

PREA Facility Audit Report: Final

Name of Facility: Ramsey County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/20/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Adam T Barnett, Sr.	Date of Signature: 11/20/ 2023

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	10/02/2023
End Date of On-Site Audit:	10/03/2023

FACILITY INFORMATION	
Facility name:	Ramsey County Juvenile Detention Center
Facility physical address:	25 West 7th Street, St. Paul, Minnesota - 55068
Facility mailing address:	

Primary Contact	
Name:	Jayme Brisch
Email Address:	Jayme.Brisch@co.ramsey.mn.us
Telephone Number:	651-266-5240

Superintendent/Director/Administrator	
Name:	Jayme Brisch
Email Address:	Jayme.Brisch@co.ramsey.mn.us
Telephone Number:	651-266-5240

Facility PREA Compliance Manager

Facility Health Service Administrator On-Site	
Name:	Boden Silberg
Email Address:	Boden.Silberg@co.ramsey.mn.us
Telephone Number:	651-266-1465

Facility Characteristics	
Designed facility capacity:	44
Current population of facility:	26
Average daily population for the past 12 months:	25
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	11-20
Facility security levels/resident custody levels:	Maximum 1

Number of staff currently employed at the facility who may have contact with residents:	63
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	10
Number of volunteers who have contact with residents, currently authorized to enter the facility:	24

AGENCY INFORMATION	
Name of agency:	Ramsey County Department of Community Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	121 Seventh Place East , Suite 1210, St. Paul , Minnesota - 55101
Mailing Address:	
Telephone number:	6512665300

Agency Chief Executive Officer Information:	
Name:	Monica Long, Director of Community Corrections
Email Address:	Monica.Long@co.ramsey.mn.us
Telephone Number:	6512662326

Agency-Wide PREA Coordinator Information			
Name:	Valeria deRusha	Email Address:	valeria.derusha@co.ramsey.mn.us

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-02
2. End date of the onsite portion of the audit:	2023-10-03

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International National Sexual Violence Resource Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	44
15. Average daily population for the past 12 months:	26
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	18
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>39</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>24</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>10</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor requested a resident roster with geographical information and staff discussion.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed onsite documentation, the PAQ and staff discussions.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	1	0	1
Total	1	1	0	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>No cases.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the name of the third-party auditing entity

Diversified Correctional Services, LLC

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>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.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Policy Client Communications, Mail, Visiting, and Telephone • Policy Client/Inmate Rights • Policy PREA General Definitions • Policy Resident Searches and Viewing • Policy Interpreter Services • Policy Resident Orientation • Policy Reference Checking and PREA Background Checks • Policy Hiring Principles and Procedures • Policy PREA Investigations • Policy PREA First Response • Policy Resident Grievances • Policy Special Management of Residents • Policy Resident Discipline Hearing

- Policy Resident Discipline Hearing Appeal
- Policy PREA Documentation and Data Storage
- Policy PREA Medical and Mental Health Care
- Policy Resident Classification
- JDC PREA Coordinated Response ...
- RCCCD Organizational Chart
- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- Ramsey County Juvenile Detention Center PREA Process
- Ramsey County Website Asserting Zero Tolerance
- Multiple Zero Tolerance and PREA Related Posters
- Ramsey County Communications, Preventing and Reporting Sexual Misconduct with Residents
- RDR 10.1b Dept – PREA Policy Definition
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.311 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- An interview with both the agency’s Director of Community Corrections and Deputy Director confirmed not only that the agency has a zero tolerance for all forms of sexual abuse, sexual harassment, sexual misconduct, and retaliation but also that the PREA Coordinator has access to both and has the complete support of both.
- The resident handbook, Sexual Assault Awareness, affirms the Juvenile Detention Center has a zero tolerance for sexual abuse, assault, misconduct, and harassment and tells residents they have a right to be safe and free from any sexual abuse or sexual harassment.
- PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. Yes.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.311 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has employed a higher-level employee to implement the PREA standards throughout the agency. The agency's organizational chart reflects the position of PREA Coordinator within the organizational structure of the agency. The reviewed organizational chart reflects that the PREA Coordinator reports directly to the Deputy Director of the agency.
- Ramsey County PREA Policy, Client/Resident Rights/Discipline/Rules, A. Staff Procedures delineates the responsibilities of the PREA Coordinator. A.1 specifically states the PREA Coordinator is responsible for the implementation of PREA policies and regulations and ensures the Department and Divisions are implementing PREA consistently and in compliance with federal standards.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.311 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Superintendent of the Ramsey County Juvenile Detention Center has designated a PREA Compliance Manager (PMC) with ample time to implement and maintain PREA on an ongoing basis. The Facility's PREA Compliance Manager report to the Facility Supervisor. However, in this facility, the PMC has unfettered access to the Superintendent and has complete support in implementing and maintaining the PREA standards in the facility. The PMC has additional duties but has time to perform her PREA-related responsibilities.
- The PREA compliance manager indicated yes. There are four other supervisors, a Superintendent, and a Deputy Director in the building to assist in any needs that needs to attend to PREA related issues. The county also has the agency PREA Coordinator and Data Compliance Manager to assist with PREA related issues that come up in the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Additional List of Supplier Contracts with PREA Language <ul style="list-style-type: none"> o Model Cities of St. Paul Inc. o Neighborhood House Association o Amherst H Wilder Foundation o The JK Movement o Generation 2 Generation Inc. o The Circle of Peace Movement o The Methochol Group o FFT LLC • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.312 (a)</p> <p>A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency contracts include the following PREA requirements: • Prison Rape Elimination Act (PREA): Contractor and staff will comply with the Prison Rape Elimination Act of 2003 (42 U.S.C. 15601 et seq.), which establishes a

zero-tolerance standard against sexual assault, and with all applicable PREA Standards including background checks, county policies related to PREA, and county standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse with Facilities/Client Services owned, operated, or contacted.

- Interviewed staff indicated that the facility has not contracted for the confinement of offenders, however the contract for service providers contained the PREA language.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.312 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency contracts include the following PREA requirements:
- Prison Rape Elimination Act (PREA): Contractor acknowledges that, in addition to “self-monitoring requirements” the county will conduct announced or unannounced compliance monitoring to include “on-site” monitoring. Failure to comply with PREA, including PREA Standards and county policies may result in termination of the agreement.
- PAQ: The number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit was zero.
- The Ramsey JDC do not contract for the confinement of its residents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Staffing Plan.pdf
- AO 1.1a DEPT INST - Facility S...
- Staffing Plan.pdf
- PREA Staffing Plan-2021.pdf
- RC JDC Staffing Plan-2017.docx
- 5-15-23--Unannounced Rounds Do...
- 2-1-23 Unannounced Rounds.pdf
- 3-2-23 Unannounced Rounds.pdf
- 3-28-23 Unannounced Rounds.pdf
- 4-8-23 Unannounced Rounds.pdf
- 5-30-23 Unannounced Rounds.pdf
- 7-2-23 Unannounced Rounds.pdf
- 7-19-23 Unannounced Rounds.pdf
- SEP 6.7b JDC - Security Procedure...
- Staff Plan Development (System)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.313 (a)

The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determine the need for video monitoring, facilities shall take into consideration:

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

- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The staffing plan addresses video monitoring. A video monitoring system is installed in the JDC. It is monitored by the control room staff throughout each shift. The system is considered a deterrent to sexual acting and other safety violations and is used in post-incident investigations. The system was updated to add enhanced digital video capability in designated areas and additional cameras were installed to provide coverage in blind spots.
- The staffing plan documented considers all the above information.
- The facility superintendent indicated that the facility has adequate staffing levels to protect residents against sexual abuse considered in the plan. The facility consideration in staffing levels is given so that all living units in the facility are covered by at least one staff person so regular activities offered in all living units are equitable. This includes those placed on mental health status, those placed on a restrictive status, as well as those considered a risk/at risk under PREA. Sexual safety is always a top priority in the staffing plan.
- Video monitoring is live in all units, and areas of the facility. Specifically, Pod 800 has individual room monitoring, as well as in all common areas. This unit is used for those who may be at risk or at risk under PREA, and provides them accommodations that may be separate, but equitable living areas.
- The facility superintendent also indicated that the staffing is documented along with PREA standards and practices, in the facility policies. This information can be found on the Ramsey net website, as well as in the specific JDC folder online.
- The PREA compliance manager indicated that at JDC, the facility has a 1:8 ratio of staff to residents during waking hours. The JDC employs male and female staff and always has at least one female on every shift. The staffing plan is reviewed every year. In 2021 and 2022, the camera system was completely upgraded with a brand new Avigilon Carmea Digital system. This included added cameras to all blind spots in the building, including areas that residents are not even allowed to enter. The retention on this system can be up to 90 days and more on certain cameras. All supervisors conduct announced rounds and there is a policy in place for staff not to alert other staff of these rounds, including overnight shifts. The superintendent also comes in a few times a year unannounced on overnight shifts to review the shift and staff procedures. If there is a PREA allegation, the PREA coordinator, Data Compliance manager, PREA compliance manager, and upper management review the incident and make changes to policy and procedures if needed.
- PAQ: Since August 20, 2012, or last PREA audit, whichever is later, the average

daily number of residents was 19.

- PAQ: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated was 19.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.313 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed staff indicated that if the facility deviates from the staffing plan is documented and justified.
- The facility superintendent also indicated that the facility documents all instances of non-compliance with the staffing plan. An incident report would be created. The incident report would note all factors leading to non-compliance.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.313 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The staffing plan asserts that the Ramsey County JDC adheres to Minnesota Rule 2960.0240, Subparagraph, which requires the minimum number of staff who have direct contact that must be present and awake when residents are present. That minimum is one staff to 12 residents and one to 25 when residents are normally asleep. The facility is licensed by the Department of Corrections and must meet the state minimums. The facility also is required to comply with the PREA standards and maintain a staff to youth ration of 1:8 minimum during working hours and 1:16 minimum during sleeping hours.

- The staffing plan requires at least one supervisory level staff on duty during waking hours with at least one supervisory level staff on call.
- The facility superintendent indicated that the facility is obligated or required to create and maintain staffing ratios under MN DOC Statute 2960. The ratios are 1:12 during awake hours and 1:25 during sleeping hours. However, the facility maintains the 1:8 during awake hours and 1:16 during sleeping hours as required by PREA standards.
- PAQ: In the past months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was zero.
- PAQ: In the past months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours was zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.313 (d)

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility is reviewed at least annually by the Minnesota Department of Corrections for adherence to all applicable laws, regulations, and practices that must be met in a juvenile detention center, including staffing.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.313 (e)

Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff member that these

	<p>supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Policy requires that supervisors conduct unannounced rounds to identify and deter staff sexual abuse and harassment for day and night shifts. Policy also prohibits staff from alerting other staff that supervisory rounds are occurring unless the announcement is related to the legitimate operational functions of the facility. • Specialized Staff: Staff who conduct intermediate or higher-level unannounced rounds to identify and deter staff sexual abuse and sexual harassment question? Have you conducted unannounced rounds? Staff indicated yes, they do unannounced rounds every shift when he is running the floor and documented the rounds in the daily logs in F.A. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SEP 6.2a JDC - Resident Search... • SEP 6.2b JDC - Security Search... • SEP 6.2e JDC - Pod Searches'... • SH 7.2e JDC - Showers.pdf • SEP 6.2a JDC - Resident Search... • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p>

Compliance Determination by Provisions and Corrective Action:

115.315 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy states clothed, or pat-down search requires this search when residents are admitted, after a parental visit; at random times following or prior to movement within the facility; before a resident if placed in seclusion; and when a staff suspects a resident has contraband. The same gender staff is required to conduct all pat-down searches, except in exigent circumstances.
- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covering all shift were asked: are residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender? Twelve staff members indicated that all residents can dress, shower, and use the toilet without being seen by the opposite gender.
- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covering all shift indicated that all officers announce their presence when entering a housing unit that houses residents of the opposite gender. They stated that there is a doorbell that rings to warning residents that a staff is entering the unit.
- Interviewed Random Residents: Note: The facility housed male and female residents, during the onsite audit period there were no female residents housed. Ten (10) residents were interviewed. Nine (9) random males, 1 target male, and zero (0) females. Nine (9) black and one (1) white. They were asked: do male/female staff announce their presence when entering your housing area or any area where you shower, change clothes, or perform bodily functions? Ten (10) residents indicated that male/female staff announce their presence.
- PAQ: In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero.
- PAQ: In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff were zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.315 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed staff indicated that cross-gender strip searches or cross-gender visual body cavity searches are prohibited.
- PAQ: The number of cross -gender pat-down searches of residents were zero.
- PAQ: The number of cross-gender pat-down searches of resident that did not involve exigent circumstances (s) were zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.315 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires that whenever a cross-gender search is conducted, staff must document and report to the PREA Compliance Manager and PREA Coordinator. The resident is asked to undress in his/her underwear and hand his clothing items to the staff member. After explaining the purpose of the search and what contraband is and after examining the clothing items and visually checking the youth, the youth is placed so there is a physical barrier between the staff and the resident, which prevents staff from viewing the resident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.315 (d)

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Random Residents: Note: The facility housed male and female residents, during the onsite audit period there were no female residents housed. Ten (10) residents were interviewed. Nine (9) random males, 1 target male, and zero (0) females. Nine (9) black and one (1) white. They were asked: have staff ever performed a pat down search of your body? Ten (10) residents indicated no; staff have never performed a pat down body search on them.
- All ten residents indicated that they are never naked in full view of staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.315 (e)

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or conversation with inmate, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- JDC non-medical staff is prohibited for conducting searches or physical examining transgender or intersex resident for the sole purpose of determining the resident's genital status. When the genital status is unknown, staff will determine it through conversation with the resident, a review of medical records, or as part of a broader medical examination conducted in private by a medical practitioner.
- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covered all shift were asked: Are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status? 100% of staff indicated that they are aware of the agency policy that the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.315 (f)

The agency shall train security staff in how to conduct cross-gender pat down

	<p>searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Interviewed Random Staff: Twelve (12) out of Twelve (12) random staff indicated that they remember receiving training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Staff also indicated that the facility has not have any transgender or intersex residents in the past 12 months. • Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covered all shift were asked: Are you restricted from conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs? 100% of staff indicated they are restricted from conducting cross-gender pat-down searches and searches of transgender and intersex residents. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • CP 12.2a JDC - Resident Orient... • RDR 10.1a DEPT - Deaf and Hard... • JDC Resident Handbook.pdf • Policy 10.1c--Interpreter Serv...

