

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

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

If no Interim Audit Report, select N/A

Date of Final Audit Report: 11/13/2020

Auditor Information

Name: Adam T. Barnett	Email: Adam30906@gmail.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: P.O. Box 20381	City, State, Zip: Augusta, Georgia 30906
Telephone: 706-414-6579	Date of Facility Visit: 10/19-20/ 2020

Agency Information

Name of Agency: Ramsey County Community Corrections			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Address: 121 7th Place East		City, State, Zip: St. Paul, MN 55101	
Mailing Address: same		City, State, Zip: same	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.ramseycounty.usyour-government			

Agency Chief Executive Officer

Name: John Klavins
Email: john.klavins@co.ramsey.mn.us
Telephone: 651-266-2384

Agency-Wide PREA Coordinator

Name: Marc Peterson	
Email: marc.peterson@co.ramsey.mn.us	
Telephone: 651-266-2304	
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:

Chris Crutchfield		2	
Facility Information			
Name of Facility: Juvenile Detention Center			
Physical Address: 25 West 7th		City, State, Zip: Saint Paul, Mn 55102	
Mailing Address: same		City, State, Zip: same	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Website with PREA Information: https://www.ramseycounty.usyour-government			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Minnesota Department of Corrections Facility Audit			
Facility Administrator/Superintendent/Director			
Name: Tim Vasquez			
Email: timothy.vasquez@co.ramsey.mn.us		Telephone: 651-266-5230	
Facility PREA Compliance Manager			
Name: Gwen Rouleau			
Email: gwen.rouleau@co.ramsey.mn.us		Telephone: 651-266-5240	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Bisi Burks			
Email: bisi.burks@co.ramsey.mn.us		Telephone: 651-266-1504	
Facility Characteristics			

Designated Facility Capacity:	44	
Current Population of Facility:	19	
Average daily population for the past 12 months:	16	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	11 to 20	
Average length of stay or time under supervision	9 days	
Facility security levels/resident custody levels	Maximum 1	
Number of residents admitted to facility during the past 12 months	967	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	341	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	186	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	95	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	74	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	10	
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:	11
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking Sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
Number of single resident cells, rooms, or other enclosures:	92
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	4
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	5	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Methodology:

The PREA audit of Ramsey County Juvenile Detention Center (JDC) was conducted 10/19/20 thru 10/20/20. The Ramsey County Community Corrections operates the Ramsey Juvenile Detention Center. The Juvenile Detention Center hereinafter maybe referred to as facility.

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

Note: Due to the COVID-19, the facility on-site audited date was rescheduled and there have been adjustments made to the audit process. In addition, it is requested that this facility received credited for PREA cycle 8/19/19 thru 8/20/20 to maintain it overall agency compliance with PREA Standard 115.401.

Site Review Location:

The site review for this audit took place at Ramsey Juvenile Detention Center, 25 West 7th St. Saint Paul, MN 55102. The auditor conducted per-audit work prior to arrival at the facility.

Pre-Audit Preparation:

Agency/Facility House Residents For:

- Ramsey County Community Corrections

Audit Notice Posting:

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications on 7/8/20. The facility posted the notices in English and Spanish. The auditor received email, pictures confirming the posted notices and observed the posted notices on-site.

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

Pre-Audit Questionnaire (PAQ):

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

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

The following documentation was requested for on-site visit:

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

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

Website Reviews:

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

- Prison Rape Elimination Act Information
- Report Sexual Abuse or Harassment Information
- Deaf and Hard of Hearing Information
- Agency 2019 Organizational Chart
- PREA Policy – Prison Rape Elimination Act (PREA)
- PREA Investigations Policy
- Volunteers – PREA 101 Video
- Volunteer PREA Training Confirmation Form
- Ramsey County Community Corrections Prison Rape Elimination Act (PREA) Annual 2019 Report
- Juvenile Detention Center Annual Report
- Community Partners

Agency Policies Reviewed

- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- RDR 10.1b Dept – PREA Policy Definition
- Policy Chapter 6 – Resident Searches and Viewing
- Policy Chapter 10 – Interpreter Services
- Policy Chapter 10 – Resident Handbook
- Policy Chapter 12 – Resident Orientation
- Policy Chapter 3 – Reference Checking and PREA Background Checks
- Policy Chapter 3 – Hiring Principles and Procedures
- Policy Chapter 10 – PREA Investigations
- Chapter 10 – PREA First Response
- Policy Chapter 9 – PREA Medical and Mental Health Care
- Policy Chapter 6 – Special Housing Unit Rules
- Policy Chapter 12: Resident Classification
- Policy Chapter 10 – PREA First Response
- Policy Chapter 10 – Resident Rights
- Policy Chapter 11 – Telephone Access
- Policy Chapter 10 – Resident Grievances
- Policy Chapter 10 – Special Management of Residents
- Policy Chapter 10 – Resident Discipline Hearing
- Policy Chapter 10 – Resident Discipline Hearing Appeal
- Policy Chapter 9 – PREA Medical and Mental Health Care
- Policy Chapter 6 – PREA Documentation and Data Storage

On-Site Audit Phase:

Entrance Conference:

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

- Adam Barnett, USDOJ Certified PREA Auditor
- Marc Peterson, Agency PREA Coordinator
- Tim Vasquez, Facility Superintendent

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

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

As associate:

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

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

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

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

Site Review/Tour:

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

The site review began in the Special Housing Unit (SHU). This unit contains four (4) cells, each with a camera inside. This unit is not used often by may serve youth who are need time out, for disciplinary reasons, or youth who may be at risk of self-harm. The housing of self-harm youth was the rationale for having cameras in the cells. The toilets were block out on the camera were staff monitor in the control room.

The second-floor housed areas including classrooms. There were two cameras in each classroom.

Intake and admissions are also on the second floor. There are 12 single occupancy cells in intake. Four cameras provide viewing the area. There are two showers in intake, each with a curtain and a $\frac{3}{4}$ metal door.

The recreation and staff training room were equipped with two (2) cameras.

This facility has two (2) full time nurses providing services from 7am to 3pm. A physician comes to the facility on Wednesdays and provides on call services as well.

The operations area contains three visiting rooms, each equipped with a camera.

The facility has three living units that are currently operational. These include 500 – that houses youth who are 10 – 16 years of age; 600, housing older youth 16 and up; and 700 that houses female youth of all ages.

The school has an office with a camera and windows facilitating viewing and classrooms have cameras. The design of the facility provides for a class adjacent each pod.

Unit 200, a housing unit, is configured with four (4) rooms on the bottom range and four (4) rooms on a top range.

Unit 500, housing youth who are 16 and under, contains 12 single occupancy rooms. There are three (3) cameras in the pod. Two showers are equipped with a $\frac{3}{4}$ metal door and shower curtains providing excellent privacy.

Unit 800 is an overflow pod.

A spacious gym is covered with six strategically located cameras.

