duty hours. Cameras are also tilt and zoom, adding another dimension for viewing a larger area. The Superintendent related he is able to view cameras off site on his computer. The Director of the Professional Standards and Conduct Office (Investigations) also has access to viewing from remote sites. The Superintendent stressed several times that the facility depends on direct supervision of youth as well as the video technology.

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Hennepin County Home School's (HCHS) outside investigators use approved evidence protocols when investigating allegations of sexual abuse. The Department of Community Corrections & Rehabilitation (DOCCR) policy dated March 28, 2014, Professional Standards and Conduct: Investigations, stated the Professional Standards and Conduct Unit will investigate allegations of employee misconduct as directed by Department Administration and the Department investigations will be conducted only by DOCCR approved and trained investigators. An informative interview with the Manager of the PS&C indicated she and her investigators have received all required training, including specialized training. She also described a detailed and comprehensive process for conducting investigations and making determinations based on a preponderance of the evidence in administrative investigations. Criminal investigations are conducted by the Hennepin County Sheriff's Office (HCSO). This was confirmed through reviewing the Memorandum of Understanding between the HCSO and the Department of Community Corrections and Rehabilitation.

HCHS offers residents who experience sexual abuse access to forensic medical examinations through the network of 22 Sexual Assault Nurse Examiners provided by the Sexual Assault Resource Services (SARS) program. Exams will be conducted at the

Hennepin County Medical Center. An interview with a Sexual Assault Resource Services (SARs) Nurse Examiner indicated Sexual Assault Forensic Examinations are conducted by the Hennepin County SARs. HCHS makes available to the victim a victim advocate from the Sexual Violence Center (SVC). A Memorandum of Understanding was entered into on April 6, 2015 with the Sexual Violence Center to provide direct services to victims/survivors of sexual violence who are at least twelve years of age or older. These confidential and free services include: a 24-hour crisis line, support during evidentiary exams, support groups, 1:1 counseling, legal advocacy, personal advocacy, assistance with filing for reparations, and accompanying the youth to court.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Hennepin County Home School ensures that all allegations of sexual abuse and sexual harassment are referred for to the Office of Professional Standards and Conduct. The Department of Community Corrections & Rehabilitation (DOCCR) policy dated March 28, 2014, Professional Standards and Conduct: Investigations, states that all allegations of sexual abuse and sexual harassment will be referred to the Professional Standards and Conduct Unit for investigation and/or when required, law enforcement pursuant to the memo of understanding with Hennepin County Sheriff's Office.

DOCCR Policy, Incident Intake and Triage, requires that all allegations of sexual abuse, harassment, employee misconduct, and/or criminal behavior occurring within the DOCCR are immediately reported to the Division Manager and/or Professional Standards and Conduct (PS&C). Any employee of the DOCCR who has information regarding or has been witness to another employee, contractor, contract staff or volunteer/intern engage in sexual abuse, harassment and/or employee misconduct and/or criminal behavior must immediately report to their Division Manager and/or PS&C. Incident referrals have no time limits. Complaints will be accepted from any sources, including third party and anonymous reports. An interview with the Director of the PS&C indicated that she and her staff are available 24/7 to accept referrals. She stated the reports are then triaged and responded to accordingly. Reports of touching or penetration as well as other criminal related incidents are immediately referred to the Hennepin County Sheriff's Office Detective(s) who are available 24/7 as well. The Director was very professional, articulate and informed. She was enthusiastic about how the office responds to incident reports and described a very thorough triage process followed by a very detailed and comprehensive investigation process. Reviewed investigation reports were extremely detailed and thorough and included reviewed incident reports, witness statements, reviewed video and other evidence collected. Administrative investigations concluded with a finding based on a preponderance of the evidence. Department of Community Corrections & Rehabilitation maintains a county website which provides, for the public, policies governing investigations as well as a number for reporting allegations of sexual abuse or sexual harassment

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Department of Community Corrections & Rehabilitation (DOCCR) developed a PREA Training Requirements by Job Function Matrix. The PREA policy, section D, Training, requires the PREA Coordinator to design and deliver training to staff which includes:

1. Definitions of sexual abuse, sexual misconduct, and sexual harassment;
2. Staff responsibilities under DOCCR's PREA policy;
3. The process for reporting PREA sexual victimization;
4. Their responsibilities in the detection, prohibition, reporting, and consequences of sexual assault, sexual misconduct, and sexual harassment.
5. Teaching staff that an offender alleging sexual abuse is the alleged victim of a criminal act and by law their identity must remain confidential.