- Interpreter Contract.pdf
- PREA Disabilities training she...
- Disability JDC Audit.PNG
- Doc 5Spanish.docx
- Doc3.docx
- PREA Poster4.pdf
- PREA Poster6.pdf
- stopflyer.pdf
- stopflyer2.pdf
- CP 12.1c JDC - Admissions Proc...
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.316 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- JDC's policy Interpreter Services requires the JDC to provide interpreter services for all residents and visitors using staff or through contracted interpreter services. The policy requires if the need arises staff to contact the shift supervisor and describe the situation and the need for an interpreter.
- Staff are instructed if using a telephone interpreter to see the Procedure for the use of interpreters and if an in-person interpreter is used, to use the Translation/

Interpreter Services list to engage an interpreter.

- The facility provided contracts for interpretive services. The scope of the contracts requires interpreter are qualified individuals who provide accurate interpretation services in the form of pre-arranged on-site interpreting, video conferencing and sight interpretation of written text.

- Specialized Staff: The agency designee indicted that the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment. The agency will bring in interpreters or use language line if necessary to ensure anyone with a disability or who does not speak English or Spanish, has the same access to information as our other inmates.

- The process includes but is not limited to having a contract for interpretive services in different languages and using the education system when needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.316 (b)

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- JDC's policy Interpreter Services requires the JDC to provide interpreter services for all residents and visitors using staff or through contracted interpreter services. The policy requires if the need arises staff to contact the shift supervisor and describe the situation and the need for an interpreter.

- Staff are instructed if using a telephone interpreter to see the Procedure for the use of interpreters and if an in-person interpreter is used, to use the Translation/Interpreter Services list to engage an interpreter.

- The facility provided contracts for interpretive services. The scope of the contracts requires interpreter are qualified individuals who provide accurate interpretation services in the form of pre-arranged on-site interpreting, video conferencing and sight interpretation of written text.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.316 (c)

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay is obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under standard, or the investigation of the resident’s allegations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- **Interviewed Random Staff:** Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covered all shift were asked: When a resident alleges sexual abuse or sexual harassment, are you aware that the agency prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances? 100% of staff indicated that they know the agency prohibits us from using resident interpreters. They also indicated that they would use the agency language solution line.
- **PAQ:** In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident safety, the performance of first-response duties under standard 115.364, or the investigation of the residents’ allegations were zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:
	Documentation:

- HR 3.1a DEPT - Hiring Principle...
- HR 3.1f DEPT - Reference Check...
- HR 3.1e DEPT - BCA Traffic and...
- McDowell Background Check.pdf
- RCCCPREA Tennessean Warning - F...
- JDC Contractors.docx
- PREA Employment Questionnaire
- RCCR Criminal Background Check Levels
 - o Tier 1 - All DOCCR Paid Staff
 - o Tier 2 - Routine and Regular Contract Employees, Volunteers, Interns
 - o Tier 3 - As needed Contractors and Vendors, Department Internal Lateral Transfers/Promos
 - o Tier 4 - Emergency Vendors/Supervised Escorted
 - o Tier 5 - Professional Contact (Court involved visitors, including attorneys, probation officers and social workers)
- Staff Roster
- Criminal & DL Checks
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.317 (a)

The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997)
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or inf the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The human resources (HR) indicated that staff, interns, temporary, provisional, and regular hires, and all staff who receive promotions are required to have a completed and successful Criminal Background Check, Sexual Predator Check, National Data Base Check, Education verification, and PREA employment verifications from ALL employers for the past seven years. This includes all correctional department staff and all Public Health Staff assigned to

the institutional settings; JDC. All staff, interns and students, and volunteers are fingerprinted through the BCA. All offers made are conditional offers of employment and all persons offered employment are required to complete a PREA self-disclosure form which indicates any terminations or inability to work at another location or rehire due to any sexual misconduct issues or allegations.

- Human resources staff indicated that contracts in corrections include required to have background screening as part of their contract. Those are conducted by the correctional department.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.317 (b)

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The Human Resources staff indicated when a hire is considered reference, checks are completed by the department, and all offers of employment or promotion must pass the full background check and PREA background check process to be employed in the Community Corrections Department. Once a conditional offer is made the applicant also completes a PREA self-disclosure form. This applies to promotions as well.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.317 (c)

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

- Perform a criminal background records check; and
- Consult any child abuse registry maintained by the State or locality in which the employee would work;
- Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The Human Resources staff indicated that JDC (Juvenile Detention Center) is required to conduct such background checks through the State of Minnesota. Under State of Minnesota law, the background for a DHS (Department of Human Services) check is conducted by a staff person assigned to that specific facility. Our background check also includes Sexual Predator check.

- PAQ: In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 39.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.317 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There are four (4) Criminal Background Check Levels. Tiers of Job Classes and the level of criminal background check for each level.

- Tier 1 includes all JDC paid staff, interns, and contract employees. The following checks are required for Tier 1:

- o Fingerprints
- o Automated Fingerprint Index System
- o Minnesota Bureau of Criminal Apprehension Search
- o Social Security Verification/Address Trace
- o County Criminal Record Search (7 county areas)
- o National Sex Offender Registry
- o USA Criminal Index
- o US Federal Criminal Record Search
- o Terrorist/Fugitive List
- o Employment Verification (going back 7 years)
- o Academic Verification

- Tier 2 includes "Routine and Regular" Contractors, School Staff, Routine and Regular Religious Leaders and based on their level of contact the following background checks are conducted:

- o No fingerprints are required.
- o Name query only (full run into the Criminal Justice Data Network)
- o Internal record check
- o PREA background check

- Tier 3 includes vendors, Department Internal Lateral Transfers/Promotions, as needed Religious Leaders, Guest Speakers who have unescorted access and the level of check is “no record check, based on court-order involvements”.
- The agency provided a roster documenting the fingerprint checks of all employees in the department. Sampled background checks confirmed the process described in the policy.
- Interviewed Specialized Staff: The Human Resources staff indicated that Ramsey County has a contract with the McDowell Agency to conduct our Criminal Records check. The department also requires fingerprinting of all persons working within the corrections department no matter where their assignment is. Those are managed by staff person Amy Beck.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.317 (e)

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy paragraph 4 requires criminal record checks to be conducted every five years for all staff, volunteers, interns, and non-escorted contractors and vendors or before every promotion of employees.
- Documentation for the agency PREA coordinator states “Ramsey County Community Corrections has performed background checks on all of those who may have contact with inmates and residents in 2012 and 2017 and will perform the same background check in 2022 on all of those who may have contact with inmates and residents. It also should be noted that all new hires and those who may have contact with inmates and residents are given background checks when they are hired as well. Background checks have been retained and are available for viewing.
- Interviewed Specialized Staff: The Human Resources staff indicated that the department requires fingerprinting BCA background checks at hire and every five years.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.317 (f)

The agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative

duty to disclose any such misconduct.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The PREA Compliance Officer for Community Correction who has knowledge and information to share with other employers regarding such allegations or substantiated allegations of all current staff and all past employees in alignment with the data retention schedule required by law.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.317 (g)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy paragraph 6 requires that current staff who have failed to disclose previous criminal history information may be subject to disciplinary action up to and including termination.
- Policy states omissions of information by candidates during the hiring process regarding incidents of sexual assault, sexual abuse or sexual harassment that resulted in investigations or providing false information shall be grounds for termination of the selection process, rescinding of the offer of employment or termination of employment if the employee has been hired.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.317 (h)

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires if the facility receives a request from an institutional employer where a former employee has applied for work, JDC will provide information regarding substantiated allegations of sexual assault, sexual abuse or sexual harassment involving a former employee.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Ramsey County JDC - camera mar... • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.318 (a)</p> <p>When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Agency designee indicated that when designing, or planning substantial modifications to facilities, they would consider the effect of such change on its ability to protect residents from sexual abuse. When JDC is making any sort of upgrades or modifications, they always consider the safety impacts of those decisions. They are continually striving to create a safer facility through building improvements. They want spaces that are easily viewable by staff and have appropriate camera angles.

- The facility superintendent indicated that the facility would consider the effect of the expansion or modification upon the facility’s ability to protect residents from sexual abuse. There has not been any recent expansion to the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.318 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Agency designee indicated that the agency uses monitoring technology to enhance the protection of residents from incidents of sexual abuse. They are consistently adding more camera views throughout the facility to enhance safety and strive to upgrade technology in all areas, including adding body cameras, increasing security on resident phones, and improving the locks on all room doors.
- The facility superintendent indicated that when utilizing monitoring systems, careful attention is paid to the location of the viewing angle to protect the residents’ privacy, while ensuring that the residents and staff can be seen. Cameras have been blocked out around the toilets on cameras that are present in rooms, camera angled toward the showers, but not in them.
- JDC has upgraded multiple well-placed cameras in every unit and hallway of the facility. JDC makes extensive use of cameras in its facility to protect residents and staff from incidents of sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- RDR 10.1d DEPT - PREA Investigation...
- MH 9.2a DEPT - PREA Medical an...
- RDR 10.1c JDC - Compliance with...
- SPPD PREA MOU.pdf
- Corrections MOU with MCRC-2023...
- Regions MOU PREA 8.23.pdf
- Medical Notes from Resident Sex...
- Medical Notes Sample.PNG
- SOS MOU.pdf
- SOS Brochure.pdf
- Medical Notes from Resident Sex...
- Medical Sample of Resident Sane...
- Medical Sample of Resident ER c...
- Policy Chapter - 10 - Prison Rape Elimination Act (PREA)
- MOU Regions Hospital and Ramsey County Community Corrections
- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.321 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency's investigators, under the direction of the PREA Coordinator, who directs the investigations unit, conduct investigations of allegations of sexual abuse and/or sexual harassment. Both investigators have received specialized training to conduct sexual abuse investigations in confinement settings. If the allegation appears to be criminal, the case is referred to the Saint Paul Police Department for investigation.
- Ramsey County Policy requires that all matters of sexual assault, sexual

harassment and sexual misconduct are detailed by the PREA Coordinator and outside law enforcement. The Division staff will not conduct investigations of any incidents of alleged sexual assault, sexual harassment, when staff are involved.

- The agency has a MOU with Ramsey County Community Corrections and St. Paul-Ramsey County Public Health's Sexual Violence Services (SOS) and written to facilitate an agreement between the parties for services that are essential to implementation of the federal Prison Rape Elimination Act (PREA) and its mandates. This MOU was signed and dated July 25, 2023.

- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covering all shift indicated that they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.321 (b)

The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

A MOU with the Regions Hospital documented the hospital agrees to the following for all residents ages 13 and older. The MOU affirms that the medical forensic exam is provided at no cost to the resident.

- Initial assessment and medical screening
- Medical care for injuries and emotional trauma (emotional support/crisis management)
- Evidence collection up to 240 hours after a sexual assault
- Advocacy for every resident who presents with being sexually assaulted.
- Exam for injury
- Photography for evidence collection
- Access risk and offer prophylaxis, STI, HIV, and pregnancy.
- Offer and provide detailed instructions for follow-up!

- A MOU with the Midwest Children's Recourse Center (Children's Hospital) documents agreement to provide services to residents 10 and older who are transported to the Children's Hospital for treatment of sexual abuse or sexual

assault. Forensic exams are provided at no cost to the resident. The following services are offered:

- o Initial assessment and medical screening
- o Medical care for injuries and emotional trauma
- o Evidence collection up to 36 hours after a sexual assault
- o Advocacy for every resident who presents with being sexually assaulted.
- o Forensic interview/history of assault
- o Exam for injury
- o Photography of evidence collection
- o Assess risk and offer prophylaxis for STI, HIV, and pregnancy.
- o Offer and provide detailed instructions for follow-up.
- o Screening for suicide and PTSD
- o Screening for substance abuse
- o Provide immunizations for HPV if necessary.

- The MOU with St. Paul-Ramsey Public Health documents advocacy services 24/7 for accompaniment through the forensic examination, meeting the resident at the hospital.

- Interviewed Specialize Staff: The medical staff indicated for residents 12 years (and younger); nursing staff will send to Midwest Children’s Resource Center (MCRC). MCRC considers sexual cases that occurred within 72 hours as acute, hence nursing staff will call MCRC and if no response, resident will be sent to the ER to get an Exam completed. After 72 hours, MCRC considers as non-acute, and then nursing staff will call MCRC, send resident to MCRC for a SANE exam but not to the Emergency room. Within 10 days for a SANE exam. Resident will receive timely and unimpeded access to emergency medical and MH services (crisis intervention services) at no cost, including emergency contraception and STI prophylaxis, and pregnancy tests.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.321 (c)

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has an MOUs with the Midwest Children’s Resource Center (Children’s

Hospital); Regions Hospital; and St. Paul-Ramsey Public Health. All MOU services are provided to the resident without financial cost.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.321 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A MOU with the Saint Paul-Ramsey County Public Health, Sexual Violence Services (SOS) for the provision of counseling and advocacy services to victims of sexual assault. The SOS will be available 24/7 and will accept reports of sexual abuse and sexual harassment alleged to have occurred at the facility. SOS agrees to respond to requests to provide advocacy and support during medical forensic exams; as well as providing counseling services for victims and victim support.

- The Sexual Violence Services (SOS) is free and confidential. The following services are listed:

- o 24-hour crisis services, information, and referrals (651-266-1000).
- o Support and information when reporting an assault or seeking medical care.
- o Medical advocacy during an evidentiary exam or while receiving medical care.
- o Legal advocacy on filing a police report or other legal issues involving sexual violence.
- o Safety planning involves shelter and other considerations.
- o Open support group meetings for victims, survivors, their families, friends, and other concerned persons.
- o One-on-one short-term counseling.
- o Assisting with financial concerns including reparations and restitution.
- o Community education.