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

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

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

Locations & Observations	Check
Facility physical designed	✓
Cameras and surveillance technology deployment	✓
Resident housing units (pod/rooms)	✓
Cross-gender announcements when entering living areas	✓

Observe for blind spots (none)	✓
Notices of the PREA Audit Posted in English and Spanish	✓
Phones (one in each pod)	✓
Residents files in secured area	✓
Staff personnel files in secured area	✓
PREA information posted English & Non-English	✓
Bathroom and shower procedures	✓
Cameras does not have a line of sight into resident toilets and showers	✓
New and/or renovated areas observed (none)	✓
Residents program areas	✓
Facility was orderly in appearance (resident behavior)	✓
Grounds was average	✓
Reactions between residents and staff	✓
Intake area	✓
Administration area	✓
Storage rooms & closets	✓
Mail room (none)	✓
Laundry	✓
Dining area	✓
Kitchen (facility do not prepare meals on site)	✓
Visitation area	✓
Library (none)	✓
Inside recreation area	✓
Outside recreation area	✓
Grievance Box	✓
Medical area	✓
Mental Health area	✓
Classification area (none)	✓
Maintenance area (storage)	✓
Control rooms	✓
Program staff offices	✓
Sally ports (none)	✓

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

- Adam Barnett, USDOJ Certified PREA Auditor
- Marc Peterson, Agency PREA Coordinator
- Tim Vasquez, Facility Superintendent

Advocacy Organizations:

The PREA Auditor's manual pages 37 and 38 requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or

victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

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

Advocacy Organization	Contact Information	Comments
Sexual Violence Services	555 Cedar Street Saint Paul, MN 55101 651-266-1000	Call on 11/9/2020 @ 1:10pm Advocate note the relationship with the JDC and do not remember any calls during the past 12 months.
Justice Detention International (JDI)	Just Detention International Wilshire Blvd., Suite 340 Los Angeles, CA 90010	Email sent July 10, 2020 Response Received: July 13, 2020 – No Concerns
National Sexual Violence Resource Center (NSVRC)	National Sexual Violence Resource Center 2101 N Front Street Governor's Plaza North, Building #2 Harrisburg, PA 17110	Email sent July 10, 2020 Response Received: July 15, 2020 – No Concerns

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

- How many SAFE or SANE referrals did the organization received in the last 12 months?
- Can the residents remain anonymous, upon request, when making a report?
- Whom do the organization notify at the facility regarding reports?

- How many reports have the organization received in the past 12 months for advocacy services?
- How many residents reported sexual abuse and/or sexual harassment?
- Who is your contract at the facility?
- Is there any additional information you would like to share regarding this facility?

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

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

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

The facility reported a total of 95 positions. There is a total of 10 contract positions. The auditor or the associated conducted the following staff interviews on-site or via phone

Category of Staff Interviewed	#Interviews Conducted
Random Staff <i>Selected from All Shifts</i>	12
Specialized Staff (Total) / (<i>Staff Interviewed for more than one category counted only once</i>)	18
Staff Informally Interviewed during Facility Tour	4
Staff Refused to interview	0
Total Staff	34
Breakdown of Specialized Staff Interviews	
✓ Agency Head or Designee	1
✓ Warden	1
✓ Agency PREA Coordinator	1
✓ Facility PREA Compliance Manager	1
✓ Agency Contract Administrator	0
✓ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	1
✓ Line staff who supervise youthful residents (if applicable):	0
✓ Education and program staff who work with youthful residents (if applicable)	1
✓ Medical staff	1

✓ Mental health staff	1
✓ Non-Medical staff involved in cross-gender strip or visual searches	1
✓ Administrative (Human Resources) Staff	1
✓ Sexual Assault Forensic Examiner (Safe) or Sexual Assault Nurse Examiner (SANE) staff – Off Site	0
✓ Volunteers who have contact with residents	1
✓ Contractors who have contact with residents	1
✓ Investigative staff responsible for conducting administrative investigations. (Facility)	1
✓ Investigative staff responsible for conducting criminal investigations. (Agency and Outside Agency)	0
✓ Staff who perform screening for risk of victimization and abusiveness	1
✓ Staff who supervise residents in segregated housing/residents in isolation	1
✓ Security staff first responder	1
✓ Non-security staff first responder	1
✓ Intake staff	1
✓ Staff who handle resident Mail	0
✓ Staff who handle Grievances	0
Total Specialized Staff Interviews	18

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

Residents Interviewed:

On the first day of the audit, the facility designated capacity was 44. The number of residents housed during the first day of the audit was 19. The auditor conducted the following resident interviews during the on-site phase of the audit:

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

Category of Residents	#Interviews Conducted
Random Residents (<i>Selected from all living areas</i>)	9
Targeted Residents	1
Residents Informally Interviewed during Facility Tour	3
Residents Refused to Interview	0
Total Residents Interviewed	13
Breakdown of Targeted Resident Interviews	
✓ Youthful Residents (if applicable)	0
✓ Resident with a Physical Disability	0
✓ Residents who are Blind, Deaf, or Hard of Hearing	1
✓ Residents with Cognitive Disability	0

✓ Residents who are Limited English Proficient (LEP) Spanish	0
✓ Residents who Identify as Transgender or Intersex	0
✓ Residents who Identify as Lesbian, Gay, or Bisexual	0
✓ Residents who Reported Prior Sexual Abuse while at this facility	0
✓ Residents in Segregated Housing for High Risk of sexual Victimization	0
✓ Residents who disclosed prior sexual victimization during risk screening	0
Total Number of Targeted Residents Interviews	1

A review of the 13 formal and informal interviews revealed that resident at the Juvenile Detention Center has a basic understanding of PREA and how to report incidents.

2019 PREA Annual Report Summary

(Note: The below information is directly for the 2019 Report)

There was a total of 29 allegations reported in all Ramsey County facilities involving PREA defined Sexual Abuse/Sexual Harassment over the 2017 – 2019 period. The number of cases reported dropped from 9 to 7 (22%) in the last year.

Overall, the number of allegations investigated that resulted as unfounded decreased by 67% over the 2017 – 2019 period. More than 55% if the 2019 investigations are still open (they occurred at the end of the year).

There were 3 allegations reported at **JDC** from 2017 to 2019. Two out of the three allegations were reported in 2017 and both of them were Inmate-on-Inmate Sexual Harassment cases. There were no allegations reported at **JDC** in 2019.

The report also included corrective actions.

Investigation

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

	Allegations Type by Category	Results
1	Inmate-on-Inmate Sexual Abuse	
	Substantiated	0
	Unsubstantiated	0
	Unfounded	0
	Investigation Ongoing	0
2	Inmate-on-Inmate Sexual Harassment	Results
	Substantiated	0
	Unsubstantiated	0

	Unfounded	0
	Investigation Ongoing	0
3	Staff-on-Inmate Sexual Abuse	
	Substantiated	0
	Unsubstantiated	0
	Unfounded	0
	Investigation Ongoing	0
4	Staff-on-Inmate Sexual Harassment	Results
	Substantiated	0
	Unsubstantiated	0
	Unfounded	0
	Investigation Ongoing	0
Total		0

Incident Reporting:

According to the agency PREA coordinator, trending data is presented to the senior management team as well as to the Board of Director at least once per year.

Informational Consolidation:

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

Exit Conference:

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

The following staff attended the exit conference.

- Adam Barnett, USDOJ Certified PREA Auditor
- Marc Peterson, Agency PREA Coordinator
- Tim Vasquez, Facility Superintendent

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

Post Audit Phase

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

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

Audit Section of the Compliance Tool:

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

Interim Report:

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

Final Audit Report:

The final 2020 PREA audit report was email to the Facility and Agency PREA Coordinator on 11/13/2020.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Facility Demographics:

- Rated Capacity: 44
- Actual Population on First Day: 15
- Average Daily Population for the last 12 months: 16 days
- Security/Custody Level: low/minimum
- Gender: male and female

Ramsey County JDC Staffing Report

Superintendent – 1

Assistant Superintendent – 1

Supervisors – 6

Mental Health Supervisor – 1

Mental Health Professional – 2

Intermittent Probation Officers – 16

Intermittent Assistant Probation Officers – 67

Public Health Supervisor – 1

Public Health Medical Staff - 10

The facility The Ramsey County Juvenile Detention Center is a secure 24-hour detention facility for juvenile male and female offenders up to the age of 18 who have been arrested and are waiting for an initial hearing, trial, court disposition or placement.