Hennepin County Home School provides all supervisors with PREA orientation training. The purpose of the training is to educate and explore responsibilities as supervisors and focuses on preparing supervisors to assume their role as leaders in creating and perpetuating a work place that embraces a culture of PREA. The training includes:

1. PREA Statistics
 - o Bureau of Justice Statistical Overview for 2012
 - o Complete Bureau of Justice Statistics, Sexual Victimization in Juvenile Facilities Reported by Youth, 2012 Report
 - o Bureau of Justice Statistics Special Report: Sexual Victimization in Juvenile Facilities Reported by Youth, 2008 – 2009.
2. Civil Liability: 90 minute Webinar/Legal Liability for Sexual Abuse in Custodial Setting (Review by staff prior to classroom training).
3. PREA Juvenile Standards
4. Minnesota State Laws
5. Department of Community Corrections & Rehabilitation Policies
6. County Home School Policies
7. Training Matrix
8. Resident Orientation
9. Mandated Reporting VS PREA Reporting
10. The Importance of Having A "Culture of PREA"
11. Audit Process
12. Share Point Site Introduction
13. Conference Obligation

Interviewed staff were able to articulate training they had received either on line and with their supervisors including the Zero Tolerance Policy, prevention, detecting, responding and reporting. They were knowledgeable of the facility's policies relating to searches, cross gender viewing, identifying youth who may have been victimized, their duties as first responders, reporting and investigations.

Reviewed program rosters and staff acknowledgements indicated that they have read/attended and understood the content of the courses.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

Hennepin County Home School ensures that volunteers and contractors who have contact with residents have been trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures.

Volunteers and contractors receive a letter from the Area Director giving them information on the zero tolerance policy and a brochure entitled "Preventing and Reporting Sexual Misconduct with Offenders" and requires them to view a video on the Prison Rape Elimination Act. Volunteers are required to sign the Prison Rape Elimination Act Volunteer Training Confirmation confirming that they received all of this information and understand all PREA information.

An interview with a facility program volunteer coordinator indicated a process for informing and educating volunteers and contractors that included coming in for an informational interview, watching a one hour PREA Training Video, receiving DOCCR Policies 1.7, Zero Tolerance and 1.5, PREA Reporting and Responding Process and receiving the brochure "Preventing and Reporting Sexual Misconduct with Offenders. At the completion of the training, volunteers acknowledge their understanding of their responsibilities under DOCCR's policies and procedures, Zero Tolerance and how to report sexual abuse and sexual harassment. They also acknowledge that they have been encouraged to ask questions about the materials they were provided. An interview with a facility volunteer via telephone confirmed the training process as well as his understanding of Zero Tolerance and reporting procedures. The brochure volunteers and contractors are provided is very informative and includes "red flags" as well as a paragraph on "abuse of power and why consensual relationships are unethical. A sampled review of five acknowledgments indicated volunteers are receiving the training as required.

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Hennepin County Home School Zero Tolerance policy dated September 1, 2014 requires all residents to receive PREA education regarding sexual conduct as a part of the HCHS orientation. The residents are provided with oral and written information regarding inappropriate sexual conduct, prevention and intervention, self-protection, and reporting inappropriate sexual conduct including abuse and/or assaults. As a part of the resident's orientation process, they are provided with a PREA informational video, a PREA brochure, and a resident handbook. All residents have access to PREA information posted in plain view throughout the facility with information regarding reporting resources. Residents completing the HCHS orientation sign acknowledgements, which are placed in MAIN (database). Reviewed acknowledgments, as well as interviews with 11 residents, randomly selected from each living unit, indicated that youth were provided the initial PREA Education the same day as admission. Interviews also consistently confirmed on-going and comprehensive education, including watching PREA Videos and taking an exam at least every two weeks. Youth were very knowledgeable of PREA and identified multiple ways for reporting, both verbally and in writing, internally and externally, as well as through third parties.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOCCR Professional Standards and Conduct Unit (PS&C) conducts all administrative investigations into allegations of sexual abuse, sexual misconduct, and/or sexual harassment. The PS&C investigators have received the required specialized training that included the following:

1. A 2.5 Day PREA Investigative Training provided by the Moss Group, Inc. (March 18-20, 2013 and November 4-6, 2014).
2. Internal Affairs Investigations provided by the Upper Midwest Community Policing Institute.
3. Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators provided by National Corrections Academy.

An interview with the Director of the PS&C and reviewed training certificates from the National Corrections Academy indicated that she and all of her investigators have received the required training.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Medical and Mental Health Services are provided through Corizon. Corizon was responsible for developing their specialized Training. The reviewed curriculum documented specialized training. The Corizon Nurse Supervisor stated in an interview that all of the Corizon Staff had received the specialized training as required. An interview with one mental health staff, a licensed social worker indicated that she had received the required specialized training. Reviewed training documents provided by Corizon documented the training provided.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The County Home School (CHS) policy, PREA: Resident Receiving, Assessment, Classification and Orientation dated November 1, 2013, created a process for receiving, assessing, classifying, and providing facility orientation to residents to reduce the risk of sexual abuse/misconduct/harassment and to identify residents likely to be vulnerable to and/or those who may be perpetrators of sexual abuse/misconduct/harassment. Residents coming to the facility have been adjudicated and committed to a specific program within CHS therefore the specific housing unit is pre-determined by program assignment from the courts. Interviews with the Intake Staff person, who also is responsible for vulnerability screening, indicated that youth are screened during the admissions process. HCHS has the capacity to schedule admission days therefore one Intake Staff and a backup conduct the admissions and intake process. 100 % of the 10 interviewed youth reported that the vulnerability assessment and the initial PREA Orientation are conducted the same day they were admitted.

The PREA Assessment instrument covers all of the information required by PREA Standards. Residents are reassessed as necessary and appropriate or at least every 10 days if a resident has been isolated, using the objective risk assessment tool for potential vulnerabilities and/or tendency to act out with sexually aggressive behavior. The Superintendent provided the auditor with a memorandum stating that staff continuously assess vulnerabilities. They consider all new information each time the weekly treatment team meetings are conducted. If there are changes that would require a new reassessment, it would be done.

For youth 18 years or older, Hennepin County Schools obtains informed consent from the youth before reporting information about prior Sexual Victimization that did not occur in an institutional setting. Interviews with youth who reported prior victimization, direct care staff, supervisors and mental health staff confirmed that youth who report prior sexual victimization are seen by mental health either the same day or no more than 48 hours after reporting.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Hennepin County Home School (HCHS) policy describes how youth will be screened within 72 hours of intake for vulnerability and victimization. Information obtained from the intake screening and subsequent testing and interviews, are used to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse and sexual harassment. This screening helps determine whether the youth is an appropriate fit for the program and whether housing accommodations can be met.

Residents admitted to HCHS are youth who have been committed to the DOCCR. They have been screened by a DOCCR screening committee to determine the most the most appropriate treatment placement. HCHS provides an array of treatment options for the Department. The recommendations are submitted to the courts for consideration for placement. The courts determine the placement and order the youth to a specific program at the HCHS for a specified time frame. CHS receives an email and a written court order and schedules an admission date.

The HCHS Intake Staff completes all screening of residents as required by MN Rule 2960 and PREA Standard 115.341. The interviewed intake staff related that, during intake and admissions, she reviews all information in the youth's database file going through every tab to determine if there is any information she needs to include in her vulnerability assessment. The intake interview and vulnerability assessment are completed in private. After a youth has been screened using the PREA Screening Assessment tool on the JDC Share Point site and a score has been entered, intake staff transfer those results to MAIN. A red x that serves as an alert appears on the MAIN Roster for that youth noting either risk for vulnerability or for aggressiveness. Supervising staff have access to the alert only to enable them to implement any precautions that need to be taken.