- The PREA compliance manager indicated that if a victim requested a victim advocate, qualified facility staff member, or qualified community-based organization staff member accompany and provide emotional support, the facility provide SOS

(Sexual Offense Services) to be involved with the victim(s). Ramsey County has an MOU with this agency to provide these services. The victim would be referred for SANE exam to Regions or MCRC and accompanied by a SOS advocate.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.321 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A MOU with the Saint Paul-Ramsey County Public Health, Sexual Violence Services (SOS) for the provision of counseling and advocacy services to victims of sexual assault. The SOS will be available 24/7 and will accept reports of sexual abuse and sexual harassment alleged to have occurred at the facility. SOS agrees to respond to requests to provide advocacy and support during medical forensic exams; as well as providing counseling services for victims and victim support.
- The medical staff indicated that they do not conduct forensic/SANE examinations onsite. Residents are referred to Region Hospital-SANE exam/forensic interview, and a referral to SOS for reported abuse up to 240 hours of incidents or as directed by the medical director or designee outside of 240 hours.
- The medical staff also indicated annual PREA trainings and LMS trainings - Sexual Harassment. In addition to corrections, learning nursing is a specialty trained area, so the nursing staff are mandated to complete nurse training PREA and competency test assigned along with the training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.321 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- When outside agencies responsible for investigating allegations of sexual abuse,

the agency do request that the investigating agency follow the requirements of section (a).

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.321 (g)

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency's investigators, under the direction of the PREA Coordinator, who directs the investigations unit, conduct investigations of allegations of sexual abuse and/or sexual harassment. Both investigators have received specialized training to conduct sexual abuse investigations in confinement settings. If the allegation appears to be criminal, the case is referred to the Saint Paul Police Department for investigation.
- Ramsey County Policy requires that all matters of sexual assault, sexual harassment and sexual misconduct are detailed by the PREA Coordinator and outside law enforcement. The Division staff will not conduct investigations of any incidents of alleged sexual assault, sexual harassment, when staff are involved.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.321 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not conduct forensic examination.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1d DEPT - PREA Investigation... • RDR 10.1c JDC - Compliance with... • Capture.PNG • PREA First Responder Part 1 and 2 (Transcript Status) • Website Page • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.322 (a)</p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency ensures that all allegations of sexual abuse or sexual harassment are investigated by the agency with the legal authority to conduct the investigations. The DOCC PREA Coordinator oversees the investigation's unit and he or his staff conduct administrative investigations and refer all allegations that appear criminal to the Saint Paul Police Department for investigation. • Agency designee indicated that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. JDC does ensure that an administrative or criminal investigation is completed for allegations of sexual abuse or misconduct. They have a process to follow when such an allegation is made, which includes an investigation.

- Working with the PREA coordinator and the PREA investigators all allegations are investigated either criminally through local law enforcement or administratively through the agency Investigation Unit.
- The agency designee also indicated that administrative or criminal investigation is completed for all allegations of sexual abuse or harassment, first the scene is secured. Then the PREA coordinator is contacted. Either following a criminal investigation or in lieu of a criminal investigation the agency Investigations Unit conducts our administrative investigation. Evidence is gathered, witnesses are interviewed, film is viewed, and the investigation is completed, report is completed and files.
- Interviewed Specialized Staff: The investigation staff indicated that the agency policy requires that allegation of sexual abuse or sexual harassment be referred for investigation to the legal authority to conduct criminal investigations. In collaboration with the Ramsey County Attorney and Department administration, refers all investigations of criminal behavior to an outside law enforcement agency with the legal authority to conduct criminal investigations.
- If the matter does not include potentially criminal behavior, the matter is referred to the agency Manager/Investigator.
- PAQ: During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 1.
- PAQ: In the past 12 months, the number of allegations resulting in an administrative investigation were zero.
- PAQ: In the past 12 months, the number of allegations referred for criminal investigation was 1.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.322 (b)

The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such a policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Agency Policy, Chapter 10, PREA Investigations, requires the Ramsey County Community Corrections to vigorously investigate all matters of sexual assault,

sexual harassment, and sexual misconduct through the agency's PREA Coordinator and outside law enforcement, when applicable, and according to the PREA standards and DOCC policy. Policy affirms the RCCC complies with annual DOJ reporting requirements of all incidents of sexual violence.

- The agency's website provides information regarding the agency's zero tolerance policy and provides information regarding making reports of allegations of sexual abuse, misconduct, or sexual harassment. The website asserts that Ramsey County has zero tolerance for incidents of sexual abuse, misconduct, and harassment. All threats, allegations, incidents, suspicions, and complaints of sexual misconduct will be investigated. The website provides ways for any viewer to make a report. These included the phone numbers and email address for the agency's PREA Coordinator and his phone number. Viewers are instructed to call and make reports.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.322 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency provided a MOU that the agency conducting criminal investigation publication are in policy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.322 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has in place a policy governing the conduct of administrative and criminal investigations of sexual abuse and sexual harassments.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.322 (e)

	<p>Any department of Justice Component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile shall have in place a policy governing the conduct of such investigations.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Interviewed staff indicated that there not be any involvement for the Department of Justice during this audit period. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • TSD 4.1c DEPT - New Employee O... • TSD 4.1b DEPT - Annual Training... • RDR 10.1c DEPT - PREA First Re... • Staff Education on Reporting S... • PREA Training on Reporting and... • AO 1.2b DEPT - Reporting Abuse... • RDR 10.1b DEPT - Prison Rape E... • Chapter 10 - PREA First Response • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.331 (a)</p>

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Ramsey County Community Corrections Policy requires that the RCCCD provide training regarding PREA standards, policies, and procedures to all staff, volunteers, interns, contractors, clients, residents, and residents. Specialized training is provided to first responders and investigators.

The Training includes the following:

- A review of the Agency PREA Policy and any other applicable state or federal laws.
 - The rights of residents under PREA, including their ability to report PREA incidents during the initial screening or intake, education, and orientation process.
 - The agency's reporting, response, intervention and investigation policies and procedures.
 - Recognition of sexual misconduct, predatory residents, potential victims, and/or staff involvement.
 - First responder and reporting procedures.
 - Communicating appropriately with residents, including lesbian, gay, bisexual, transgender, intersex, and gender-nonconforming residents.
 - Confidential information.
- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covered all shift were asked: have you received your PREA training? And what are some of the topics that were discussed? 100% of staff indicated that they have had their initial PREA training and give various topics, Zero-tolerance, staff responsibilities regarding sexual abuse and sexual harassment, resident's rights, how to detect and respond to sexual abuse and harassment, how to report, etc...

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.331 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility training includes unique needs that are tailored to residents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.331 (C)

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- All employees have received the required PREA training, as well as receiving refresher training each year.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.331 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires that training will occur when employees, contractors, volunteer's

	<p>and interns are new and annually thereafter. This training is required to be documented in the Department's training data system. The training will be documented by employee, contractor, volunteer and intern signature or electronic verification.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • Volunteer and Contractor Train... • Volunteer Training Website.doc... • Website "Report an Incident" • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.332 (a)</p> <p>The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The policy requires the following related to training requires that all contractors

and volunteers who have direct and/or incidental contact with residents are required to receive documented PREA training during orientation and annually thereafter.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.332 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy requires that the training will include:

- Review of the PREA policy and any other applicable state or federal laws
- Rights of residents, including their ability to report PREA incidents.
- The agency's policy related to reporting, response, intervention, and investigation policies and procedures.
- Recognizing sexual misconduct, predatory residents, potential victims and/or staff involvement
- First responder and reporting procedures
- Communicating appropriately with residents, including LGBTI
- Confidential information

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.332 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Training is documented in the Department's training data system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and

online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.333 Resident education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- CP 12.1c JDC - Admissions Proc...
- JDC PREA Brochure.docx
- JDC Resident Handbook.pdf
- PREA Orientation Video for Resident...
- PREA Resident Programming Educ...
- Doc 5Spanish.docx
- Doc3.docx
- PREA Poster4.pdf
- PREA Poster6.pdf
- stopflyer.pdf
- stopflyer2.pdf
- SOS Brochure.pdf
- JDC PREA Brochure.docx
- PREA poster-grey 8 5.doc--final.
- Resident PREA Orientation Video
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.333 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency's PREA policy requires that residents are provided information related to the agency's zero tolerance policy and how to report during the intake process.

- The agency's PREA policy requires that during orientation and upon transfer from another facility, all residents receive information about sexual abuse and sexual harassment within 10 days. Designated staff are charged with communicating the information verbally and in writing in a manner that is clearly understood by residents. The information includes:

- o Review of the RCCCD PREA Brochure
- o Department zero tolerance stance
- o Self-protection methods
- o Procedures for using the telephone hotline.
- o Prevention and Intervention
- o Treatment and Counseling
- o Protection against retaliation
- o Consequences for false allegations

- The PREA brochure "A Guide for Residents" affirms the zero-tolerance policy, provides information on prevention, education, intervention, reporting hotline numbers and how to report allegations of sexual abuse or sexual harassment.

- Interviewed Staff: The intake staff indicated the following PREA intake procedures:

- o When a resident is going to be admitted to the facility, residents will go through the intake admission as usual.
- o After the Rite Track admission is completed, resident will have the PREA assessment completed at that time.
- o Staff completing the assessment will ask the resident all the required questions.
- o If a resident refuses to complete the assessment, the staff will continue to ask all of the questions.
- o After the PREA assessment is completed, the resident will watch the PREA video. The resident must sit at the desk to watch the video at this time.
- o Resident then will be moved up to the regular pod.

- Specialized Staff: Intake staff were interviewed. They were asked, do you provide residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment? Staff indicated yes as part of their intake process.

- Interviewed Random Residents: Note: The facility housed male and female residents, during the onsite audit period there were no female residents housed. Ten (10) residents were interviewed. Nine (9) random males, 1 target male, and zero (0) females. Nine (9) black and one (1) white. Ten (10) out of ten (10) residents indicated that when they came to this facility, they were told about their rights to not be sexually abused or sexually harassed; How to report sexual abuse or sexual harassment and their right not to be punished for reporting sexual abuse or sexual harassment.

- All ten residents indicated that they received information about the facility's rules against sexual abuse and harassment provided in the handbook.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.333 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility conducts comprehensive education with all residents in person. Residents also review a video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting these incidents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.333 (c)

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Specialized Staff: Intake staff were interviewed. They were asked, how do you ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment? Staff indicated that all resident entering the facility is given a PREA Brochure and view the PREA video.
- Specialized Staff: Intake staff were interviewed. They were asked, how does the agency ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents? Staff indicated again that they discuss and answer questions after the residents review the PREA video and PREA Brochure.
- Staff were also asked in general, how long from the date of intake are residents made aware of their rights? Staff said within one day of arrival.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.333 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The following resident education is in formats accessible to all residents:
 - Resident Handbook (Spanish and English)
 - JDC One-Hour Orientation Checklist
 - Resident PREA Quiz
 - PREA Brochure
 - Video
 - Break the Silence Posters
 - Speak Out Poster

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.333 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Staff: Staff indicated that, and the auditor reviewed resident education documentation in Rite Track system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.333 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The following education is continuously available and/or visible to residents:

	<ul style="list-style-type: none"> • Posters • Resident handbook <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • RDR 10.1c DEPT - PREA First Re... • RDR 10.1d DEPT - PREA Investigation... • CDimmick12_19_17.pdf • Tania_Harris_PREA12_17.pdf • Administrative Investigations for RCCCD • Training Certificates • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.334 (a)</p> <p>In addition to the general training provided to all employees pursuant to standard 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

The Agency's PREA Coordinator, in addition to his duties as PREA Coordinator, also serves as the Supervisor for the investigation unit for the department.

- RCCCD Policy requires the agency to provide specialized training for staff that respond to and/or investigate allegations of sexual misconduct, to include crime scene management and investigation, victim sensitivity and crisis intervention.
- Interviewed Specialized Staff: The investigator indicated that he receives training specific to conducting sexual abuse investigations in confinement settings in 2021.
- The investigator stated that he personally has attended many trainings by the MN DOC. Each training was 18 to 24 hours and covered the following: An overview of conducting investigations, review of what PREA standards apply specifically to investigations, discussion on review of forms (Miranda, Garrity, Tennessee), interviewing trauma victims, confinement setting considerations, evidence collection, case studies, and evidentiary standards required for administrative investigations.
- The investigator indicated that some topics include:
 - Interviewing trauma victims (sexual assault victims)
 - Use of forms, when and when to use them.
 - Evidence collection
 - Standard of proof in investigations

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.334 (b)

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The investigator stated that he personally has attended many trainings by the MN DOC. Each training was 18 to 24 hours and covered the following: An overview of conducting investigations, review of what PREA standards apply specifically to investigations, discussion on review of forms (Miranda, Garrity, Tennessee), interviewing trauma victims, confinement setting considerations, evidence collection, case studies, and evidentiary standards required for administrative investigations.
- The investigator indicated that some topics include:
 - Interviewing trauma victims (sexual assault victims)

- Use of forms, when and when to use them.
- Evidence collection
- Standard of proof in investigations

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.334 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires that specialized training must be documented demonstrating that the investigation and first responding staff have been trained.
- The auditor reviewed the agency's computerized roster documenting specialized training for investigators.
- PAQ: The number of investigators currently employed who have completed the required training were two.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.334 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Reviewed documentation indicated that the required component has been provided to investigators.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.335	Specialized training: Medical and mental health care
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 1295 378">Evidence Relied Upon in Making the Compliance Determination:</p> <p data-bbox="280 412 536 445">Documentation:</p> <ul data-bbox="280 456 1321 1576" style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • PREA 1 and 2-Romona J.pdf • PREA Training1--Brandy F.pdf • PREA Training2-Brandy F.pdf • PREA Training3-Brandy F.pdf • PREA Training--Lisa B.pdf • PREA Training-Hawa H.pdf • PREA Training1-Boden S.pdf • PREA Training2-Boden S.pdf • PREA Training3-Boden S.pdf • PREA Training-Demike.pdf • PREA Training-Larson.pdf • PREA Training-Myers.pdf • PREA Training--Onosigho.pdf • PREA Training-Tarley.pdf • PREA Training-Kimbel.pdf • PREA Training-Gartshore.pdf • PREA Training-Marchetti.pdf • PREA Training-Massaquoi.pdf • PREA Training-Moreno-Doyle.pdf • PREA Training-Wong.pdf • PREA Training for Mental Health... • PREA Training-Mental Health-Mo... • scan Kyle. norton_2023-09-01-15... • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Policy Chapter 10 - Prison Rape Elimination Act (PREA) • For additional policies and procedures content review standard 115.311 <p data-bbox="280 1621 459 1655">Interviews:</p> <p data-bbox="280 1688 1295 1722">Compliance Determination by Provisions and Corrective Action:</p> <p data-bbox="280 1800 466 1834">115.335 (a)</p> <p data-bbox="280 1868 1445 1946">The agency shall ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ul data-bbox="280 1980 1327 2069" style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment. • How to preserve physical evidence of sexual abuse.

- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Agency policy requires that medical and mental health practitioners receive training regarding detention, assessment, evidence preservation, response, reporting, and conducting examinations and that the complete that same required PREA related training that all staff receive.
- Interviewed Specialized Staff: The medical staff indicated that they do not conduct forensic/SANE examinations onsite. Residents are referred to Region Hospital-SANE exam/forensic interview, and a referral to SOS for reported abuse up to 240 hours of incidents or as directed by the medical director or designee outside of 240 hours.
- The medical and mental health staff completed the online National Institute of Corrections (NIC) training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.335 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does conduct forensic examinations on site, if needed they will send to the resident out to the hospital for forensic services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.335 (C)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Training rosters and interviews with staff at the facility confirmed that medical and

	<p>mental health staff have received specialized training with documentation.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.335 (d)</p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.331 or for contractors and volunteers under standard 115.32, depending upon the practitioner’s status at the agency.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Interviewed staff and documentation indicated that medical and mental health staff received the training mandated for all employees. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • CP 12.3b JDC - Resident Classi... • RDR 10.1b DEPT - Prison Rape E... • CP 12.3b JDC - Resident Classi... • Admission_Screening_Report.pdf • PREA Resident Screenings • PREA Resident Reassessments • Information Enter PREA System • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p>

Compliance Determination by Provisions and Corrective Action:

115.341 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed staff and documentation indicated that the staff conduct the PREA Resident Intake Screening within the required 72 hours. In determining the resident's classification at the facility, staff completed the PREA Resident Intake Screening within 72 hours of admittance. In this process, staff are required to review the resident's file for documentation of gender identity, sexual orientation, sexually assaultive and/or sexually abusive behaviors, incidents of self-harm, gang affiliation, and/or medical issues if the resident has previously been at the JDC.
- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that residents are screen upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents within 72 hours of the resident admission.
- Interviewed Random Residents: Note: The facility housed male and female residents, during the onsite audit period there were no female residents housed. Ten (10) residents were interviewed. Nine (9) random males, 1 target male, and zero (0) females. Nine (9) black and one (1) white. Ten (10) out of ten (10) residents indicated that when they came to this facility, they were asked the following questions.
 - Whether you have ever been sexually abused.
 - Whether you identify with being gay, bisexual, or transgender.
 - Whether you have any disabilities.
 - Whether you think you might be in danger of sexual abuse at this facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.341 (b)

Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• The PREA Resident Intake Screening serves as the agency objective screening instrument. Instructions for conducting the assessment require the tool to be completed using a computerized database. The computerized database is called the computerized database is called CSTA-Facility Admission Screening/Reassessment Tool..

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.341 (c)

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

- Prior sexual victimization or abusiveness.
- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse.
- Current changes and offense history.
- Age.
- Level of emotional and cognitive development.
- Physical size and stature.
- Mental illness or mental disabilities.
- Intellectual or developmental disabilities.
- Physical disabilities.
- The resident own perception of vulnerability; and
- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Agency Policy 12.3.b, Resident Classification, requires staff to consider the resident's:

- Age
- Gender Identity
- Sexual Orientation
- Mental and Emotional Condition
- Escape Risk
- History of assaultive and/or sexual abusive behavior
- Risk for sexual victimization or assault
- Physical size
- Medical status
- Disabilities
- Enemies of record when assigning a resident to a pod
- Lesbian, Gay, Bisexual, Transgender, Intersex Identification, or status used as an indicator or predictor of sexually abusive behavior.

- Resident are then assigned to a pod based on risk/needs and standard pod assignment. If the population of the pod exceeds approved capacity or circumstances where placement could have a negative impact, staff are required to consult with the Shift Supervisor.

- The computerized database is called CSTA-Facility Admission Screening/Reassessment Tool.

- The CSTA - Facility Admission Screening/Reassessment Tool will be completed using an access database until Rite Track is available.

- There are two PREA assessment types and on PREA review:

- PREA Initial Assessment:

- o PREA initial assessment are completed within 72 hours upon resident's arrival at the facility. PREA initial assessments are completed every day.

- o If assessment cannot be completed within 72 hours, the on-duty supervisor will document why assessment could not be completed within required timeframe.

- PREA Reassessment needs to be completed:

- o When warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that is relevant to an individuals' risk level.

- o If PREA's initial assessment recommended special accommodations. PREA reassessment must be completed 30 calendar days from initial assessment to determine if special accommodations are still warranted. Special accommodations report to be reviewed every Wednesday at management meetings. Reassessment to be scheduled, if appropriate.

- o Residents who identify as Transgender or Intersex must be reassessed twice a year to review any safety concerns, their placement and programming assignments.

- PREA Review:

- o Within 30 days of arrival at the facility, all residents must have a review to determine if any additional, relevant information was received by the facility that would change the individual's risk level. PREA reassessment required if review indicates a change in risk level.

- PREA definitions are available throughout the assessment/reassessment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.341 (d)

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification

assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Additional preparation for the screening involves a requirement to review the case data section of the CSTA and calling the Probation Officer/Social Worker to obtain background information on assaultive and/or sexually abusive behaviors, incidents of self-harm, gang affiliations, and/or medical issues.
- Reassessments are required when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that is relevant to an individual's risk level and within 30 days of arrival at the facility, a PREA review. The review is to determine if any additional, relevant information was received by the facility that would change the individual's risk level. PREA reassessment is required if the review indicated a change in risk level.
- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that the process for conducting the initial screening information ascertained conversation with the resident during the admission process. Staff get collateral information from CSTA, previous admissions, probation, parents, mental health screening, MINCIS, etc.
- Staff also indicated that resident risk levels are reassessed is completed every 30 days.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.341 (e)

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that the agency has outlined who can have access to a resident's risk assessment within the facility to protect sensitive information from exploitation by only allowing approved staff to access the PREA assessment. The proven staff are PREA coordinator, facility PREA compliance manager, facility director, investigators, and a need-to-know basis.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • CP 12.3b JDC - Resident Classi... • Admission_Screening_Report.pdf • Screening Alerts Report.PNG • SEP 6.2a JDC - Resident Search... • SEP 6.2n JDC - Special Housing... • CP 12.3b JDC - Resident Classi... • RDR 10.1g JDC - Special Manage... • JDC PREA Screenings • Policy Chapter 10: Special Management of Residents • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.342 (a)</p> <p>The agency shall use information from the risk screening required by standard 115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency/facility uses information from the risk screening required by 115.341 to inform housing, bed, work, education, and program assignments with the goal of

keeping all residents safe and free from sexual abuse.

- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that the facility uses information from the risk screening during intake to keep residents safe from being sexually victimized or from being sexually abusive. JDC looks at the information gathered to make appropriate accommodations for these youth to help keep them protected. These accommodations can include special management, housing, education, and programming for the youth.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.342 (b)

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, JDC shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall have access to other programs and work opportunities to the extent possible.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.342 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Agency policy 6.2h, JDC, Safety and Emergency Procedures, Special Housing Unit Rules, requires that juvenile institutions are prohibited from placing residents in the Special Housing Unit based on prior sexual victimization, gender identify or sexual orientation, whether they are perceived to be gay, lesbian, transgender, intersex or gender nonconforming, their level of emotional and cognitive development, disability status, mental or physical illness, or any other specific information that may indicate heightened needs supervision unless there is documented concern for the resident's safety, and there is no alternative means of separation available.
- The PREA compliance manager indicated that JDC does not have a special housing unit for LGBTI residents. At JDC, the facility would ask the residents to identify LGBTI, where they would feel comfortable and safe. The facility also brings in mental health staff to help us find the right housing placement, but in most cases, residents are placed in the unit they identify with. If a resident does not want to be in the general population and asked to be kept separate, we accommodate that resident's needs. In saying that, that resident is offered all the regular programming that other residents receive, including education, rec, hygiene, private shower, and toilet. Every resident at JDC has their own secure room.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.342 (d)

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident health and safety, and whether the placement would present management or security problems.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- In deciding whether to assign a transgender or intersex resident to a pod form male or female residents, and in making other housing and programming assignments, JDC shall consider on a case-by-case basis whether a placement would ensure the resident health and safety, and whether the placement would present management or security problems. Place assignments of transgender and intersex residents are reassessed at least every six months to review any safety concerns experienced by resident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.342 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that placement and programming assignments for each transgender or intersex resident is reassessed at least twice each year (if the facility were to receive a transgender or intersex) to review any threat to safety experienced by the resident.
- The PREA compliance manager indicated that if a resident is at risk, they utilize our medical and mental health staff to meet with the resident and come up with a special management plan to make sure they feel safe during their time at JDC. The facility notifies the line staff that this resident is on a PREA alert but doesn't disclose the reason why it is due to confidentiality.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.342 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that transgender or intersex resident views of his or her safety are given serious consideration in placement and programming assignments.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.342 (g)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The staff perform PREA screening for risk of

victimization indicated that transgender and intersex as well as all residents shower separately from other residents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.342 (h)

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that the facility special management plan for resident who are place in isolated as the documentation. However, the facility does not use isolation for its residents.
- PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include both; a statement of the basis for facility’s concern for the resident’s safety, and the reason or reasons why alternative means of separation cannot be arranged were zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- RDR 10.1b DEPT - Prison Rape E...
- JDC Resident Handbook.pdf
- SOS Brochure.pdf
- JDC PREA Brochure.docx
- PREA poster-grey 8 5.doc--final...
- Resident Grievance -PREA Form ...
- Staff Education on Reporting S...
- SOS Brochure.pdf
- RDR 10.1c JDC - Compliance with...
- RDR 10.1c DEPT - PREA First Re...
- AO 1.2b DEPT - Reporting Abuse...
- JDC PREA Coordinated Response ...
- PREA Training on Reporting and...
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Policy Chapter 10 - Resident Rights
- Policy Chapter 11 - Telephone Access
- Sexual Offense Services of Ramsey County # 651-254-3307
- Regional Hospital # 651-254-9200
- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.351 (a)

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation, by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Residents at the Ramsey County Juvenile Detention Center are provided multiple ways to report allegations of sexual abuse, sexual harassment, and retaliation. These include ways to report externally as well as internally.
- Ramsey County Department of Community Corrections Policy, 10.1c, PREA, First Response, in paragraph 3, asserts that RCCC provides multiple ways for residents to report allegations of sexual assault, sexual harassment and sexual misconduct.

- The following are ways residents can report:
 - o Residents are provided with an orientation in which they watch the PREA video. After watching the video, they acknowledge they have watched the video and understand they can report any abuse immediately and that all reports of sexual abuse will be investigated.
 - o The Resident Handbook in the section entitled: "Sexual Assault Awareness, Prison Elimination Act advises residents they have a right to report any abuse or harassment immediately and that all reports of sexual abuse will be investigated.
- The facility has multiple PREA related posters throughout the facility. The Zero Tolerance Poster provides the following ways for residents to report:
 - Call Sexual Offense Services (SOS) of Ramsey County and the call is free and confidential.
 - Report to any staff, volunteer, contractor or medical or mental health staff.
 - Submit a grievance or a sick call slip.
 - Report to the PREA Coordinator or PREA Compliance Manager (numbers provided).
 - Tell a family member, friend, legal counsel, or anyone else outside the facility. These, residents are told, can report on their behalf by calling a posted number.
 - Submit a report on someone's behalf, or someone at the facility or someone at this facility can report for the resident using the ways listed here.
- A MOU with the Saint Paul-Ramsey County Public Health, Sexual Violence Services (SOS) for the provision of counseling and advocacy services to victims of sexual assault. The SOS will be available 24/7 and will accept reports of sexual abuse and sexual harassment alleged to have occurred at the facility. SOS agrees to respond to requests to provide advocacy and support during medical forensic exams; as well as providing counseling services for victims and victim support.
- The Sexual Violence Services (SOS) is free and confidential. The following services are listed:
 - o 24-hour crisis services, information, and referrals (651-266-1000).
 - o Support and information when reporting an assault or seeking medical care.
 - o Medical advocacy during an evidentiary exam or while receiving medical care.
 - o Legal advocacy on filing a police report or other legal issues involving sexual violence.
 - o Safety planning involves shelter and other considerations.
 - o Open support group meetings for victims, survivors, their families, friends and other concerned persons.
 - o One-on-one short-term counseling.
 - o Assisting with financial concerns including reparations and restitution.
 - o Community education.
- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covered all shift were asked: how can staff privately report sexual abuse and sexual harassment of residents? Staff indicated various ways to report. It

includes tell their supervisor, reporting to the PREA investigator, reporting to the agency head.