The facility has a capacity of 44 beds with an approximate length of stay of eight days. There are five living units (called Pods), which have individual rooms for residents. A Special Housing Unit has an additional four rooms.

Each year the Juvenile Detention Center temporarily houses approximately 1,000 juveniles admitted from surrounding counties and law enforcement departments. Residents are provided with basic needs and assurance of their legal rights.

The Juvenile Detention Center provides secure detention for juveniles accused of violating the law and who are at risk to re-offend before their next court date and/or fail to appear in court.

Ramsey County Juvenile Detention Center Mission:

The mission of the Ramsey County Juvenile Detention Center is to help protect the community and improve the lives of our residents by treating them with dignity and respect while providing quality programs within a culturally sensitive, safe, secure and structured environment.

Programs:

Residents participate in a variety of programing during their stay at the Juvenile Detention Center, including staff-facilitated discussions, physical exercise opportunities, leisure opportunities, and reading time.

- Staff-facilitated discussion: Each day staff members discuss educational topics to address the needs of individual residents, introduce new information and perspectives, and nurture relationship-based authority to provide a sense of safety and security at the detention center.
- Religious Programs: Chaplain services are offered twice a week. There is also a Sunday morning church service. Faith-based material is available for all residents.
- School: While residing at the Juvenile Detention Center, students ages 18 and under are enrolled in Saint Paul Public Schools. Fully licensed teachers teach general education and special education classes to residents. A school social worker, guidance counselor and transition coordinator provide additional support for residents. Residents attend a full day of school and earn credits toward a high school diploma.
- Health services: The Ramsey County Public Health Department provides health services at the Juvenile Detention Center. Each resident receives a health assessment when they are admitted. During their stay, residents have access to medical and mental health screenings, acute and chronic care, and pharmacy services. Staff collect DNA samples from juveniles adjudicated on felony level offenses, as ordered by Ramsey County judges. Additionally, staff collect urine samples to determine the presence of marijuana, cocaine and methamphetamine. The results are reported to juvenile probation officers or the courts.
- Mental health services: All residents have access to mental health services, including crisis intervention services (CIS) check-ins and further evaluation from a therapist if needed. Additionally, the Juvenile Detention Center provides psychological evaluations, certification studies, psychosexual and diagnostic assessments.

Summary of Audit Findings

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

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

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

Standards Exceeded

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

Standards Met

Number of Standards Met: 43

115.311- Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
115.312 – Contracting with other entities for the confinement of residents
115.313 – Supervision and Monitoring
115.315 – Limits to cross-gender viewing and searches
115.316 – Residents with disabilities and residents who are limited English proficient
115.317 – Hiring and promotion decisions
115.318 – Upgrades to facilities and technologies
115.321 – Evidence protocol and forensic medical examinations
115.322 – Policies to ensure referrals of allegations for investigations
115.331 – Employee training
115.332 – Volunteer and contractor training
115.333 – Resident education
115.334 – Specialized training: Investigations
115.335 – Specialized training: Medical and mental health care
115.341 – Obtaining information from residents
115.342 – Placement of residents in housing, bed, program, education, and work assignments
115.351 – Resident reporting
115.352 – Exhaustion of administrative remedies
115.353 – Resident access to outside support services and legal representation
115.354 – Third-party reporting
115.361 – Staff and agency reporting duties
115.362 – Agency protection duties
115.363 – Reporting to other confinement facilities
115.364 – Staff first responder duties
115.365 – Coordinated response
115.366 – Preservation of ability to protect residents for contact with abusers
115.367 – Agency protection against retaliation
115.368 – Post-allegation protective custody
115.371 – Criminal and administrative agency investigations
115.372 – Evidentiary standard for administrative investigations
115.373 – Reporting to residents
115.376 – Disciplinary sanctions for staff
115.377 – Corrective action for contractors and volunteers
115.378 – Interventions and disciplinary sanctions for residents
115.381 – Medical and mental health screenings; history of sexual abuse
115.382 – Access to emergency medical and mental health services
115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers
115.386 – Sexual abuse incident reviews
115.387 – Data collection
115.388 – Data review for corrective action
115.389 – Data storage, publication, and destruction
115.401 – Frequency and scope of audits
115.403 – Audit contents and finding

Summary of Corrective Action (if any)

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Supporting Documents, Interviews and Observations

- 2020 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
- Juvenile Detention Center Organizational Chart
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.311 (a)

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

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.

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.

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 ensure the Department and Divisions are implementing PREA consistently and in compliance with federal standards.

The PREA Coordinator is a Certified PREA Auditor as well.

115.311 (c)

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

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, including serving as a training coordinator, but has time to perform her PREA related responsibilities. The PREA Compliance Manager is a Certified PREA Auditor.

Interviewed Specialized Staff: The PREA compliance manager indicated that she schedules annual and quarterly trainings for refresher trainings and she also train all new employees during their orientation training, about PREA. Including having them complete online PREA response, cross gender searches, history of PREA and what it is about, and PREA policies. If there are issues or questions arise, she will have meetings with staff to come up with a plan and go over the PREA standard that keeps JDC in compliance.

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

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- MOU: Ramsey County and Local 8 Council 5 of the American Federation of State, County and Municipal Employees, AFL-CIO
- Additional List of Supplier Contracts with PREA Language
 - Model Cities of St. Paul Inc.
 - Neighborhood House Association
 - Amherst H Wilder Foundation
 - The JK Movement
 - Generation 2 Generation Inc.
 - The Circle of Peace Movement
 - The Methochol Group
 - FFT LLC
 - Youth Prise
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.312 (a)

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

The agency contracts include the following PREA requirements:

1.1 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 contract for service providers contained the PREA language.

115.312 (b)

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

The agency contracts include the following PREA requirements:

1.1 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 into 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.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

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

115.313 (c)

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

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Staff Plan Development (System)
- Ramsey County Juvenile Detention Center PREA Staffing Plan 2019
- Ramsey County Juvenile Detention Center PREA Staffing Plan 2017
- Pod Post Logs
- Unannounced Rounds
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.313 (a)

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

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any finding of inadequacy from Federal investigative agencies;

- Any findings of inadequacy from internal or external oversight bodies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated);
- The composition of the resident population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular staff;
- Any applicable State, or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

The 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 out and other safety violations, and, is used in post-incident investigations. The system was updated in 2016 -2017 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.

Interviewed Specialized Staff: 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 is 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.

Facility superintendent also indicated that the staffing is documented along with PREA standards and practices, in the facility policies. This can be found on the RamseyNet website, as well as in the specific JDC folder online.

Interviewed Specialized Staff: The PREA compliance manager indicated that at JDC, the facility has a 1:8 ratio of staff to residents during waking hours. All pods have 2 staff scheduled during the 1st and 2nd shifts. At JDC, the building count has been at an average of 16-20 residents and complement for 1st and 2nd shift is at 11 for 1st and 12 for 2nd shifts, so the facility always has ample staff on shift. The facility has upgraded our camera system from analog to digital over the last 4-5 years and are continuing to upgrade all cameras to digital. In the last 4-5 years, we have added 2 cameras to all the classrooms, added 1 camera to each pod to cover any blind spots, giving the count of 3 in each pod. The facility put privacy blockers on all camera shots in rooms, so residents have privacy when using the bathroom. The facility also added cameras to the interview rooms, programming room, and in the school resource center where teachers and

social workers meet with kids. The facility has signs on doors where Juveniles are not allowed, but if a resident claimed they were taken to these areas, we would be able to review the video to substantiate any claims.