Intake creates a file for the program. This file is transported with the youth to the specified program. A direct service staff will physically receive the resident and determine housing placement based on information provided by intake. If the resident has any of the identified risks levels, an age difference of more than 36 months from other residents, has been determined to be vulnerable or sexually aggressive, these are taken into consideration when assigning housing. However, once again, housing is specific to a particular program but room assignments are adjusted accordingly to provide protection for the resident.

HCHS prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed or other assignment solely on the basis of such identification or status.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department of Community Corrections & Rehabilitation (DOCCR) policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse provide multiple internal and external mechanisms for residents and staff to safely, securely, privately, and anonymously, report sexual abuse. Internally, resident handbooks give the following methods for resident to report:

1. To Juvenile Corrections Officer
2. Supervisor
3. Social Worker
4. Volunteer
5. Teacher
6. Nurse
7. Health East Staff
8. Other HCHS Staff

A resident can write and file a report anonymously by placing it in a sealed envelope and place the envelope in a locked medical drop box located in resident's living unit.

Externally, residents are informed that they may report sexual abuse/harassment through the following outside agencies. All outside agency's numbers and addresses are listed in the residents' handbook.

1. Inspections and Enforcement Unit
2. Sexual Violence Center (24 Hour Crisis Help Line)
3. MN Department of Human Rights

Policy requires 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.

Ten interviewed youth related multiple ways to report, both internally and externally. All of the interviewed youth stated they had staff at HCHS that they would report it to. Additionally each one of the interviewed youth reported they felt safe in the facility and believed staff would take any report or allegation seriously and take action immediately.

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The reviewed Hennepin County Home School (HCHS) policy, Resident/Family Grievance Procedures, guides the resident grievance process. Residents confirmed, in interviews, that they can file a grievance by completing the HCHS Grievance Form. Policy does not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. Additionally youth are not required to use any informal grievance process, or otherwise attempt to resolve with staff or peers, an alleged incident of sexual abuse or sexual harassment. Youth who allege sexual abuse or sexual harassment may submit a grievance without submitting it to the staff who is the object of the complaint nor discussed with another youth who may be the subject of the complaint.

Emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse are forwarded to the PREA Compliance Manager along with all required documentation. Immediate corrective actions are taken and an initial response is Required within 48 hours. A final agency decision is required within five calendar days.

Third party grievances, including those filed by fellow youth, staff, family, attorneys and outside advocates are permitted to assist youth in filing grievances related to allegations of sexual abuse and sexual harassment.

100 % of the 10 interviewed youth related that they understood the grievance process and had confidence that if they filed one it would be taken seriously and attended to. Youth are not disciplined for filing a grievance unless the facility can demonstrate that the youth filed it in bad faith.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The program provides youth with access to outside victim advocates for emotional support services related to sexual abuse through a MOU with the Sexual Violence Center (SVC). The SVC provides face-to-face crisis counseling to victims of sexual violence who are incarcerated in Hennepin County Department of Community Corrections and Rehabilitation facilities upon request of the victim.

In the event of an assault at the facility, SVC provides a rape crisis counselor at the hospital and provides advocates to the victim for emotional support, crisis intervention, information, and referrals, as requested by the victim. SVC supports residents in the hospital if they were assaulted anywhere in the last 120 hours. The Hennepin County Medical Center would contact SVC to come to the hospital. Outside confidential support services, with addresses and phone numbers are provided in the student handbooks. These include the Sexual Violence Center, Minnesota Department of Humann Right Inspections and Enforcement Unit. Youth who were interviewed were able to identify outside agencies that provide support and advocacy services to victims of sexual assault. They also reported that the numbers and addresses were located in their handbooks and posted.

The agency provides youth with confidential access to their attorneys and/or legal representation and access to parents and legal guardians.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff and youth identified third parties, including fellow residents, staff members, family members, attorneys, and outside advocates. Staff stated they will accept all reports from third parties. Youth named an array of third parties as individuals to whom they could report sexual abuse. DOCCR Policy permits third parties to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and are permitted to file requests on behalf of the residents. The HCHS program documents decisions when a youth declines to have third-party assistance in reporting sexual abuse or sexual harassment however third party reports from parent(s)/legal guardian(s) are not contingent upon approval from the youth.