- Interviewed Random Residents: Note: The facility housed male and female residents, during the onsite audit period there were no female residents housed. Ten (10) residents were interviewed. Nine (9) random males, 1 target male, and zero (0) females. Nine (9) black and one (1) white. They were asked: can you make reports of sexual abuse or sexual harassment either in person or in writing? 100% said yes, and name their mothers, fathers, brothers, sisters, other family members, or friends.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.351 (b)

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detailed solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility has multiple PREA related posters throughout the facility. The Zero Tolerance Poster provides the following ways for residents to report:

- Call Sexual Offense Services (SOS) of Ramsey County and the call is free and confidential.
- Report to any staff, volunteer, contractor or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA Coordinator or PREA Compliance Manager (numbers provided).
- Tell a family member, friend, legal counsel, or anyone else outside the facility. These, residents are told, can report on their behalf by calling a posted number.
- Submit a report on someone's behalf, or someone at the facility or someone at this facility can report for the resident using the ways listed here.

- The PREA compliance manager indicated that residents are given many ways to report. They can fill out a PREA grievance form that is always available to them and can put them in the Grievance box without staff being able to access or see them. The boxes are locked and can only be opened by a supervisor and are picked up at least once per shift. There are three shifts with different supervisors, so a resident can also complete a grievance on a supervisor if warranted and they won't be able to see. Residents can also make a verbal grievance to anyone in the building, and it will be addressed immediately. Residents can send a letter to the PREA coordinator,

Compliance manager, SOS, and report anonymously on the phone to the PREA coordinator, Sexual Offense Services (SOS), are third party reporting 24/7 center. There are PREA posters in each of the living areas that gives them all the phone numbers and addresses to report too.

- The facility has posters up in every unit that has the address and phone number of outside services to report too. A resident can also ask to use the hotline phone that is down in Operations in an enclosed room where staff do not need to be present when they dial the phone. The numbers for all outside reporting are posted by phone. On the resident brochures, all the numbers and address of outside reporting agencies are included.
- The facility staff were where of the civil immigration requirements.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.351 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Random Residents: Note: The facility housed male and female residents, during the onsite audit period there were no female residents housed. Ten (10) residents were interviewed. Nine (9) random males, 1 target male, and zero (0) females. Nine (9) black and one (1) white. Ten (10) out of ten residents indicated that they could make reports of sexual abuse or sexual harassment in person or in writing.
- Interviewed Random Residents: Note: The facility housed male and female residents, during the onsite audit period there were no female residents housed. Ten (10) residents were interviewed. Nine (9) random males, 1 target male, and zero (0) females. Nine (9) black and one (1) white. They were asked: have you ever told anyone that you were sexually abused or sexually harassed while in this facility? 100% of the resident said no.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.351 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <ul style="list-style-type: none"> The PREA compliance manager indicated that any time a resident makes a request to report to an outside agency or anyone else related to any type of sexual abuse/harassment, it is taken seriously and dealt with immediately. Also, if a resident file a PREA grievance, these boxes are checked many times throughout a shift, and they are handled immediately to ensure the resident's safety. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.351 (e)</p> <p>The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covered all shift were asked: How can residents privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment? PREA Line, grievance process, third-party, staff, family, etc.... <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:
	<p>Documentation:</p> <ul style="list-style-type: none"> RDR 10 4a JDC Resident Grievance...

- Policy RDC 10.4b – Parent/Guardian Grievances
- Resident Grievance – PREA Form
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.352 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has administrative procedures to address resident grievances. The JDC’s Grievance Policy provides residents with an internal grievance process that grants them the right to register a complaint regarding incidents, disciplinary actions, administrative policies and procedures, or other legitimate concerns and to seek administrative or judicial redress without fear, reprisal, or punitive disciplinary action. Policy also asserts that residents have the right to receive a prompt and immediate response to a grievance of an emergency nature that threatens health or welfare, including sexual assault, sexual abuse, or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.352 (b)

- The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.
- The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- Nothing in this section shall restrict the agency’s ability to defend against a resident lawsuit on the ground that the applicable status of limitations has expired.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There are no time limits for filing a grievance regarding an allegation of sexual abuse. Policy also affirms that the youth may submit a grievance without submitting it to a staff member who is the subject of the complaint, and without such grievance being referred to the staff member.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.352 (c)

The agency shall ensure that:

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident who alleges sexual abuse can submit a grievance without submitting it to a staff member who is the subject of the complaint.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.352 (d)

- The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
- Computation of the 90-day time shall not include time consumed by residents in preparing any administrative appeal.
- The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A final decision may be made within 90 days of the initial filing and extension of up to 70 days may be permitted in the event a decision requires more consideration and/or time. The resident will be notified in writing of any such extension and will be provided with a response.

- Policy RDR 10.4b, Parent/Guardian Grievances Policy allows a resident's parent or legal representative, guardian, or a concerned person in the resident's life to make a formal complaint, suggestions, or express concern about any aspect of the resident's care during the resident's stay at the JDC through a formal grievance process.
- Procedures to implement that policy in paragraph A.3, requires if the complaint involved an allegation of sexual abuse or sexual assault, staff are to follow the JDC Policy, PREA First Response.
- PAQ: In the past 12 months, the number of grievances that were filed that alleged sexual abuse were zero.
- PAQ: In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed were zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.352 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Procedures, Paragraph B. Any Grievances alleging sexual abuse or sexual harassment require all staff to take a verbal or written report of sexual abuse or sexual harassment. Addressing third party assistance in filing the grievance and having it submitted on behalf of the resident, procedures provided for the following in compliance with the PREA standards:
 - o Third parties, including fellow residents, staff members, family members,

attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file the requests on behalf of residents.

o If the third party is someone other than a parent or legal guardian, files a request on behalf of a resident, the facility may require as a condition of processing that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

o Parents or legal guardians are permitted to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of the juvenile. This grievance is not conditioned on the approval of the juvenile to file the grievance.

o If the resident declines to have the request processed on his/her behalf, staff are required to document the residents' decision in an incident report.

o The resident is not required to attempt to resolve with staff an alleged incident of sexual abuse or harassment and the grievance should not be referred to the staff who is the subject of the complaint.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.352 (f)

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

- After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- If the grievance is regarding sexual abuse or sexual harassment, staff are required to immediately notify the shift supervisor, PREA Compliance Manager, or the Superintendent and follow all PREA protocols to ensure the safety of any victim.

- The shift supervisor retrieves the grievance from the grievance box and reads it to determine the level of urgency. If the grievance alleges a resident is at risk of imminent sexual abuse, the Supervisor is instructed to immediately consult with the PREA Compliance Manager, PREA Coordinator, or the Superintendent.
- Procedures require an initial response 48 hours from the time the grievance was submitted.
- The grievance is then forwarded to the PREA Compliance manager and Superintendent.
- A youth filing a grievance in bad faith, and only when it can be demonstrated it was filed in bad faith, may be disciplined.
- The PREA Compliance Manager may immediately start and complete an investigation when the grievance involves harassment between residents only.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.352 (g)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility is aware if a resident who files grievances related to alleged sexual abuse can be disciplined providing that the facility can demonstrate that the residents has filed in bad faith.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- RDR 10.1b DEPT - Prison Rape E...
- RDR 10.1c DEPT - PREA First Re...
- PREA poster-grey 8 5.doc--final...
- JDC PREA Brochure.docx
- SOS Brochure.pdf
- SOS MOU.pdf
- JDC Resident Handbook.pdf
- RDR 10.1a JDC - Resident Right...
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Sexual Offense Services of Ramsey County # 651-254-3307
- Regional Hospital # 651-254-9200
- Resident Handbook
- Policy Chapter 10 – Resident Rights
- Policy Chapter 11 – Telephone Access
- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.353 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A MOU with the Saint Paul-Ramsey County Public Health, Sexual Violence Services (SOS) for the provision of counseling and advocacy services to victims of sexual assault. The SOS will be available 24/7 and will accept reports of sexual abuse and sexual harassment alleged to have occurred at the facility. SOS agrees to respond to requests to provide advocacy and support during medical forensic exams; as well as providing counseling services for victims and victim support.

• The Sexual Violence Services (SOS) is free and confidential. The following services are listed:

- o 24-hour crisis services, information, and referrals (651-266-1000).
- o Support and information when reporting an assault or seeking medical care.
- o Medical advocacy during an evidentiary exam or while receiving medical care.
- o Legal advocacy on filing a police report or other legal issues involving sexual violence.
- o Safety planning involves shelter and other considerations.
- o Open support group meetings for victims, survivors, their families, friends, and other concerned persons.
- o One-on-one short-term counseling.
- o Assisting with financial concerns including reparations and restitution.
- o Community education.

• The PREA compliance manager indicated that if a victim requested a victim advocate, qualified facility staff member, or qualified community-based organization staff member accompany and provide emotional support, the facility provide SOS (Sexual Offense Services) to be involved with the victim(s). Ramsey County has an MOU with this agency to provide these services.

• The facility superintendent indicated that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. Residents are given the opportunity to make calls throughout the day via phones located in each living unit. Any legal representative is also able to call the facility and either speak to the resident directly, or choose to set up a time to visit, either online or in person.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.353 (b)

The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• The facility superintendent indicated that the facility provides residents with reasonable access to parents or legal guardians. Residents are given the opportunity to make calls throughout the day to an approved parent or legal guardian. The approved parent or legal guardian is also able to set up visits with the residents, either online several times a week, or in person on the weekends.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.353 (c)

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has a MOU with Ramsey County Community Corrections and St. Paul-Ramsey County Public Health's Sexual Violence Services (SOS) and written to facilitate an agreement between the parties for services that are essential to implementation of the federal Prison Rape Elimination Act (PREA) and its mandates. This MOU was signed and dated July 25, 2023.
- The reviewed MOU with the Sexual Violence Services confirmed that the Sexual Violence Services would provide an advocate to meet and accompany the youth through the forensic exam and beyond if requested by the resident. The SOS provides a 24/7 hot line on which reports of sexual abuse may be made. The agency also provides counseling services for victims as well as victim support. The SOS agreed to immediately forward reports of sexual abuse and sexual harassment involving residents to corrections allowing the resident to remain anonymous upon request.
- Contact information for the Sexual Violence Services is provided to the residents on the Aero Tolerance Posters as well as on the PREA Brochure, A Guide for Residents. The Zero Tolerance Posters provides both the phone number and mailing address for the Victim Support Services. The same contact information is provided in the PREA brochure for residents. An additional contact is identified. That is the Regions Hospital and a number for the emergency room and crisis program is provided.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.353 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Ramsey County Department of Community Corrections, Policy, CC 11.3a, Telephone Access; asserts that residents may make two personal phone calls weekly

	<p>and additional ones permitted at the discretion of the shift supervisor. Policy also provides for making and receiving professional calls.</p> <ul style="list-style-type: none"> • Visitation is provided 2-3 times a week and special visitation may be approved as well. • Attorneys and Probation Officers are accessible and may be called, may visit, and may receive letters from residents. • The PREA compliance manager indicated that all residents have access to their legal guardians and are given specific visitation days, nights, and weekends. They are also allowed to call legal guardians a minimum of 2 times per week but are also allowed to earn extra phone calls for behavior incentives. JDC is also very willing to give extra phone calls when a resident is going through a rough time and will have this coordinated with the help of mental health staff and supervisors. Residents can contact their legal guardian immediately at intake or shortly after if the guardian is not available. They are also allowed an initial visit within the first 72 hours and then are on the regular visiting schedule of the pod they are in. Residents are not allowed to visit or talk with legal guardians that have a no contact order or have had all the legal rights for that resident taken away. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.4b JDC- Parent or Guard... • Third Party Reporting.docx • Agency Website: Report an Incident • Policy Chapter 10 – PREA First Response • PREA Brochure- “A Guide for Resident” • Resident Grievances • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.354 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Grievances, Policy 10.4a, states all staff may take a verbal or written report of sexual abuse or harassment and that third parties, including fellow resident residents, staff, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will be permitted to file those requests on behalf of residents. Procedures for dealing with third party grievances are thoroughly described in this section.
- The First Response Policy requires employees, contractors, visitors, volunteers, interns, medical and mental health practitioners, and school personnel must immediately report any knowledge, suspicion, or information regarding an incident of sexual assault, sexual harassment, or sexual misconduct that occurs at the facility, to his/her direct supervisor or the PREA Coordinator.
- The resident brochure provides multiple ways to report, both internally and externally and through third parties. Numbers are provided for the Sexual Offense Services of Ramsey County, Regions Hospital, PREA Coordinator, Reporting Hotline.
- The agency's website <https://www.ramseycounty.us/residents/public-safety-law/prison-rape-elimination-act> informs viewers that the agency has a zero tolerance for sexual abuse and sexual harassment and that anyone who knows of an incident at the JDC are provided ways to report it. These included:
 - o Filling out an on-line report form
 - o Calling the PREA Coordinator
 - o Emailing the PREA Coordinator
- All third-party reports will be investigated.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • RDR 10.1c DEPT - PREA First Re... • PREA Training on Reporting and... • RDR 10.1d DEPT - PREA Investigation... • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Agency Website: Report an Incident • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.361 (a)</p> <p>The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Ramsey County Department of Community Corrections Policy, PREA First Response, A First Response, Paragraph 1 requires that staff who have knowledge or suspicions of or who have received a report of sexual assault, sexual abuse or sexual harassment of a resident, client, or resident must immediately separate the victim from the alleged assailant to protect the victim and prevent further violence. The first responder is required, in paragraph 2., to follow the Sexual Assault First

Responder Checklist, complete and incident report and submit it to the on-duty supervisor, the Division PREA Compliance Manager and PREA Coordinator within two hours or by the end of the shift, whichever comes first. Paragraph D., Resident, Resident and Client Incident Reporting, subparagraph 3., asserts the staff may receive reports of sexual assault, sexual abuse and/or sexual harassment through a third party.

- Interviewed Specialized Staff: The medical staff indicated that medical is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Nurses are required to report any knowledge of sexual abuse/sexual harassment to the supervisor/manager, shift supervisor on duty, and PREA coordinator or designee. JDC mandates a zero-tolerance policy. Nurses are mandated reporters, must report immediately, any sexual assault or sexual harassment. Health or safety concerns for vulnerable residents are required to report in accordance with mandatory reporting laws if occur in institutional settings.