Shift supervisors do unannounced rounds every shift and change up the times during their shifts. During these rounds, they do complete security checks of the whole building. Every year we look at the JDC staffing plan to make sure it is accurate and look to see if there are any needs for changes and go over this plan with the PREA coordinator.

PAQ: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents was 16.

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 were sixteen.

115.313 (b)

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

Interviewed staff indicated that if the facility deviates for the staffing plan is documented and justified.

Interviewed Specialized Staff: The facility superintendent indicated that there were no circumstances where the facility as unable to meet the staffing plan. Required mandating of staff to fill vacancies is routinely utilized. A COOP Plan is in place should the facility become unable to adequately staff.

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.

115.313 (c)

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

The staffing plan asserts that the Ramsey County JDC adheres to the 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 on or before February 2017. Documents providing the numbers of staff duty as well as the resident populations and interviews confirmed that at the present there are three pods/units being occupied; two for male youth and one for female youth.

The staffing plan requires at least one supervisory level staff on duty during waking hours with at least one supervisory level staff on call.

Interviewed Specialized Staff: 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.

115.313 (d)

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

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

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.

115.313 (e)

Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff member that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

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.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 6 – Resident Searches and Viewing
- Acknowledge of Training
- Juvenile Detention Center, Safety and Emergency Procedures
- Resident Searches and Viewing
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

- Interviews:
 - Staff
 - Residents

115.315 (a)

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

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 is placed in seclusion; and when a staff suspects a resident has contraband. Same gender staff is required to conduct all pat-down searches; except in exigent circumstances.

Interviewed Random Residents: Nine (9) out of ten (10) residents indicated that the opposite gender staff announce their presence or ring the doorbell when entering in their housing area or any area where they shower, change clothes, or perform bodily functions. One (1) resident stated the staff sometimes announce their presence when entering the living unit. The only female resident is included in the interview results.

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.

115.315 (b)

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

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 residents that did not involve exigent circumstances (s) were zero.

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.

Policy requires whenever a cross-gender search is conducted, staff must document and reported to the PREA Compliance Manager and PREA Coordinator. The resident is asked to undress down to 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.

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.

Interviewed Random Staff: Twelve (12) out of twelve (12) 100% of random staff indicated that all residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Interviewed Random Residents: Ten (10) out of ten (10) residents indicated that staff of the opposite gender never performed a pat down search on their body. The only female resident is included in the interview results.

All ten residents indicated that they are never naked in full view of staff.

115.315 (e)

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

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) out of twelve (12) random staff indicated that they are aware of the agency policy prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that residents' genital status.

115.315 (f)

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

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.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- Admin Minnesota Contract Release- Interpreting & Translation, Services (2019)
- Resident Handbook
- Policy Chapter 10 – Interpreter Services
- JDC-PREA Compliance with Residents with Disabilities: Session in Sheet
- PREA Posters
- Client Admission/Orientation/Classification/Property/Release
- Policy Chapter 12 – Resident Orientation
- Policy Chapter 10 – Resident Handbook
- Policy Chapter 12 – Resident Orientation
- Training Record for JDC – PREA Interpreter Services
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.316 (a)

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

JDC's policy Interpreter Services, requires the JDC to provide interpreter services for all resident and visitors using staff or through contracted interpreter services. Policy requires if the need arises staff are 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.

Interviewed Specialized Staff: The agency designee indicated 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 process includes but not limited to having contract for interpretive services in different languages and using the education system when needed.

Interviewed Resident who are deaf or hard of hearing: Resident "A" interviewed by answering the auditor's questions by written format. During the interviewed the resident indicated that he did not receive PREA information.

The auditor met with the facility superintendent to discuss the concerns from the resident. The auditor requested all documentation to verify that the resident has receive the PREA information provided in formats or through methods that ensure effective communication with this resident disability.

The superintendent provided the following information:

- Deaf and Hard of Hearing Communication Notification. The documentation indicated that the service professional met with the resident and address the following with the resident signature:
 1. I have been advised that I will have the opportunity to discuss my disability and health concerns with a nurse.
 2. I have been offered assistive aids or interpretive services necessary for effective communication.
 3. I have notified the admission officer of my disability and communication needs.
 4. I understand that all communication and related materials may be monitored.
 5. I have been advised that I am responsible to notify staff in needs are not met.

The following assistive aids were provided to the resident at no cost.

- American Sign Language Interpreter
- Writing Pad and Pen
- Video Phone (Use sign language with family members, etc.)
- VRS

The Deaf and Hard of Hearing Communication Notification was completed on 6/22/2020 at 9:0a pm.

Resident "A" completed the JDC PREA Client Screening Form were completed on 6/13/2020 at 7:22am.

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.

See section (a) response.

115.316 (c)

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

Interviewed Random Staff: Twelve (12) out of twelve (12) 100% of random staff indicated that the agency ever allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment.

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.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

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

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

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

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Employment Questionnaire
- RCCR Criminal Background Check Levels
 - Tier 1 – All DOCCR Paid Staff
 - Tier 2 – Routine and Regular Contract Employees, Volunteers, Interns
 - Tier 3 – As needed Contractors and Vendors, Department Internal Lateral Transfers/Promos
 - Tier 4 – Emergency Vendors/Supervised Escorted
 - Tier 5 – Professional Contact (Court involved visitors, including attorneys, probation officers and social workers)
- McDowell Agency, Inc. – Background Screening
- Policy Chapter 3 – Reference Checking and PREA Background Checks
- Policy Chapter 3 – Hiring Principles and Procedures
- Staff Roster
- Criminal & DL Checks
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.317 (a)

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

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

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 and RCCF. 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.

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.

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.

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.

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 were seven.

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.

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 RCCCD paid staff, interns and contract employees. The following checks are required for Tier 1:

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

- No fingerprints are required
- Name query only (full run into the Criminal Justice Data Network)
- Internal record check
- 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 roster documenting the fingerprint checks of all employees in the department. Sampled background checks confirmed the process described in 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.

115.317 (e)

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

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. This is managed by Amy Beck an employee of the Corrections Department.

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.

Interviewed Specialized Staff: The Human Resources staff indicated that requests by other agencies are referred to Marc Peterson, 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.

115.317 (g)

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

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.

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.

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

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

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

115.318 (a)

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

Interviewed Specialized Staff: 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.

Interviewed Specialized Staff: 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.

115.318 (b)

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

Interviewed Specialized Staff: Agency designee indicated that the agency uses monitoring technology to enhance the protection of residents from incidents of sexual abuse.

Interviewed Specialized Staff: The facility superintendent indicated that when utilizing monitoring systems, careful attention is paid to the location of the viewing angle so as 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.

RCCF has multiple well-placed cameras in every unit and hallway of the facility. RCCF makes extensive use of cameras in its facility to protect residents and staff from incidents of sexual abuse.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Staffing Plan 2019
- Policy Chapter 10 – PREA Investigations
- Policy Chapter – 10 – Prison Rape Elimination Act (PREA)
- Refusal of Medical Treatment or Procedure Form (example)
- Chain of Custody; Evidence/Property Form (example)
- MOU Saint Paul Police Department and Ramsey County Community Corrections
- MOU Regions Hospital and Ramsey County Community Corrections
- MOU Midwest Children's Resource Center (Children's Hospital) and Ramsey County Community Corrections
- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- Letter/SANE
- Resident Progress Notes
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.321 (a)

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

The agency'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.