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOCCR Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, requires that staff immediately report to a supervisor, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a confinement setting, whether or not it is part of Hennepin County. This policy also provides private reporting mechanisms. These include the Inspections and Enforcement Unit, Sexual Violence Center, Minnesota Department of Human Rights, and the Professional Standards and Conduct Unit. Interviews with over 20 staff confirmed that they are aware that they are mandated reporters, that they are required by policy to report and that they understand the procedures for reporting. They were also able to identify some ways to report privately. The program staff is required to follow the Minnesota Department of Human Services, Child Safety and Permanency Division resource guide for mandated reporters. The guide includes information on the process for reporting suspected child maltreatment, the partnership with law enforcement, child protection and licensing agencies and relevant state statutes.

HCHS policy requires staff, volunteers, and contractors to complete an incident report in MAIN (database) and to complete a PS&C Incident Report. Confidential reports can also be submitted to the HCHS supervisors, managers or the Professional Standards and Conduct unit.

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department of Community Corrections and Rehabilitation Policy, PREA, Institutional Reporting and Responding to Maltreatment and Sexual Abuse, C.17, requires immediate action to protect the resident upon learning that a resident is subject to a substantial risk of imminent sexual abuse. Interviews with 10 direct care staff indicated that they would take the report seriously, ensure the resident was safe and separated from the alleged potential perpetrator and report it to their supervisor. Actions to protect the youth included moving the potential perpetrator to another unit or room or even to another facility. If the potential perpetrator was a staff they indicated the staff would be placed on no contact, moved to another unit and most likely placed on administrative leave until an investigation is completed. Staff is prohibited from revealing any information related to a sexual misconduct to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Hennepin County Home School Policy, 1.5, Prison Rape Elimination Act (PREA): Reporting and Responding Process, Procedures, paragraphs 21-27 require that upon receiving an allegation that a resident was sexually abused while confined at another facility, the HCHS Superintendent or designee notifies the head of the facility in which the sexual abuse is alleged to have occurred. The Superintendent or designee has 72 hours of receiving the allegation, to document the notification and reports submitted regarding a sexual abuse allegation, and will ensure that all allegations are investigated.

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.5, Prison Rape Elimination Act (PREA) Reporting and Responding Process, paragraphs 5-6 require staff response to an allegation of abuse and describes how the victim/perpetrator will be managed. As first responders, immediately after receiving a report, staff separates the alleged perpetrator and victim so that neither can hear nor see the other. They will 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. The staff will initiate the "First Responder" checklist. The reviewed checklist contains 10 responses for staff to take. Interviews with staff confirmed they are all well versed in their duties as first responders. Too, each interviewed staff had a first responder laminated card spelling out each response for staff to make upon receiving or becoming aware of an incident of sexual abuse. Staff will not reveal any information related to the sexual abuse report to anyone other than those who need to know as specified in policy.

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In addition to having policy that details First Responder duties, HCHS has a written institutional plan (HCDOCCR PREA Coordinated Response 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. This plan is detailed and specific and easy to understand. The Sexual Violence Center coordinates the Hennepin County Sexual Assault Responses bringing together law enforcement, forensic medical staff, corrections, prosecution and advocacy agencies to review and revise the response to sexual violence in the county and improve support for victims. 20 interviewed staff were able to articulate their roles in the coordinated response plan.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An interview with the Hennepin County Labor Relations Director confirmed that the DOCCR is able to take any personnel action necessary to ensure youth are safe. This could include placing a staff on no contact, placing them on administrative leave and termination. He also stated there is nothing in the agreements that prohibit these actions. Reviewed agreements did not contain any language restricting or prohibiting the agency from taking appropriate action in response to an allegation of sexual abuse or sexual harassment.