- The facility superintendent indicated that when the facility receives an allegation of sexual abuse, the facility reports to:

- o The County CIU – PREA Unit and if necessary
- o Saint Paul Police
- o Medical and Mental Health
- o Victim Advocacy
- o Parent or legal guardian

- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covered all shifts were asked: Are you aware that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation? Twelve (12) staff indicated that they were aware, and they comply with this requirement.

- PAQ: The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Report yes.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.361 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- All staff, contractors, interns, and volunteers are mandated reporters and must report all knowledge, information, reports or suspicions of sexual abuse, sexual harassment, or retaliation for reporting.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.361 (c)

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA compliance manager indicated that when a report or grievance has been reported, the supervisor will report it to the PREA compliance manager. The PREA compliance manager will be sure to first make sure the resident is safe then contact the legal guardians and probation officer if necessary. Medical and mental health staff are also notified to meet with the resident as soon as possible and mental health is most likely the one to discuss it with legal guardians. The PREA coordinator is also contacted to do any investigation that is necessary. If a resident is a ward of the state or not allowed to have contact with legal guardians, JDC would get child protection services involved.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.361 (d)

- Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.
- Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The medical staff indicated that at the initiation of

services to a resident, they do disclose the limitations of confidentiality and their duty to report. Nurses are mandated reporters, must report immediately, any sexual assault or sexual harassment. Health or safety concerns for vulnerable residents are reported to the appropriate authority, as all nurses are mandated reporters and are required to report in accordance with mandatory reporting laws if occur in an institutional setting.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.361 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA compliance manager indicated that if a victim were under the guardianship of the child welfare system the JDC would contact child protective services or the juvenile's case worker. Social workers, probation officers, legal attorneys, and or anyone involved in this resident's life.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.361 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The same policy, in Paragraph 6, page 2, affirms that any employee, volunteer, or intern who fails to report an allegation or who coerces or threatens another person to submit inaccurate, incomplete, or false information with the intent to alter a

	<p>report, may face disciplinary action. Staff will be subject to disciplinary sanctions up to and including termination for violating RCCC sexual abuse or sexual harassment policies.</p> <ul style="list-style-type: none"> • PREA Investigations Policy, RDR 10.1d, requires on page 2, paragraph 3, that agency investigations will include an effort to determine whether staff actions or failures contributed to the abuse. Too, the departure or the alleged abuser or victim from the employment or supervision of RCCC will not be used as a basis for terminating an investigation. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • CP 12.3b JDC - Resident Classi... • RDR 10.1g JDC - Special Manage... • RDR 10.1c DEPT - PREA First Re... • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.362 (a)</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

	<ul style="list-style-type: none"> • The agency reported, and it was confirmed through interviews, that there have been no residents placed in any form of restricted housing because of being at risk of imminent sexual abuse. • Agency policy regarding Special Management outlines the procedures for accessing Special Management when absolutely needed to protect the resident, other residents, as well as staff, contractors, volunteers, and interns. • If a resident is placed in seclusion, whether in the Special Housing Unit or other housing arrangement as determine by the Shift Supervisor or higher authority staff must document the reason for the facility’s concern for the resident’s safety and the reason why no alternative may be arranged. • Policy prohibits placing residents in Special Housing based solely on their identification as being lesbian, gay, bisexual, transgender, intersex, or gender non-conforming. If any resident is placed in the SHU, it must be documented why no other appropriate housing was available. • Residents placed in special housing have access to daily visits from medical or mental health and have access to programs and work opportunities to the extent possible. • Housing assignments are required to be reviewed every seven days and if special housing continues, the reasons why no alternative housing is available must be documented. • The facility superintendent indicated that when the facility learn that a resident is subject to a substantial risk of imminent sexual abuse the facility protective action; supervisors and all staff are alerted that the resident is at risk. • PAQ: In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse were zero. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Outside Agency PREA Notification...
- Outside Agency PREA Incident N...
- RDR 10.1c DEPT - PREA First Re...
- RDR 10.1d DEPT - PREA Investigation...
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.363 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility head or agency office that receives the notification is required to ensure that the allegation is investigated in compliance with the PREA standards.
- The agency head designee indicated that the facility takes all treats or any allegation from another facility or agency the same way they would treat an allegation from within the agency facilities and begin an investigation.
- The agency has a designated point of contact for the agency to receive allegations of sexual abuse or sexual harassment from another facility. The agency's point person is the agency PREA coordinator.
- PAQ: During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility were zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.363 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• Paragraph A.11, Agency Policy, Prison Rape Elimination Act, requires that if a resident was sexual assaulted, sexually abused, or sexually harassed at another facility, the PREA Coordinator is responsible for notifying the head of that facility 72 hours or receiving notice of the allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.363 (c)

The agency shall document that it has provided such notification.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• Staff interviewed indicated that if an incident were to occur, the facility would document the notification.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.363 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• If an incident occurs that requires the facility to notify another facility, the PREA Coordinator is responsible for notifying the head of the facility the resident was sent to.

• PAQ: In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities were 1.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- RDR 10.1c DEPT - PREA First Re...
- RDR 10.1b DEPT - Prison Rape E...
- Sexual Abuse First Responder C...
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Coordinated Response Plan
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.364 (a)

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

- Separate the alleged victim and abuser.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- If the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency's PREA First Response Policy is comprehensive and provides details guiding all staff in responding to allegations of sexual abuse. After providing policy statements regarding reporting, confidentiality regarding sexual abuse allegations, failure to report, and retaliation, the policy provides instructions for the First Responder, the Shift Supervisor and the PREA Coordinator/PREA Compliance Manager.
- Paragraph C. Coordinated Response, of the policy, gives specific instructions for

staff first responders; contractors/interns/and volunteers; Shift Supervisor; Health Services and Mental Health Staff; Facility Management; Shift Supervisor; and PREA Investigators.

- First responding staff are required to do the following in accordance with policy:

- o Immediately separate the victim and alleged perpetrator

- o Render first aid

- o Ensure the victim receives emergency or prompt medical and mental health assistance as appropriate to his/her needs and the circumstances of the alleged offense.

- o Secure the crime scene.

- o Contact the nearest Supervisor of Shift Lieutenant

- o Follow the Sexual Assault First Responder Checklist

- The reviewed Ramsey County Juvenile Detention Center PREA Coordinator Response Plan provides a consolidated, easy to follow, plan for First Responders, Victim Processing, Perpetrator Processing, Potential Crime Scene Processing, and the Investigation Process.

- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covering all shift indicated that if they were the first person to be alerted that a resident has allegedly been the victim of sexual abuse, could state their responsibility in that situation. They stated that they are responsible for:

- o Immediately separate the victim and alleged perpetrator

- o Call supervisor

- o Ensure that resident receive prompt medical and mental health assistance.

- o Secure the crime scene.

- o Protect the evidence by not letting the victim drink water, eat, etc.

- o Follow the Sexual Assault First Responder Checklist

- PAQ: In the past 12 months, the number of allegations that a resident was sexually abused were zero.

115.364 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed staff indicated that they use the same training as security staff and will respond according to received training and policy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.364 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency's PREA First Response Policy is comprehensive and provides details guiding all staff in responding to allegations of sexual abuse. After providing policy statements regarding reporting, confidentiality regarding sexual abuse allegations, failure to report, and retaliation, the policy provides instructions for the First Responder, the Shift Supervisor and the PREA Coordinator/PREA Compliance Manager.
- Paragraph C. Coordinated Response, of the policy, gives specific instructions for staff first responders; contractors/interns/and volunteers; Shift Supervisor; Health Services and Mental Health Staff; Facility Management; Shift Supervisor; and PREA Investigators.
- First responding staff are required to do the following in accordance with policy:
 - o Immediately separate the victim and alleged perpetrator
 - o Render first aid
 - o Ensure the victim receives emergency or prompt medical and mental health assistance as appropriate to his/her needs and the circumstances of the alleged offense.
 - o Secure the crime scene.
 - o Contact the nearest Supervisor of Shift Lieutenant
 - o Follow the Sexual Assault First Responder Checklist
- The reviewed Ramsey County Juvenile Detention Center PREA Coordinator Response Plan provides a consolidated, easy to follow, plan for First Responders, Victim Processing, Perpetrator Processing, Potential Crime Scene Processing, and the Investigation Process.
- Multiple training rosters were provided documenting that staff have been trained in First Responding.
- Interviewed Random Staff: Twelve (12) random staff were interviewed. Seven (7) males and five (5) females, six (6) Black, five (5) Whites and one (1) Hispanic. Interviewed staff covering all shift indicated that if they were the first person to be alerted that a resident has allegedly been the victim of sexual abuse, could state their responsibility in that situation. They stated that they are responsible for:
 - o Immediately separate the victim and alleged perpetrator

- o Call supervisor
- o Ensure that resident receive prompt medical and mental health assistance.
- o Secure the crime scene.
- o Protect the evidence by not letting the victim drink water, eat, etc.
- o Follow the Sexual Assault First Responder Checklist

115.364 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed staff indicated that they use the same training as security staff and will respond according to received training and policy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • JDC PREA Coordinated Response ... • Coordinated Response Plan • Policy Chapter 10 – PREA First Response • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p>

115.365 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency's PREA First Response Policy is comprehensive and provides details guiding all staff in responding to allegations of sexual abuse. Paragraph C. Coordinated Response, of the policy, gives specific instructions for staff first responders; contractors/interns/and volunteers; Shift Supervisor, Health Services and Mental Health Staff; Facility Management; Shift Supervisor; and PREA Investigators.

- First responding staff are required to do the following in accordance with policy:

- o Immediately separate the victim and alleged perpetrator

- o Render first aid

- o Ensure the victim receives emergency or prompt medical and mental health assistance as appropriate to his/her needs and the circumstances of the alleged offense.

- o Secure the crime scene.

- o Contact the nearest Supervisor of Shift Lieutenant

- o Follow the Sexual Assault First Responder Checklist

- The reviewed Ramsey County Juvenile Detention Center PREA Coordinator Response Plan provides a consolidated, easy to follow, plan for First Responders, Victim Processing, Perpetrator Processing, Potential Crime Scene Processing, and the Investigation Process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- AFSCME 8 (Professional Employe...
- AFSCME 8 GENERAL- 2022-2024 - ...
- Teamsters 320 Probation Office...
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.366 (a)

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has two (2) collective bargaining agreements.
- The reviewed agreements did not appear to contain any language preventing the agency from taking appropriate disciplinary action for any violations of the agency's sexual abuse or sexual harassment policies and no language was observed preventing the agency from removing a staff from contract with a youth while an investigation is being conducted.
- The agency designee indicated that the agency or governmental entity responsible for collective bargaining on behalf, has entered or renewed any collective bargaining agreements or other agreements since August 2012. The agency do have the right to remove staff sexual abusers from contact with any resident pending an investigation or while determining discipline.
- The agency designee also indicated that the agreements permit the agency to remove alleged staff sexual abusers from contact with any resident pending an investigation or determination of whether and to what extent discipline is warranted.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>115.366 (b)</p> <p>Nothing in this standard shall restrict the entering into or renewal of agreement that govern:</p> <ul style="list-style-type: none"> • The conduct of the disciplinary process, if such agreements are not inconsistent with the provisions of standards 115.372 and 115.376; or • Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated. <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Interviewed staff: Staff indicated that nothing in this standard restrict the entering into or renewal of agreement that govern disciplinary process and whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff members’ personnel file following a determination that the allegation of sexual abuse is not substantiated. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Monitoring of Retaliation after... • RDR 10.1b DEPT - Prison Rape E... • RDR 10.1d DEPT - PREA Investigation... • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.367 (a)

The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Ramsey County Department of Community Corrections Policy, 10.1b, Prison Rape Elimination Act, paragraph 7, requires that staff, volunteers, and contractors are prohibited from any form of retaliation against a resident or fellow staff member who makes an allegation of sexual abuse, sexual assault, or sexual harassment. This includes lesbian, bisexual, gay, transgender, intersex, and gender non-conforming residents.
- Policy requires that retaliatory behavior will result in disciplinary action up to dismissal.
- This is reiterated in Ramsey County Department of Community Correction Policy, PREA Investigations, paragraph 5.
- The agency designee indicated that the facility protects residents and staff from retaliation for sexual abuse or harassment allegation by assigning a retaliation officer to monitor. If a staff member who cooperates with an investigation expresses a fear of retaliation, the facility takes measures to protect that staff against retaliation by again monitoring or reassigning staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.367 (b)

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

The facility superintendent indicated that for allegations of sexual abuse or sexual harassment the measures that the facility would take is:

- Separate housing for alleged victims and abusers is made.
- All contact with alleged staff or resident is removed.
- Mental health and support for alleged victim is obtained.
- Any changes in mood, housing, performance reviews, etc. are monitored for at least 90 days following the alleged incident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.367 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.367 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There has been no monitoring for PREA allegations in the past 12 months.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.367 (e)

If any other individual who cooperates with an investigation expresses a fear of

	<p>retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The has been no monitoring for PREA allegations in the past 12 months. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.367 (f)</p> <p>An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The has been no monitoring for PREA allegations in the past 12 months. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • CP 12.3b JDC - Resident Classi... • RDR 10.1g JDC - Special Manage... • SEP 6.2n JDC - Special Housing... • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p>

	<p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.368 (a)</p> <p>Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of standards 115.342.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • This facility does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse. This is confirmed through the reviewed PAQ and interviews with Staff. • Ramsey County Department of Community Corrections Policy CP 12.3b JDC, Resident Classification. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and they only until an alternative means of keeping all residents' safety can be arranged. • The has been no monitoring for PREA allegations in the past 12 months. • PAQ: The number of residents alleged to have suffered sexual abuse who were placed in isolation in the past 12 months was zero. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • RDR 10.1d DEPT - PREA Investigation... • AO 1.6e DEPT - PREA Documentation...