Interviewed Random Staff: Twelve (12) out of twelve (12) 100% of random staff indicated that they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse.

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.

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 patient 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:

- Initial assessment and medical screening
- Medical care for injuries and emotional trauma
- Evidence collection up to 36 hours after a sexual assault
- Advocacy for every patient who presents with being sexually assaulted

- Forensic interview/history of assault
- Exam for injury
- Photography of evidence collection
- Assess risk and offer prophylaxis for STI, HIV, and pregnancy
- Offer and provide detailed instructions for follow-up
- Screening for suicide and PTSD
- Screening for substance abuse
- 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.

115.321 (c)

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

The facility 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.

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

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

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

115.321 (d)

The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to 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 the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g (b) (2) (c), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

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:

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

Interviewed Specialized Staff: 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 a MOU with this agency to provide these services.

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.

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.

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 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.

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.

When outside agencies responsible for investigating allegations of sexual abuse, the agency do request that the investigating agency follow the requirements of section (a).

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.

See section (a).

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.

See section (a) response.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy 10 – PREA Investigations
- PREA First Responder Part 1 and 2 (Transcript Status)
- Website Page
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.322 (a)

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

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 is in charge of 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.

Interviewed Specialized Staff: Agency designee indicated that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

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. If the matter is potentially criminal, it will first be

referred to the law enforcement agency that the building resides in. JDC = Saint Paul Police Department, RCCF = Maplewood Police Department.

If the matter does not include potentially criminal behavior, the matter is referred to the PREA Compliance Manager/Investigator.

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

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 were zero.

115.322 (b)

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

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 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.

115.322 (c)

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

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

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.

See section (d) response.

115.322 (e)

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

Interviewed staff indicated that there not be any involvement for the Department of Justice.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

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

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Chapter 10 – Prison Rape Elimination Act (PREA)
- Safe Zone Training – LGBTQ
- Child Protection Training Power Point
- Staff Acknowledgment after complete the First Responder Training
- LGBTQ Foundations
- Outside Incident Reporting Form (example)
- Chapter 10 – PREA First Response
- 2019 and 2020 PREA First Responder Training for JDC Rosters
- Course Completion History
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.331 (a)

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

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

- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

Ramsey County Community Corrections Policy requires that the RCCCD shall 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: Ten (10) out of twelve (12) random staff indicated that they have completed the PREA training to include refresher training. Two (2) staff stated that they completed the PREA training, however, they could not give information regarding key topics on PREA training.

PAQ: The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above were 73.

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.

See section (a) response.

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.

See section (a) response.

115.331 (d)

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

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

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Website "Report an Incident"
- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- Fingerprinted (no longer need to be fingerprinted)
- Letter/ Final Exam – VIC 1 Hour PREA
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.332 (a)

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

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.

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.

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

115.332 (c)

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

Training is documented in the Departments training data system.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? ☒ Yes ☐ No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Resident PREA Orientation Video (Acknowledgement Statement)
- PREA Posters
- Reviewed PREA Video
- Resident Handbook
- JDC One Hour Orientation Checklist and Resident
- Sexual Assault Awareness – A Guide for Residents (Brochure)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.333 (a)

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

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:

- Review of the RCCCD PREA Brochure
- Department zero tolerance stance
- Self-protection methods
- Procedures for using the telephone hotline
- Prevention and Intervention
- Treatment and Counseling
- Protection against retaliation
- 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 follow PREA intake procedures:

- When a resident is going to be admitted to the facility, residents will go through the intake admission as usual.

- After the Rite Track admission is completed, resident will have the PREA assessment completed at that time.
- Staff completing the assessment, will ask the resident all of the required questions.
- If resident refuses to complete the assessment, the staff will still continue to ask all of the questions.
- 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.
- Resident then will be moved up to the regular pod.

Interviewed Random Residents: 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.

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.

See section (a) response.

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.

Interviewed Staff: Staff indicated that all current residents have received PREA education.

115.333 (d)

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

The 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

115.333 (e)

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

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

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.

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

- Posters
- Resident handbook

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
☒ Yes ☐ No ☐ NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- Module 1: PREA Refresher and Overview of the PREA Investigative Standards
- Module 2: Trauma and Victim Response: Considerations for Being Trauma Informed
- Module 5: Agency Culture: Impact on Investigations
- Module 6: Prosecutorial Collaboration
- Module 7: Interviewing Victims of Sexual Misconduct
- Module 8: Report Writing

- Module 10: Forensic Medical Exam
- Administrative Investigations for RCCCD
- Training Certificates
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.334 (a)

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

The 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.

The investigator stated that he personally has attended many trainings by the Moss Group as well as one provided 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

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.

Two of the facility-based investigators, confirmed their training by providing certificates documenting a two-day training conducted by the American Jail Association and another

documenting 2.5 days of investigator training provided by the Moss Group at the Ramsey County Correctional Facility. The met the standard requirements.

115.334 (c)

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

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 five.

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.

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

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☒ Yes ☐ No ☐ NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Policy Chapter 9 – PREA Medical and Mental Health Care
- Staff's Acknowledgement Statement (electric spread sheet)
- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- Interviews:
 - Staff

115.335 (a)

The agency shall ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

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 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.

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.

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

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.

Training rosters and interviews with staff at the facility confirmed that medical and mental health staff have received specialized training with documentation.

115.335 (d)

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

Interviewed staff and documentation indicated that medical and mental health staff received the training mandated for all employees.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained during classification assessments? ☒ Yes ☐ No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 12 – Resident Classification
- PREA Resident Screenings
- PREA Resident Reassessments
- PREA Reviews
- Information Enter PREA System
- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.341 (a)

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

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 from 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: 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.

115.341 (b)

Such assessments shall be conducted using an objective screening instrument.

The PREA Resident Intake Screening serve as the agency objective screening instrument. Instructions for conducting the assessment require the tool will be completed using a computerized database. The computerized database is calling the BTT/JDC PREA Assessment/Reassessment Tool.

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 charges and offense history;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities;
- The residents own perception of vulnerability; and

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

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.

BTT/JDC PREA Assessment/Reassessment Tool:

The BTT/JDC PREA Assessment/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:
 - PREA initial assessment are completed with 72 hours upon resident's arrival at the facility. PREA initial assessments are completed every day.
 - If assessment cannot be completed within 72 hours, on-duty supervisor will document why assessment could not be completed within required timeframe.
- PREA Reassessment needs to be completed:
 - When warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that is relevant to an individuals' risk level.

- 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.
- 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:
 - 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.

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.

Additional preparation for the screening involves a requirement to review the case data section of the CSTS 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 CSTS, previous admissions, probation, parents, mental health screening, MINCIS, etc.

Staff also indicated that resident risk levels are reassessed is completed every 30 days.

Interviewed Resident who are deaf or hard of hearing: Resident “A” interviewed by answering the auditor’s questions by written format. During the interviewed the resident indicated that he did not receive PREA information.

The auditor met with the facility superintendent to discuss the concerns from the resident. The auditor requested all documentation to verify that the resident has receive the PREA information provided in formats or through methods that ensure effective communication with this resident disability.