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCHS provided a detailed and comprehensive written Retaliation Monitoring Process. The process requires the PREA Compliance Manager to review the Professional Standards and Conduct Unit's investigative report or any report indicating fear or retaliation resulting from a staff or resident's cooperation with an investigation. The PREA Compliance Manager assigns each incident to a retaliation monitor. If the incident requires the monitoring of staff activity, the PREA Compliance Manager is designated to monitor for retaliation. If the incident requires monitoring a resident, the PREA Compliance Manager assigns the monitoring process to a corrections supervisor or someone higher.

According to the plan, the staff designated to monitor retaliation continues monitoring for a minimum of 90 days. On the first day, the designated Retaliation Monitor "checks-in" with the resident verbally. Check in could be as simple as asking, "How are you doing?" Daily, the Retaliation Monitor reviews the resident's individual journals, shift logs, daily logs, incident reports, and any housing or programing changes to monitor the conduct and treatment of the resident. If staff is being monitored, then the Retaliation Monitor reviews/monitors shift assignments, duty logs and any conference notes or performance reviews that are produced or conducted during the 90 day monitoring period. The staff designated to monitor retaliation documents daily and weekly monitoring. If retaliation occurs or is suspected when the designated Retaliation Monitor is absent, the PREA Compliance Manager will assume those responsibilities. Any acts of retaliation are documented on the Professional Standards and Conduct Incident Report and investigated.

If during the 90 days monitoring process new information arises, the designated Retaliation Monitor continues monitoring for an additional 30 days. If no additional information arises during the monitoring period, the designated Retaliation Monitor conducts a final check-in and documentation review at 90 days. Upon completion of documentation, the designated Retaliation Monitor discontinues monitoring. Interviews confirmed this process. There have been no allegations of retaliation in the past 12 months.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The HCHS does not utilize isolation or segregation. However, a resident may be placed on Disciplinary Room Time for disciplinary reasons following a due process hearing. These residents have daily access to large muscle exercise, legally required educational programming and special education services. Staff treats the resident respectfully throughout the use of Disciplinary Room

Time and ensures that the personal needs of the resident are met. An interview with medical staff indicated that they would visit the youth on each shift while the youth is in Room Time.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with 20 Hennepin County Home School staff and reviewed documentation confirmed that all administrative and/or criminal allegations of sexual abuse and sexual harassment are investigated by the Professional Standards and Conduct Unit with criminal allegations being immediately referred to the Hennepin County Sheriff's Office pursuant to a Memorandum of Agreement between the DCCOR and Hennepin County Sheriff's Office. Alleged PREA incidents are investigated only by approved and trained investigators.

DOCCR staff are required to fully cooperate with all investigations conducted by outside agencies. Investigations are not terminated due to the departure of alleged abuser or victim from employment. All information obtained through administrative investigations is managed according to the MS 13.43 Minnesota Government Data Practices Act and Prison Rape Elimination Act of 2003 (PREA Rules of 2012).

Hennepin County Sheriff's Office Policy Manual 904 requires investigators to promptly, thoroughly and objectively investigate all allegations, including third-party and anonymous reports of sexual abuse or sexual harassment. Only investigators who have received office-approved special training conduct sexual abuse investigations. When practical, an investigator of the same sex as the victim is assigned to the case. Investigators evaluate reports or threats of sexual abuse and sexual harassment without regard to sexual orientation, sex or gender identity. Investigators are not to assume that any sexual activity is consensual.

Hennepin County Sheriff's Office Policy Manual 904 requires investigators to gather and preserve direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data, contact the Crime Lab, and interview alleged victims, suspects and witnesses. The investigators are required to document, in written reports, a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigative facts and findings. An interview with the Director of the PS&C confirmed an investigation process that is very comprehensive and thorough. She indicated that reports can be made to PS&C 24/7 and once received they are triaged to determine if the allegations are criminal or administrative. If criminal, a detective with the Hennepin SO is available 24/7 to respond and begin the investigation. Reviewed investigative reports were comprehensive and very detailed. The Director of the PS&C was very professional, knowledgeable and enthusiastic about the work her unit is doing. These sentiments were echoed by HCHS Staff.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Hennepin County Sheriff's Office Policy Manual 904 requires investigators to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with the Director of the Professional Standards and Conduct Unit confirmed that the standard for substantiating an administrative allegation report is the preponderance of the evidence. She indicated that she and her staff actually place the evidence on a blackboard, enumerating the evidence they have secured to determine if the minimum threshold, a preponderance of the evidence, has been met.

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Professional Standard & Conduct: Investigations Policy, Paragraph 9, states that a resident who makes an allegation of sexual abuse will 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 provides that if it was a staff person who committed the sexual abuse, the resident will be informed (unless the allegation has been determined to be unfounded through investigation) and PS&C will relay to the facility superintendent his/her responsibility to notify the resident that either the staff is no longer posted within the resident's unit; that the staff is no longer employed at the facility; that the staff (if known) has been indicted or charged with a crime related to the sexual abuse at the facility; or (if known) that the staff has been convicted. The contact name and phone number of the County Attorney will be provided to the resident so information related to the charges and convictions of the sexual abuse will be conveyed under relevant data privacy rules. Notifications are required to be documented. A documented notification was provided for review. Interviews with staff confirmed the process.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOCCR Policy, Prison Rape Elimination Act, requires that staff are subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies. All terminations for violations of County 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 and any relevant licensing bodies, unless the activity was clearly not criminal. Interviews with the Superintendent confirmed the process. The facility reported that there have not been any staff referred to law enforcement in the past 12 months.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOCCR Policy Prison Rape Elimination Act, requires that volunteers and contractors alleged to have committed sexual abuse will be prohibited from further contact with youth pending the outcome of any investigation. Interviews with the Superintendent also indicated that the volunteer and/or contractor could have their services terminated and that the incident would be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies.

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The program complies with the “Use of Disciplinary Room Time Secure and Non-Secure” policy. Disciplinary Room Time is used for youth sexual misconduct. HCHS prohibits all sexual activity between residents and disciplines residents for such activity. In the event a disciplinary sanction results in the resident receiving Disciplinary Room Time, the program does not deny the youth daily large-muscle exercise or access to legally required educational programming or special education services. 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.

The facility disciplinary process takes into consideration whether a youth’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The offending youth will be offered therapeutic interventions and other activities designed to address and correct underlying reasons or motivations for the abuse. Interviews with staff, including the Superintendent confirmed the process. Interviewed youth reported that while in disciplinary room time, they are provided educational services, large muscle activity daily and visits from medical staff on each shift. The Superintendent also related that referral for criminal prosecution may be made.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed DOCCR Policies and interviews with medical staff indicated that HCHS documents medical and mental health secondary materials in the EPIC data system used by Corizon staff in the EMR (Electronic Medical Record Section). In April 2015 the program started tracking the percent of residents who disclosed prior victimization during screening and who were offered a follow up meeting by mental health staff. Residents who previously perpetrated sexual abuse as indicated during the screening are also offered a follow up meeting with the mental staff. Follow up meetings are conducted within the required 14 days after the youth arrival at the facility.

Any information related to sexual abuse, sexual victimization or abusiveness that occurred is 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, education, and program assignments. For residents 18 years of age or older, medical and mental health practitioners obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting. The program uses the County Home School Medical and Mental Health Informed Consent Form to document the required information.

Interviews with youth reporting prior victimization and mental health staff, as well as reviewed documentation, confirmed that they were seen by mental health staff either the day of admission or within a couple of days after having disclosed.

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Sexual Violence Center provides residents with timely access to emergency medical and mental health services, including crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff contact the supervisor, staff first responders take preliminary steps to protect the victim and evidence and immediately notify the appropriate medical and mental health practitioners.

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

An interview with the Nurse Supervisor indicated that medical's response to a recent report of abuse would include emotional support, first aid as needed, preservation of evidence and immediate referral to the Hennepin County Medical Center where Sexual Assault Nurse Examiners would conduct forensic exams and collect forensic evidence. In an interview with a Sexual Assault Nurse Examiner(SANE) from the Sexual Assault Resources Services (SARS), confirmed that the SAR's would provide a SANE to conduct the forensic exam. She related that her staff would provide a full physical exam, collect evidence and provide medical care as needed, as well as providing sexually transmitted disease prophylaxis and immunization for tetanus.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Hennepin County Home School makes available to the victim a victim advocate from the Sexual Violence Center. A Memorandum of Understanding was entered into on April 6, 2015 with the Sexual Violence Center to provide direct services to victims/survivors of sexual violence who are at least twelve years of age or older. These confidential and free services include: a 24-hour crisis line, support during evidentiary exams, support groups, 1:1 counseling, legal advocacy, personal advocacy, assistance with filing for reparations, and accompaniment to court. The Sexual Violence Center coordinates the Hennepin County Sexual Assault Response Team, which brings together law enforcement, forensic medical staff, corrections, prosecution and advocacy agencies to review and revise the response to sexual violence in the county and improve support for victims.

Through the Sexual Violence Center, the program offers medical and mental health evaluation and treatment to all residents who have been victimized by sexual abuse. Follow-up services are also provide to the youth. If a resident is sexually abused while at the program, as appropriate, they are offered test for sexually transmitted infections. If the resident is a female, she receives timely and comprehensive information about all lawful pregnancy related medical services. An interview with the HCHS Nurse Supervisor indicated that the facility could provide testing and treatment for STDs. She stated medical could also provide youth, who became pregnant as a result of sexual assault, information regarding all legal options that she might have related to the pregnancy.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOCCR Policy PREA, Sexual Abuse Data Collection and Reiew, requires that the program conduct sexual abuse incident reviews at the conclusion of sexual abuse investigations, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Reviews are to be conducted within 30 days of the conclusion of the investigation. The information is reviewed by the program review team. The review team includes upper level management including the Area Director, Acting Superintendent, PREA Coordinator and the Professional Standard and Conduct Unit Manager (Investigators), with input from line supervisors and contracted medical providers. The program uses DOCCR Sexual Abuse Incident Review Form to document all reviews.

The team considers the following:

- Whether the allegation or investigation indicates a need to change procedures or practice to better prevent, detect, or respond to sexual abuse;
- Whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics within the program;
- Whether physical barriers in the area may enable abuse, staffing levels, etc.

A review of three completed Incident Report Reviews and interviews with the Superintendent and PREA Coordinator confirmed that incident reviews are being completed in compliance with policies and the PREA Standards.

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The program collects accurate, uniform data for every allegation of Sexual Abuse using the Professional Standard and Conduct Incident Report form. This report form is used as the standardized instrument. The Professional Standards and Conduct Unit uses The Hennepin County Department of Community Corrections & Rehabilitation PREA definitions. The PREA Coordinator related that statistical data is collected by the Principal Planning and Analysis Unit and statistical data can be accessed for decision making. She related that reviews are continuous and that these statistics drive decision making in the facility and in DOCCR. The representative for the area director and previous area director for HCHS emphasized the importance of maintaining data in order to examine trends for specific facilities as well as for the DOCCR.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Hennepin County Department of Community Corrections 2014 Annual Prison Rape Elimination Act Report met all standard requirements. The report includes, but was not limited to, review of aggregate incident based sexual abuse data to improve the effectiveness of sexual abuse prevention, detection, and response policies, practices and training.

Policy requires incidents to 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 annual report includes Corrective Actions. DOCCR documentation expresses leadership’s commitment to on-going PREA Audit Report

monitoring and corrective action to ensure full PREA compliance. DOCCR has achieved full PREA compliance in the Juvenile Detention Center in 2014 and the Adult Corrections Facility in 2015.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

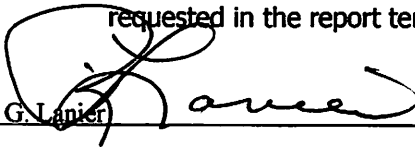
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Department of Community Corrections & Rehabilitation PREA, Sexual Abuse Data Collection and Review policy requires that data collection, storage, retention, access, publication, and destruction of reports and data must be implemented according to statute, rules, and policies. 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.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.


Robert G. Lanier

Auditor Signature

July 3, 2015

Date