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.371 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has an investigation unit supervised by the Agency's PREA Coordinator. Agency investigators are responsible for conducting administrative investigations while all allegations appearing to involve criminal behavior are referred to the ST. Paul Police Department for investigation. Facility investigators may also conduct investigations if authorized to do so by the Agency Investigation Unit.
- Interviewed Specialized Staff: The investigator question, how long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment? The investigation would begin immediately.
- Interviewed Specialized Staff: The investigator question, what would be the first steps in initiating an investigation and how long would they take? Investigators would gather and preserve any circumstantial evidence including any physical DNA and DNA evidence. They will speak with the victim quickly.
- Interviewed Specialized Staff: The investigator question, describe the investigation process? The investigation process: Investigators would gather and preserve any circumstantial evidence including any physical DNA and DNA evidence. Trained investigators would interview alleged victims. Victim first and suspect last.
 - o Interview victim (if the statement gathered includes potentially criminal material it will be referred to law enforcement.)
 - o Collect/review evidence (video footage, shift reports, log entries, prior reports etc.)
 - o Interview witnesses and subject.
 - o Review staff actions.
 - o Weigh credibility.
- Third-party reports of sexual abuse or sexual harassment are handling the same as other investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- All investigators under the Agency Investigations Unit have completed the required specialized training.
- Interviewed Specialized Staff: The investigator indicated that he receives training specific to conducting sexual abuse investigations in confinement settings.
- The investigator stated that he has attended trainings in 2021 by the MN DOC. Each training was 18 to 24 hours and covered the following: An overview of conducting investigations, review of what PREA standards apply specifically to investigations, discussion on review of forms (Miranda, Garrity, Tennessee), interviewing trauma victims, confinement setting considerations, evidence collection, case studies, and evidentiary standards required for administrative investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Ramsey County of Community Corrections Policy, RDR 10/1d, PREA Investigations procedures for this policy states that in collaboration with the PREA Coordinator and PREA Compliance Managers, Investigators conduct investigations of allegations of sexual abuse and/or sexual harassment are required to be conducted in accordance with the PREA standards and Agency Policy within 48 hours of notification.
- Their role includes, according to policy, collecting and reviewing all physical evidence, including camera evidence following the Chain of Custody; Evidence/Property Form and ensure physical evidence is stored in a secure location. Additionally, it includes completing and documenting interviews of the alleged victim, alleged assailant, collateral, and witness interviews. Statements are

recorded. Investigators complete the reporting in accordance with the PREA standards, including victim, assailant and crime data and action taken.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has not terminated any investigation within the past 12 months.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- When the quality of evidence appears to support criminal prosecution, the facility makes referrals to outside Police Department.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The credibility of the individual involved in an investigation is not determined by the person's status as resident of staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (g)

Administrative Investigations:

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The investigation format included the following:
 - o A title page “investigations Unit Administrative Investigation Report” with case number
 - o Table of Contents
 - o Rationale for Investigation
 - o Methodology of Investigation
 - o Complainant Statement
 - o Witness Statement
 - o Document Review
 - o Credibility Assessment of All Parties
 - o Investigative Finding

The process appears to be thorough and provides the evidence collected and reviewed and the process for arriving at a conclusion, as well as an assessment of credibility of the complainant and witnesses.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The has documented one allegation in the past 12 months. The allegation was documented in a written report that contains physical description, resident statement, staff statement as required.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (i)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Investigator: Indicated that the facility has one PREA allegations in the past 12 months. However, if a case were substantiated of conduct that appears to be criminal will be referred for prosecution.
- PAQ: The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later were one.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (j)

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Agency maintains a database that includes all investigations conducted within the agency, including PREA investigations. The excel spreadsheet documented the following:
 - o Case Number
 - o Involved Parties
 - o Persons Involved
 - o Referral to LE
 - o Division
 - o Date Reported
 - o Date Received
 - o Investigators assigned.
 - o Retaliation Monitor
 - o Date Investigation completed.
 - o Findings

- o Notification Date
- o Incident Review Date

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (k)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Investigator: Indicated that the facility has one PREA allegations in the past 12 months. The facility will not terminate an investigation due to the departure of the alleged abuser or victim.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (l)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Th facility indicated that if another state entity or DOJ conducts a PREA investigation at this facility they will be required to comply with the PREA standards.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.371 (m)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility superintendent indicated that the facility remains informed of the progress of a sexual abuse investigation being investigated by outside agency through regular check-ins reporting by the JDC PREA Coordinator, and the investigation unit.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • RDR 10.1d DEPT - PREA Investigation... • Formal Statement Advisement.do... • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.372 (a)</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Ramsey County Department of Community Corrections Policy, 10.1d, PREA Investigations requires that any resident who makes an allegation he/she suffered sexual abuse in an agency facility is informed, verbally or in writing, at the end of the investigation, whether the allegation was substantiated, unsubstantiated, or unfounded. • Interviewed Specialized Staff: The investigator indicated that the agency procedures require that a resident who makes an allegation of sexual abuse must be

	<p>informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Case RCPTL22053586 (003) _Redact... • RDR 10.1d DEPT - PREA Investigation... • Policy Chapter 10 – Prison Rape Elimination Act (PREA) • Investigation Report • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.373 (a)</p> <p>Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Ramsey County Department of Community Corrections Policy, 10.1d, PREA Investigations requires that any resident who makes an allegation he/she suffered sexual abuse in an agency facility is informed, verbally or in writing, at the end of the investigation, whether the allegation was substantiated, unsubstantiated, or

unfounded.

- Interviewed Specialized Staff: The investigator indicated that the agency procedures require that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.373 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility will request all relevant information from the investigative agency to inform resident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.373 (c)

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interview staff indicated that resident's allegation that a staff member has committed sexual abuse against a resident, the agency will notify the resident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.373 (d)

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

resident, the agency shall subsequently inform the alleged victim whenever:

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff are required to notify the resident, following an allegation that a staff member committed sexual abuse against the resident, the facility and agency inform the resident, unless the allegation is determined to be unfounded, when the staff is no longer posted within the resident's unit; when the employee is no longer employed; when the agency learns the staff has been indicted on a charge related to sexual abuse or when the facility/agency learns the staff have been convicted of the sexual abuse alleged by the resident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.373 (e)

All such notifications or attempted notifications shall be documented.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Investigator: Indicated that if there were a PREA allegation, following a resident's allegation he or she has been sexually abused by another resident, the facility would inform the alleged victim.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.373 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Investigator: Indicated that if there was a PREA allegation, the facility understands that the facility obligation to report under the standard terminates if the resident is released for the agency's custody.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1c DEPT - PREA First Re... • Sexual Harassment Policy.pdf • RDR 10.1d DEPT - PREA Investigation... • Policy Chapter 10 – Prison Rape Elimination Act (PREA) • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.376 (a)</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy requires that staff, alleged to have committed sexual abuse or sexual harassment are prohibited from contact with the individual making allegation. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.376 (b)</p> <p>Termination shall be the presumptive disciplinary sanction for ho have engaged in</p>

sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager confirmed there have been no staff at the JDC who have been alleged to have violated any of the agency's sexual abuse or sexual harassment policies.
- PAQ: In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies were zero.
- PAQ: In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies were zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.376 (c)

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Sanctions for other than sexual abuse will be commensurate with the infraction and sanctions given for similar violations.
- PAQ: In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies was zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.376 (d)

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • PAQ: In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies were zero. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.377 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • Policy Chapter 10 - PREA Investigations • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.377 (a)</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Ramsey County Department of Community Corrections Policy requires that any

	<p>contractor or volunteer who fails to address and comply with the zero-tolerance policy and who violate any sexual abuse or sexual harassment policies will be prohibited from contract with victim and/or reporter pending an investigation. The contractor or volunteer are subject to disciplinary action up to and including dismissal.</p> <ul style="list-style-type: none"> • PAQ: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.377 (b)</p> <p>The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The facility superintendent indicated that the facility will immediately prohibit the contractor or volunteer from the facility. The volunteer or contractor will be notified. An investigation will be conducted. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1c DEPT - PREA First Re... • RDR 10.3g JDC - Alleged Reside... • SEP 6.2n JDC - Special Housing...

- RDR 10.1g JDC - Special Manage...
- Mental Health follow up sample...
- Policy Chapter 10 – Resident Discipline Hearing
- Policy Chapter 10 – Resident Discipline Hearing Appeal
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.378 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process. That process is described in RDR 10.3e, Resident Discipline Hearing.
- PAQ: In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility were zero.
- PAQ: In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility was zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.378 (b)

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Policy requires that the Juvenile Detention Center residents charged with major violations that call for room restriction of more than 24 hours will have a disciplinary hearing within 24 hours of the alleged rule violation, excluding weekends and holidays.
- Procedures allow for consideration of aggravating and mitigating circumstances. The resident's violation history is considered as well as emotional/mental conditions that may limit the capacity or ability of the resident to comprehend or handle the situation. Sanctions will be commensurate with the severity of the offense/violation.
- Interviewed Specialized Staff: The medical staff indicated that residents that are placed in isolation receive visits from medical or mental health staff as needed whether isolated or in medical unit. All residents, whether isolated or in medical unit received visits. Medical request written or verbalized by resident are acknowledged and attended to per the residents, request.
- PAQ: In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse was zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.378 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff indicated that the disciplinary process considers resident's mental disabilities and mental illness when determining sanctions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.378 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The medical staff indicated that the facility would offer therapy, counseling, and other intervention service designed to address and correct the underlying reasons or motivations for sexual abuse, the facility does consider whether to offer these services to the offending resident. Mental health services are offered both victims and offenders.

- The medical staff also indicated that when they provide services consent is obtained from residents. Emergency medical services, medical and mental health services, including contraceptives and STI prophylaxis are offered at no cost to both victims and offenders either at the hospital as part of the SANE exam/forensic interview or the onsite health provider.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.378 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility understands that it may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to the act.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.378 (f)

For 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Staff: Indicated that the facility understands for the purpose of disciplinary action, a report of sexual abuse made in good faith based on reasonable belief that the alleged conduct occurred shall not constitute false reporting.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.378 (g)

An agency may, in its discretion, prohibit all sexual activity between residents and

	<p>may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Interviewed Staff: Indicated that the facility policy prohibits sexual abuse and sexual harassment. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • MH 9.2a DEPT - PREA Medical an... • RE_ Mental Health Screening... • Mental Health follow up sample... • Screening Alerts Report.PNG • Policy Chapter 9 - PREA Medical and Mental Health Care • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.381 (a)</p> <p>If the screening pursuant to standard 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake</p>

screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Ramsey County Department of Community Corrections Policy requires that a resident who alleges that he/she has been the victim of sexual assault or sexual misconduct in a confinement institution shall be offered emergency medical and mental health services.
- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility offers a follow-up meeting with a medical or mental health staff within 14 days of admission screening.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.381 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Ramsey County Department of Community Corrections policy and procedures require if the report of sexual assault, sexual abuse or sexual assault is received during resident screening, staff are required to offer a follow-up with medical and mental health services staff within 14 days and document whether the resident is a victim or perpetrator.
- Policy requires upon receiving information indicating a resident has experienced sexual assault or abuse, staff are to notify health services staff and if the assault occurred within the past 120 hours, staff are required to following the Protocol for Juveniles.
- Residents who report an incident occurring more than 120 hours after the incident are required to be referred to in-hours Health Services and mental health services at no cost to the victim.
- Interviewed Specialized Staff: The staff perform PREA screening for risk of victimization indicated that if a screening indicates that a resident has previously perpetrated sexual abuse, the facility offers a follow-up meeting with a medical or mental health staff within 14 days of admission screening.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.381 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff indicated that information related to sexual abuse is strictly limited on a case-by-case basis and shared with required staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.381 (d)

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires that medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.
- The medical staff indicated that informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. Standards do not require informed consent for minors. Nurses are mandated reporters, must report immediately, any sexual assault or sexual harassment. Health or safety concerns for vulnerable residents are reported to the appropriate authority, as all nurses are mandated reporters and are required to report in accordance with mandatory reporting laws if occur in institutional settings.
- The medical staff also indicated that they do not have a separate informed consent process for residents under the age of 18. Nurses are mandated reporters and will report for all minors and vulnerable populations. Standards do not require informed consent for minors. Nurses are mandated reporters, must report immediately, any sexual assault or sexual harassment. Health or safety concerns for vulnerable residents are reported to the appropriate authority, as all nurses are

	<p>mandated reporters and are required to report in accordance with mandatory reporting laws if occur in institutional settings.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • MH 9.2a DEPT - PREA Medical an... • Medical Sample of Resident ER c... • Medical Sample of Resident Sane... • RDR 10.1c DEPT - PREA First Re... • MOU Saint Paul Police Department and Ramsey County Community Corrections • MOU Regions Hospital and Ramsey County Community Corrections • MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health • Progress Notes • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.382 (a)</p> <p>Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

- Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. This is confirmed through the reviewed policies and procedures, reviewed MOUs with the Children’s Hospital, Regions Hospital and the St. Paul-Ramsey County Public health, and interview staff.
- The medical staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff indicated that all residents received expedited care. Nursing service are available onsite at JDC which access to a MD/NP/PA onsite during clinic hours.
- For residents 12 years (and younger), nursing staff will be sent to Midwest Children’s Resource Center (MCRC). MCRC considers sexual cases that occurred within 72 hours as acute, hence nursing staff will call MCRC and if no response, resident will be sent to the ER to get an Exam completed. After 72 hours, MCRC considers as non-acute, and then nursing staff will call MCRC, send resident to MCRC for a SANE exam but not to the Emergency room. Within 10 days for a SANE exam. Resident will receive timely and unimpeded access to emergency medical and MH services (crisis intervention services) at no cost, including emergency contraception and STI prophylaxis, and pregnancy tests.
- The medical staff indicated that this process typically occurs immediately to access to care.
- The medical staff indicated that the nature and scope of services are determined according to professional judgment. In addition to the facility clinical judgment. Ramsey County Correctional health aligns condition specific protocols to NCCHC community standards and PREA.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.382 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- First responders are aware of taking steps to protect the victim and immediately notify the appropriate medical or mental health staff as well as their supervisor.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.382 (C)

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff are required to offer victims timely information about and access to emergency contraception services and sexually transmitted infections prophylaxis. For residents who experienced vaginal penetration while incarcerated, staff must offer pregnancy tests, and timely information about and access to all lawful pregnancy related medical services. HIV and other sexually transmitted disease testing offered as well.
- Health Services Staff, in paragraph 4.f, are required to arrange an evaluation by a qualified mental health professional for crisis intervention and long-term follow-up.
- Interviewed Specialized Staff: The medical staff indicated that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis and provided information about emergency contraception. STI prophylaxis, pregnancy testing, either at the hospital as part of SANE exam/forensic interview or the onsite health provider; in addition to onsite medical and mental health services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.382 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A MOU with the Regions Hospital documented the hospital agrees to the following for all residents ages 13 and older. The MOU affirms that the medical forensic exam is provided at no cost to the resident.
 - o Initial assessment and medical screening
 - o Medical care for injuries and emotional trauma (emotional support/crisis management)
 - o Evidence collection up to 240 hours after a sexual assault
 - o Advocacy for every resident who presents with being sexually assaulted.