The superintendent provided the following information:

- Deaf and Hard of Hearing Communication Notification. The documentation indicated that the service professional met with the resident and address the following with the resident signature:
 6. I have been advised that I will have the opportunity to discuss my disability and health concerns with a nurse.
 7. I have been offered assistive aids or interpretive services necessary for effective communication.
 8. I have notified the admission officer of my disability and communication needs.
 9. I understand that all communication and related materials may be monitored.
 10. I have been advised that I am responsible to notify staff in needs are not met.

The following assistive aids were provided to the resident at no cost.

- American Sign Language Interpreter
- Writing Pad and Pen
- Video Phone (Use sign language with family members, etc.)
- VRS

The Deaf and Hard of Hearing Communication Notification was completed on 6/22/2020 at 9:0a pm.

Resident “A” completed the JDC PREA Client Screening Form were completed on 6/13/2020 at 7:22am.

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.

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 in order to protect sensitive information from exploitation by only allowing

approved staff to access the PREA assessment. Proved staff are PREA coordinator, facility PREA compliance manager, facility director, investigators, and a need to know basis.

Standard 115.342: Use of screening information

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

115.342 (a)

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)
☒ Yes ☐ No ☐ NA

115.342 (c)

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

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

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

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 6 – Special Housing Unit Rules
- JDC PREA Screenings
- Policy Chapter 10: Special Management of Residents

- Policy Chapter 12: Resident Classification
- Room Restriction Activity Record (example)
- Special Housing Room Resident Information (example)
- PREA Heightened Supervision Plan of Care (example)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.342 (a)

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

The 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.

115.342 (b)

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all resident 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.

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 were zero.

115.342 (c)

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

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.

Interviewed Specialized Staff: 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 that 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 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.

115.342 (d)

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

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.

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

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.

Interviewed Specialized Staff: 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 don't disclose the reason why due to confidentiality.

115.342 (f)

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

Interviewed Specialized Staff: 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.

115.342 (g)

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

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.

115.342 (h)

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

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

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.

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.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Policy Chapter 10 – PREA First Response
- Policy Chapter 10 – Resident Rights
- Policy Chapter 11 – Telephone Access
- Sexual Assault Awareness – A Guide for Residents
- Resident PREA Orientation Video Acknowledgement (electric spread sheet)
- Sexual Offense Services of Ramsey County # 651-254-3307
- Regional Hospital # 651-254-9200
- Resident Handbook
- PREA Posters

- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.351 (a)

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

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:

- Residents are provided 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.
- 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:

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

Interviewed Specialized Staff: The PREA compliance manager indicated that all residents are given a resident PREA brochure at intake, they watch a PREA video, and medical and mental health staff meet with all residents within the first 24 hours of their stay. All residents are also given more education at the first of every month during their stay at JDC, where they go over the brochure and PREA video again with line staff.

Interviewed Random Staff: Twelve (12) out of twelve (12) 100% of random staff could list how staff can privately report sexual abuse and sexual harassment of residents. Some ways they reported are:

Interviewed Random Residents: Ten (10) out of ten residents indicated that they can make reports of sexual abuse or sexual harassment in person or in writing.

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 detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The 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.

Interviewed Specialized Staff: The PREA compliance manager indicated that 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 is posted by the 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.

115.351 (c)

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

Interviewed Random Staff: Twelve (12) out of twelve (12) 100% indicated that when a resident alleges sexual abuse or sexual harassment, that residents can do so verbally, in writing, anonymously and through third parties.

115.351 (d)

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

Interviewed Specialized Staff: 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.

115.351 (e)

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

Interviewed Random Staff: Twelve (12) out of twelve (12) 100% of random staff could list how residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond

is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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Supporting Documents, Interviews and Observations

- Policy Chapter 10 – Resident Grievances
- Policy RDC 10.4b – Parent/Guardian Grievances
- Resident Grievance – PREA Form
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:

- Staff
- Residents

115.352 (a)

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

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.

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 applicable status of limitations has expired.

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.

115.352 (c)

The agency shall 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, and
- Such grievance is not referred to a staff member who is the subject of the complaint.

See section (a) response.

115.352 (d)

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

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

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 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.

115.352 (e)

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- If a third-party file such a request on behalf on an 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 residents' 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 the juvenile agreeing to have the request filed on his or her behalf.

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:

- 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.
- 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.
- 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.
- If the resident declines to have the request processed on his/her behalf, staff are required to document the residents' decision on an incident report.
- 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 the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the residents' decision to decline were zero.

115.352 (f)

- The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level

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

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 read 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.

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.

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

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

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Sexual Assault Awareness – A Guide for Residents
- Policy Chapter 10 – PREA First Response
- Sexual Offense Services of Ramsey County # 651-254-3307
- Regional Hospital # 651-254-9200
- Resident Handbook
- PREA Posters
- Outside Agency PREA Incident Notification
- Policy Chapter 10 – Resident Rights
- Policy Chapter 11 – Telephone Access
- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- Interviews:
 - Staff
 - Residents

115.353 (a)

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

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:

- 24-hour crisis services, information and referrals (651-266-1000).
- Support and information when reporting an assault or seeking medical care.
- Medical advocacy during an evidentiary exam or while receiving medical care.
- Legal advocacy on filing a police report or other legal issues involving sexual violence.
- Safety planning involving shelter and other considerations.
- Open support group meetings for victims, survivors, their families, friends and other concerned persons.

- One-on-one short-term counseling.
- Assisting with financial concerns including reparations and restitution.
- Community education.

Interviewed Specialized Staff: 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 a MOU with this agency to provide these services.

Interviewed Specialized Staff: The facility superintendent indicated that facility provide 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.

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.

Interviewed Specialized Staff: 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.

115.353 (c)

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

The 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 on 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.

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.

Ramsey County Department of Community Corrections, Policy, CC 11.3a, Telephone Access; asserts that residents may make two personal phone calls weekly and additional ones permitted at the discretion of the shift supervisor. Policy also provides for making and receiving professional calls.

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.

Interviewed Specialized Staff: 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.

Standard 115.354: Third-party reporting

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

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- 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
- Interviews:
 - Staff
 - Residents

115.354 (a)

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

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 is 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:

- Filling out an on-line report form
- Calling the PREA Coordinator
- Emailing the PREA Coordinator

Viewers are advised that all reports will be investigated.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to

anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

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

115.361 (e)

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

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Agency Website: Report an Incident
- Policy Chapter 10 – PREA First Response
- Sexual Assault First Responder Checklist – Juveniles
- Policy Chapter 10 – PREA Investigations
- Interviews:
 - Staff

115.361 (a)

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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 an 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 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 occurred in institutional settings.

Interviewed Specialized Staff: The facility superintendent indicated that when the facility receives an allegation of sexual abuse, the facility reports too:

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

Interviewed Random Staff: Twelve (12) out of twelve (12) 100% of random staff indicated that the facility 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 sexual abuse or sexual harassment. As well as any staff neglect or violation of responsibilities that may have contributed to incident or retaliation.

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.

115.361 (b)

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

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.

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.

Interviewed Specialized Staff: 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.

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.

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 occurred in institutional setting.

115.361 (e)

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

Interviewed Specialized Staff: The PREA compliance manager indicated that if a victim is under the guardianship of the child welfare system the JDC would make contact with child protective services or the juvenile's case worker.

115.361 (f)

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

The 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 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.

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.

Standard 115.362: Agency protection duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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Supporting Documents, Interviews and Observations

- Policy Chapter 10 – Special Management of Residents
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.362 (a)

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

The agency reported, and it was confirmed through interviews that there have been no residents placed in any form of restricted housing as a result 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.

Interviewed Specialized Staff: Agency designee indicated that when the facility learn that a resident is subject to a substantial risk of imminent sexual abuse, and the protective action that they take the resident is immediately physically separated from the threat.

Interviewed Specialized Staff: 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. Notifications to medical and mental health are made and housing for the resident is considered.

Interviewed Random Staff: Twelve (12) out of twelve (12) 100% of random staff indicated that all officers announce their presence when entering a housing unit that houses residents of the opposite gender. The stated that there is a door bell that they ring to warning residents that a staff is entering the unit.

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.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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Supporting Documents, Interviews and Observations

- Outside Agency PREA Incident Notification
- Policy Chapter 10 – PREA Investigations
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

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.

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.

Interviewed Specialized Staff: 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 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.

115.363 (b)

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

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.

115.363 (c)

The agency shall document that it has provided such notification.

Staff interviewed indicated that if incident were to occur, the facility will document the notification.

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.

If the incident occur that requires the facility to notify another facility, the PREA Coordinator is responsible for notifying the head of the facility the resident was send to.

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

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Policy Chapter 10 – PREA First Response
- 2019 and 2020 PREA First Responder Training for JDC Rosters
- Coordinated Response Plan
- Interviews:
 - Staff

115.364 (a)

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

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

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:

- Immediately separate the victim and alleged perpetrator
- Render first aid
- 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.
- Secure the crime scene

- Contact the nearest Supervisor of Shift Lieutenant
- 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) out of twelve (12) 100% of random staff 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:

- Immediately separate the victim and alleged perpetrator
- Call supervisor
- Ensure that resident receive prompt medical and mental health assistance
- Secure the crime scene
- Protect the evidence by not letting the victim drink water, eating, etc.
- 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.

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

Standard 115.365: Coordinated response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Supporting Documents, Interviews and Observations

- Coordinated Response Plan
- Policy Chapter 10 – PREA First Response
- Rosters documenting First Response Training
- MOU: Ramsey County and Local 8 Council 5 of the American Federation of State, County and Municipal Employees, AFL-CIO
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.365 (a)

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

The 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:

- Immediately separate the victim and alleged perpetrator
- Render first aid
- 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.
- Secure the crime scene
- Contact the nearest Supervisor of Shift Lieutenant
- 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.

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Labor Agreement between County of Ramsey and Minnesota Teamsters Public and Law Enforcement Employees Union, Local #320
- Collective Bargaining Agreements
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

- Interviews:
 - Staff

115.366 (a)

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

The 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.

Interviewed Specialized Staff: 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 designee also indicated that the agreements permits 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.

115.366 (b)

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

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

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.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

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

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- Monitoring of Retaliation after Report of Sexual Harassment/Abuse
- Policy Chapter 10 – PREA Investigations
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

- Interviews:
 - Staff

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.

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.

Interviewed Specialized Staff: 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 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.

115.367 (b)

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

Interviewed Specialized Staff: The 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. is monitored for at least 90 days following the alleged incident.

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.

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

115.367 (d)

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

There were no PREA allegations filed in the past 12 months.

115.367 (e)

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

There were no PREA allegations filed in the past 12 months.

115.367 (f)

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

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

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 12 – Resident Classification
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.368 (a)

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

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 resident's safety can be arranged.

There were no PREA allegations filed in the past 12 months.

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

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (b)

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

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

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

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.371 (i)

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

115.371 (j)

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

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- Policy Chapter 10 – PREA Investigations
- Policy Chapter – PREA Documentation and Data Storage
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.371 (a)

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

The 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 indicated that it takes 24 hours to initiate an investigation following an allegation of sexual abuse or sexual harassment.

The first step would be to interview the alleged victims. Depending on victim availability this can be done within 24-48 hours of the initiation of the complaint. We speak with the victim first and do so quickly.

The investigation process:

- Interview victim (if the statement gathered includes potentially criminal material it will be referred to law enforcement.
- Collect/review evidence (video footage, shift reports, log entries, prior reports etc.)
- Interview witnesses and subject.
- Review staff actions.
- Weigh credibility.

Third-party reports of sexual abuse or sexual harassment are handling the same as other investigations.

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.

All investigators under the Agency Investigations Unit has 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 personally has attended many trainings by the Moss Group as well as one provided 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

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.

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.

115.371 (d)

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

The were no PREA allegations filed in the past 12 months.

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.

The were no PREA allegations filed in the past 12 months.

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.

The were no PREA allegations filed in the past 12 months.

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.

The investigation format included the following:

- A title page “Investigations Unit Administrative Investigation Report” with case number
- Table of Contents
- Rationale for Investigation
- Methodology of Investigation
- Complainant Statement
- Witness Statement
- Document Review
- Credibility Assessment of All Parties
- 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.

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.

Interviewed Investigator: Indicated that the facility has not had any PREA allegations in the past 12 months. However, there is a process in place that will document criminal investigations and give description of physical, testimonial as required by standard.

115.371 (i)

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

Interviewed Investigator: Indicated that the facility has not had any 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 zero.

115.371 (j)

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

The Agency maintains a database that includes all investigations conducted within the agency, include PREA investigations. The excel spreadsheet documented the following:

- Case Number
- Involved Parties
- Persons Involved
- Referral to LE
- Division
- Date Reported
- Date Received
- Investigators assigned
- Retaliation Monitor
- Date Investigation completed
- Findings
- Notification Date
- Incident Review Date

115.371 (k)

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

Interviewed Investigator: Indicated that the facility has not had any PREA allegations in the past 12 months.

115.371 (l)

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

Interviewed Investigator: Indicated that the facility has not had any PREA allegations in the past 12 months. However, if another state entity or DOJ conducts a PREA investigation at this facility they will be required to comply with the PREA standards.

115.371 (m)

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

Interviewed Specialized Staff: The 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.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- Policy Chapter 10 – PREA Investigations
- Formal Statement Advisement
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.372 (a)

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

Interviews with the PREA Coordinator and an Agency Investigator confirmed the standard for substantiating an allegation of sexual abuse or sexual harassment is the preponderance of the evidence.

The investigation reports, when discussing the basis of their findings also document the determination is made based upon a preponderance of the evidence.

Interviewed Special Staff: The investigator indicated that the standards of evidence the he requires to substantiated allegations of sexual abuse or sexual harassment is the preponderance of evidence

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- Policy Chapter 10 – PREA Investigations
- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- Investigations Unit Administrative Investigation Report Case #17-42
- Investigation Report
- Investigation Spreadsheet
- Newsletter – Former Contractor Arrested
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.373 (a)

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

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.

PAQ: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility in the past 12 months were zero.

115.373 (b)

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

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

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.

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.

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.

Interviewed Investigator: Indicated that the facility has not had any PREA allegations in the past 12 months. However, 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.

115.373 (e)

All such notifications or attempted notifications shall be documented.

Interviewed Investigator: Indicated that the facility has not had any PREA allegations in the past 12 months. However, all PREA notifications to residents will be documented.

PAQ: In the past 12 months, the number of notifications to residents that were documented were zero.

115.373 (f)

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

Interviewed Investigator: Indicated that the facility has not had any PREA allegations in the past 12 months. However, if there was a PREA allegation, the facility understand that the facility obligation to report under the standard terminates if the resident is released for the agency's custody.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 10 – Prison Rape Elimination Act (PREA)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.376 (a)

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

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.

115.376 (b)

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

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.

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.

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.

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.

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.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☐ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- Policy Chapter 10 – PREA Investigations
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.377 (a)

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

Ramsey County Department of Community Corrections Policy requires that any 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.

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

115.377 (b)

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

Interviewed Specialized Staff: 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.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

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

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 10 – Special Management of Residents
- Policy Chapter 10 – Resident Discipline Hearing
- Policy Chapter 10 – Resident Discipline Hearing Appeal
- Special Management Staffing Report /JDC Incident Report
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.378 (a)

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

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 of guilt for resident-on-resident sexual abuse that have occurred at the facility were zero.

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.

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 were zero.

115.378 (c)

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

See section (d) response.

115.378 (d)

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

Interviewed Specialized Staff: The medical staff indicated that the facility will 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 that consent is obtained from patients. 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.

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.

See section (d) response.

115.378 (f)

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an

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

Interviewed Staff: Indicated that the facility has not had any PREA allegations in the past 12 months. However, the facility understands for the purpose of disciplinary action, a report of sexual abuse made in good faith base on reasonable belief that the alleged conduct occurred shall not constitute falsely reporting.

115.378 (g)

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

Interviewed Staff: Indicated that the facility has not had any PREA allegations in the past 12 months. However, the facility policy prohibits sexual abuse and sexual harassment.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- Policy Chapter 9 – PREA Medical and Mental Health Care
- MH Follow up Progress Notes
- Special Management Staffing Report/JDC Incident Report
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

115.381 (a)

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

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.

Interviewed Specialized Staff: The mental health staff provide a clinical note in Rite Track dated 3/16/2020 at 3:00pm of the only resident reported disclosed prior sexual victimization during the PREA screening.

115.381 (b)

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

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 require 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.

115.381 (c)

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

See section (a) response.

115.381 (d)

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

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

Interviewed Specialized Staff: The medical 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 occurred 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 nurse are mandated reporters and are required to report in accordance with mandatory reporting laws if occurred in institutional settings.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- MOU Saint Paul Police Department and Ramsey County Community Corrections
- MOU Regions Hospital and Ramsey County Community Corrections
- MOU Midwest Children's Resource Center (Children's Hospital) and Ramsey County Community Corrections
- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- Letter/SANE
- Policy Chapter 9 – PREA Medical and Mental Health Care
- Progress Notes
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff
 - Residents

115.382 (a)

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

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.

Interviewed Specialized 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 24/7/365 which access to a MD/NP/PA onsite during clinic hours: Tuesday, 8am – 10:30am for MH provider, and Thursday, 10 to 12noon for family practice provider. MD/NP/PA is available for on-call via phone consultation 24/7/365 to assist with any concerns or reports of sexual abuse/harassment. All referral is sent to Regions per protocol see #1. Referred to SOS and mental health services for follow up.

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.

The medical staff indicated that this process typically occur immediate to access to care.

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.

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.

See section (a) response.

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.

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.

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.

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 patient 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:

- Initial assessment and medical screening
- Medical care for injuries and emotional trauma
- Evidence collection up to 36 hours after a sexual assault
- Advocacy for every patient who presents with being sexually assaulted
- Forensic interview/history of assault

- Exam for injury
- Photography of evidence collection
- Assess risk and offer prophylaxis for STI, HIV, and pregnancy
- Offer and provide detailed instructions for follow-up
- Screening for suicide and PTSD
- Screening for substance abuse
- 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.

See section (a) response.

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- Policy Chapter 9 – PREA Medical and Mental Health Care
- MOU Saint Paul Police Department and Ramsey County Community Corrections

- MOU Regions Hospital and Ramsey County Community Corrections
- MOU Midwest Children's Resource Center (Children's Hospital) and Ramsey County Community Corrections
- MOU Ramsey County Community Corrections and St. Paul Ramsey County Public Health
- Letter/SANE
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:
 - Staff

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.

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 patient 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.

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.

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.

115.383 (c)

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

See section (b) response.

115.383 (d)

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

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.

115.383 (e)

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

Interviewed Specialized Staff: 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.

115.383 (f)

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

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.

115.383 (g)

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

All services provided to the residents are without financial cost.

115.383 (h)

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviewed Specialized Staff: The medical staff indicated that mental health conduct evaluations of all known resident-on-residents' abusers and offer treatment, if they is a known abuser, a referral will be made to mental health for appropriate treatment.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter 10 – PREA Investigations
- PREA Sexual Assault / Abuse Incident Review
- Investigation Unit Administrative Investigation Report case#17-40 (example)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

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.

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.

Interviewed Specialized Staff: The agency designee indicated that the agency use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. The agency head approve the PREA annual report.

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.

115.386 (b)

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

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.

115.386 (c)

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

115.386 (d)

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility;

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d))1) – (d) (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The PREA Coordinator is charged with preparing, along with the Review Team, a report that consider all standard requirements above.

115.386 (e)

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

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.

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.387 (b)

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

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.387 (e)

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

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Policy Chapter 6 – PREA Documentation and Data Storage
- Review Sexual Assault Incident Reviews
- Ramsey County Community Corrections PREA 2019 Annual Report
- Interviews:
 - Staff

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.

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.

115.387 (b)

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

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.

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.

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.

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.

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.

115.387 (e)

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

The agency does not operate private facilities.

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.

Interviewed staff indicated that if the Department of Justice request PREA information it will be made available.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter AO – PREA Documentation and Data Storage
- Ramsey County Community Corrections PREA 2019 Annual Report
- Interviews:
 - Staff

115.388 (a)

The agency shall review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

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.

115.388 (b)

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

A review of the Ramsey County Community Corrections Prison Rape Elimination Act (PREA) Annual Report 2019 dated January 28, 2020 include a comparison of the current year's data and corrective actions for 2017 – 2019. Corrective Actions are located on page 11 of the annual report.

115.388 (c)

The agency's report shall be 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.

The Ramsey County Community Corrections Prison Rape Elimination Act (PREA) Annual Report 2019 are published and posted on the agency's website.

115.388 (d)

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

A review of the agency annual report ensured that the agency redact specific material from the report that may be a safety and security threat to the facility.

Standard 115.389: Data storage, publication, and destruction**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.389 (a)**

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

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Policy Chapter AO – PREA Documentation and Data Storage
- Interviews:
 - Staff

115.389 (a)

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

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 to a division.

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.

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.

115.389 (c)

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

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.

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.

The policy also requires 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 collection. Exceptions would occur when the release of information would present a threat to the safety and security to a division.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Juvenile Facility
- Interviews:
 - Staff

115.401 (a)

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

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

115.401 (b)

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

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

Compliant.

115.401 (c)

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

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

Compliant.

115.401 (d)

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

Compliant.

115.401 (e)

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

Compliant.

115.401 (f)

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

Compliant.

115.401 (g)

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

Compliant.

115.401 (h)

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

Compliant.

115.401 (i)

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

Compliant.

115.401 (j)

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

Compliant.

115.401 (k)

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

Compliant.

115.401 (l)

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

Compliant.

115.401 (m)

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

Compliant.

115.401 (n)

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

Compliant.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Juvenile Facility
- Interviews:
 - Staff

115.403 (a)

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

Compliant.

115.403 (b)

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

Compliant.

115.403 (c)

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

Compliant.

115.403 (d)

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

Compliant.

115.403 (e)

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

Compliant.

115.403 (f)

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

Compliant.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document

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

Adam T. Barnett, Sr.

11/13/2020

Auditor Signature

Date

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

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