	<ul style="list-style-type: none"> o Exam for injury o Photography for evidence collection o Assess risk and offer prophylaxis, STI, HIV, and pregnancy. o Offer and provide detailed instructions for follow-up. <ul style="list-style-type: none"> • A MOU with the Midwest Children’s Recourse Center (Children’s Hospital) documents agreement to provide services to residents 10 and older who are transported to the Children’s Hospital for treatment of sexual abuse or sexual assault. Forensic exams are provided at no cost to the resident. The following services are offered: <ul style="list-style-type: none"> o Initial assessment and medical screening o Medical care for injuries and emotional trauma o Evidence collection up to 36 hours after a sexual assault o Advocacy for every resident who presents with being sexually assaulted. o Forensic interview/history of assault o Exam for injury o Photography of evidence collection o Assess risk and offer prophylaxis for STI, HIV, and pregnancy. o Offer and provide detailed instructions for follow-up. o Screening for suicide and PTSD o Screening for substance abuse o Provide immunizations for HPV if necessary. • The MOU with St. Paul-Ramsey Public Health documents advocacy services 24/7 for accompaniment through the forensic examination, meeting the resident at the hospital. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- MH 9.2a DEPT - PREA Medical an...
- RDR 10.1c DEPT - PREA First Re...
- MOU Saint Paul Police Department and Ramsey County Community Corrections
- MOU Regions Hospital and Ramsey County Community Corrections
- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:**Compliance Determination by Provisions and Corrective Action:****115.383 (a)**

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has a MOU with Ramsey County Community Corrections and St. Paul-Ramsey County Public Health's Sexual Violence Services (SOS) and written to facilitate an agreement between the parties for services that are essential to implementation of the federal Prison Rape Elimination Act (PREA) and its mandates. This MOU was signed and dated July 25, 2023.
- Policy and Procedures, in paragraph A., Medical and Mental Health Care for Victims, 1 requires upon receiving information indicating a resident has experienced sexual assault or sexual abuse or has perpetrated sexual assault or sexual abuse, staff must notify health services staff and if the sexual assault occurred within past 120 hours, staff follow the Protocol for Juveniles.
- Health service staff are required to complete a resident history and conduct an examination to document the extent of physical injury to determine whether referral to another medical facility is indicated.
- Interviewed Specialized Staff: The medical staff indicated that evaluation and treatment of residents who have been victimized entail resident are referred to Regions Hospital - SANE exam/forensic interview and a referral to SOS for reported abuse up to 240 hours of incident or as directed by medical director or designee outside of 240 hours and a referral to mental health services for support. Free medical and mental health services are offered during incarceration. Hospital and SOS provides resources for the community on release. Hospital and Correctional Health work in collaboration to offer emergency contraception, STI prophylaxis, and

pregnancy test.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.383 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The medical staff indicated that the nature and scope of services are determined according to professional judgment. In addition to the facility clinical judgment. Ramsey County Correctional health aligns condition specific protocols to NCCHC community standards and PREA.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.383 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires staff to offer victims timely information about and access to emergency contraception services and sexually transmitted infections prophylaxis. For residents who experienced vaginal penetration while incarcerated, staff must offer pregnancy tests, and timely information about and access to all lawful pregnancy related medical services. HIV and other sexually transmitted disease testing offered as well.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.383 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Policy requires staff to offer victims timely information about and access to emergency contraception services and sexually transmitted infections prophylaxis. For residents who experienced vaginal penetration while incarcerated, staff must offer pregnancy tests, and timely information about and access to all lawful pregnancy related medical services. HIV and other sexually transmitted disease testing offered as well.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.383 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviewed Specialized Staff: The medical staff indicated that victims of sexual abuse (during or prior to incarceration) are offered immediate access to care and provided information about emergency contraception. STI prophylaxis, pregnancy testing, either at the hospital as part of the SANE exam/forensic interview or the onsite health provider, in addition to referrals to onsite medical health services and mental health services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.383 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires staff to offer victims timely information about and access to emergency contraception services and sexually transmitted infections prophylaxis. For residents who experienced vaginal penetration while incarcerated, staff must offer pregnancy tests, and timely information about and access to all lawful pregnancy related medical services. HIV and other sexually transmitted disease testing offered as well.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.383 (g)</p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • All services provided to the residents are without financial cost. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.383 (h)</p> <p>The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Interviewed Specialized Staff: The medical staff indicated that mental health conduct evaluations of all known resident-on-residents' abusers and offer treatment, if they are a known abuser, a referral will be made to mental health for appropriate treatment. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- RDR 10.1b DEPT - Prison Rape E...
- RDR 10.1d DEPT - PREA Investigation...
- AO 1.6e DEPT - PREA Documentation...
- PREA Sexual Assault / Abuse Incident Review
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.386 (a)

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires that PREA investigator complete the PREA Sexual Abuse Incident Review form and along with all evidence collected, including interview reports, documents, witness statements, physical evidence, telephone and camera evidence, and email messages.
- Paragraph C., Sexual Abuse Incident Review, requires following a PREA investigation that results in a finding of substantiated or unsubstantiated incident, administrator and the PREA Coordinator are required to conduct a Sexual Abuse Incident Review with the Deputy Director or Superintendent, PREA Compliance Manager, Deputy Director of Community Relations and External Communications, and Supervisor.
- Specialized Staff: Incident Review Team member was interviewed. They were asked, do the team consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility? Staff indicated that those can be telling factors and are important to evaluate the threat of sexual abuse or harassment. If they believe that one of these factors had an influence on the incident, consideration would be given, and additional investigation or action may occur as a result.
- PAQ: In the past 12 months the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents, were zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.386 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Procedures require, in collaboration with the Investigator and Sexual Assault Review Team, discuss and review Sexual Abuse Incident Review reports within 30 days following the close of the investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.386 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility review team includes the agency PREA Coordinator, PREA Compliance Manager, Investigations, Medical or Mental Health, and First Responder.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.386 (d)

The review team shall:

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

	<p>any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The PREA Coordinator indicates that all the standard requirements listed above is included in the review team meetings and are documented. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.386 (e)</p> <p>The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The PREA Coordinator is required by policy to monitor and ensure that facilities implement the recommendations of the Sexual Assault/Abuse Incident Review Team or document the reasons for not doing so. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • RDR 10.1b DEPT - Prison Rape E... • AO 1.6e DEPT - PREA Documentation... • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

- Review Sexual Assault Incident Reviews
- For additional policies and procedures content review standard 115.311

Interviews:

Compliance Determination by Provisions and Corrective Action:

115.387 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Ramsey County Community Corrections, AD 1.6e, PREA Documentation and Data Storage requires that in collaborating with the PREA Coordinator and PREA Compliance Managers, The Department and Division staff shall collect data concerning every allegation of sexual harassment, sexual assault, and sexual misconduct at facilities and confinement settings.
- The agency utilizes either a manual or automated Incident Report for all PREA related incidents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.387 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Each facility is required to report annual statistics and corrective action to the PREA Coordinator. The PREA Coordinator is responsible for and required to create and publish an agency-wide annual report which presents the data and identifies corrective actions to address the problems. The Department Director approves the report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.387 (c)

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual

Violence conducted by the Department of Justice.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility will collect and provide incident-based data that answer questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.387 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Data pertaining to sexual assault, sexual harassment, and/or sexual misconduct must be retained for a minimum of ten (10) years following the date of the initial collections. Exceptions may be directed by federal, state or local laws or rules.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.387 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency does not operate private facilities.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.387 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <ul style="list-style-type: none"> • Interviewed staff indicated that if the Department of Justice request PREA information it will be made available. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • 2023 Annual PREA Report • AO 1.6e DEPT - PREA Documentation... • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.388 (a)</p> <p>The agency shall review data collected and aggregated pursuant to standard 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul style="list-style-type: none"> • Identifying problem areas. • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Agency Policy, A 1.6e, PREA Documentation and Data Storage, B., Data Review

requires the Division Leadership, PREA Coordinator and PREA Compliance Managers to identify problem areas using the collected data and then to study the data to improve the safety of residents and assess the effectiveness of the Agency's sexual assault prevention, detection, and response policies, practices, and training and to identify responses to problems.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.388 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the Ramsey County Community Corrections Prison Rape Elimination Act (PREA) Annual Report 2023 dated October 31, 2023, include a comparison of the current year's data and corrective actions for 2017 - 2022. Corrective Actions are located on page 7 of the annual report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.388 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Ramsey County Community Corrections Prison Rape Elimination Act (PREA) Annual Report 2023 are published and posted on the agency's website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.388 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <ul style="list-style-type: none"> • A review of the agency annual report ensured that the agency redacted specific material from the report that may be a safety and security threat to the facility. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • AO 1.6e DEPT - PREA Documentation... • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.389 (a)</p> <p>The agency shall ensure that data collected pursuant to standard 115.387 are securely retained.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Agency Policy PREA Documentation and Data Storage, Paragraph 4, requires data collection, storage, retention, access, publication, and description of reports and data must be implemented according to statute, rules, and policies. Exceptions would occur when the release of information would present a threat to the safety and security of a division. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p>

115.389 (b)

The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- An interview with the Agency's PREA Coordinator indicated the Annual Report shows trends. It identifies corrective actions that have been taken to reduce and enhance the effectiveness of the Agency's prevention, detection, responding, and reporting program related to PREA. Any personally identifying information is redacted from the report and the report is reviewed by the County Attorney prior to posting.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.389 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- An interview with the Agency's PREA Coordinator indicated the Annual Report shows trends. It identifies corrective actions that have been taken to reduce and enhance the effectiveness of the Agency's prevention, detection, responding and reporting program related to PREA. Any personally identifying information is redacted from the report and the report is reviewed by the County Attorney prior to posting.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.389 (d)

The agency shall maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The policy also requires data pertaining to sexual assault, sexual harassment and/

	<p>or sexual misconduct must be retained for a minimum of ten (10) years following the date of the initial collection. Exceptions would occur when the release of information would present a threat to the safety and security of a division.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Report • Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.401 (a)</p> <p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • A review of the agency’s website provided PREA audit reports according to cycles. • Cycle 4 year 2. • The facility PREA reports are included on the agency/facility website. <p>Corrective Actions:</p>

N/A. There are no corrective actions for this provision.

115.401 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility indicated that the Department of Justice has not recommended to the agency for an expedited audit for any reason regarding a particular problem relating to sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor uses the required Prison Rape Elimination Act (PREA) Audit Prison and Jails standards audit instrument to enter collected information online, 28 C.F.R Part 115 Docket No. OAG-131 RIN 1105-AB34 May 17, 2012.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator and facility acknowledge this provision. The agency and the facility provided requested information to bear the burden of demonstrating compliance with the standards. As well as complaint about all request during the on-site visit.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has requested all relevant policies, procedures, reports, internal and external audits for the facility during the pre-audit, onsite and post audit phases. The facility is compliant with this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (g)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor paused to speak to a resident or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.
- During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards and walls. The auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (i)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (j)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has uploaded additional information to OMS. Other reviewed information will be maintained for the required time limit before destruction. The auditor maintains additional information on USB drive and some hard copies.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (k)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor requested and was provided with a staff roster with non-security and security staff.
- Interviews with random and specialized staff confirmed that the facility's staff understood the agency's position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (l)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor conducted the following resident interviews during the on-site phase of the audit and was permitted to conduct private interviews with residents.
- The auditor requested and was provided with a resident roster by living units and a list of targeted residents.
- Residents that were formally interviewed were asked the required random interview questions provided by the National PREA Resource Center.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (m)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.
- As of October 10, 2023, there were zero communications from residents and staff. Staff interview indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (n)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has a MOU with Ramsey County Community Corrections and St. Paul-Ramsey County Public Health's Sexual Violence Services (SOS) and written to facilitate an agreement between the parties for services that are essential to implementation of the federal Prison Rape Elimination Act (PREA) and its mandates. This MOU was signed and dated July 25, 2023.
- The PREA auditor's manual, pages 37 and 38, requires the auditor to conduct outreach to relevant national and local advocacy organizations and to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.
 - Just Detention International (JDI) - is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. - and the world - dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need. Information submitted on 8/6/2023 at 10:45am response received on 8/14/2023. "A review of our database indicates that we have not received any information regarding these facilities."
 - National Sexual Violence Resource Center (NSVRC) response: On 8/6/ 2023, NSVRC email states that they provide information and tools to prevent and respond to

	<p>sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Report • Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails • For additional policies and procedures content review standard 115.311 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.403 (a)</p> <p>Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The auditor includes a no conflict of interest exists with respect to his ability to conduct this audit on the post audit form. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p>

115.403 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor report states whether agency wide policies and procedures comply with relevant PREA standards.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.403 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has assigned a finding to each provision and standard.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.403 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

- The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.403 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has redacted personally identifiable residents from the report and can provide such information to the agency upon request and may provide such information to the Department of Justice.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.403 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility final PREA reports are published on the agency website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	na

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes