

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Report July 12, 2018

Auditor Information

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Company Name: Diversified Correctional Services, LLC	
Mailing Address: 1825 Donald James Rd	City, State, Zip: Blackshear, GA,31516
Telephone: 912-281-1525	Date of Facility Visit: June 13-14, 2018

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Ramsey County (Corrections Department)		Click or tap here to enter text.	
Physical Address: 25 W 7th St.		City, State, Zip: Saint Paul, MN 55102	
Mailing Address: 25 W 7th St.		City, State, Zip: Saint Paul, MN 55102	
Telephone: 651-266-5255		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 mission: Building Safer Communities by Helping People Change, Offering Opportunity, Providing Accountability, and Ensuring Equity			
Agency Website with PREA Information: https://www.ramseycounty.us/your-governement/departments/health-and-wellness/communitiy-corrections			


Agency Chief Executive Officer

Name: John Klavins	Title: Community Corrections Director
Email: John.Klavins@co.ramsey.mn.us	Telephone: 651-266-2384

Agency-Wide PREA Coordinator

Name: Marc Peterson	Title: PREA Coordinator
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Email: Marc.Peterson@co.ramsey.mn.us		Telephone: 651-266-5346	
4PREA Coordinator Reports to: Chris Crutchfield		Number of Compliance Managers who report to the PREA Coordinator 4	
Facility Information			
Name of Facility: Ramsey County Juvenile Detention Center			
Physical Address: 25 W 7th St Saint Paul, MN 55102			
Mailing Address (if different than above):			
Telephone Number: 651-266-5255			
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 Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
Facility Mission: Building Safer Communities by Helping People Change, Offering Opportunity, Providing Accountability, and Ensuring Equity			
Facility Website with PREA Information: https://www.ramseycounty.us/residents/public-safety-law			
Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Facility Administrator/Superintendent			
Name: Peter Jessen-Howard		Title: Superintendent	
Email: Peter.Jessen-Howard@co.ramsey.mn.us		Telephone: 651-266-5230	
Facility PREA Compliance Manager			
Name: Carol Christopher		Title: Training Coordinator	
Email: carol.christopher@co.ramsey.mn.us		Telephone: 651-266-5201	
Facility Health Service Administrator			
Name: Pam San Miguel		Title: Public Health Nurse Clinician	
Email: pamelas.sanmiguel@co.ramsey.mn.us		Telephone: 651-266-1424	
Facility Characteristics			

Designated Facility Capacity: 44		Current Population of Facility: 11	
Number of residents admitted to facility during the past 12 months			847
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			210
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			495
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	10-21 (Extended Juvenile Jurisdiction from 18-21) Click or tap here to enter text.		
Average length of stay or time under supervision:			11 days
Facility Security Level:			Maximum
Resident Custody Levels:			1
Number of staff currently employed by the facility who may have contact with residents:			85
Number of staff hired by the facility during the past 12 months who may have contact with residents:			24
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			19 current and active contracts/30 within the past year
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 92	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		4	
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>Control Room is located on the 3rd floor and is at the point of entry for all visitors and professionals. Control room completely control who enters and exits the facility. Retention of Video is 30-45 days.</p> <div style="display: flex; align-items: center;">  <div> <p>20180710121720183</p> <p>.pdf</p> </div> </div>			
Medical			
Type of Medical Facility:		Office staffed 6 days a week 6:00 am-2:30 pm	
Forensic sexual assault medical exams are conducted at:		MCRC and Regions	
Other			

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	28
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	7

Audit Findings

Audit Narrative

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

The on-site audit of the Ramsey County Juvenile Detention Center was conducted on June 13-14, 2018.

Pre-Audit Activities

Notice of PREA Audit: The Notice of PREA Audit for the facility was posted in areas accessible to residents, staff, contractors, volunteers and visitors. The posting was documented on May 1, 2018, six weeks prior to the on-site audit, via email from the agency's PREA Coordinator. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence because of that posting.

Pre-Audit Questionnaire/ Flash Drive Review: The auditor received the Pre-Audit Questionnaire eight (8) weeks prior to the on-site audit. The PREA Coordinator and staff from the facility prepared one of the most informative Pre-Audit Questionnaires the auditor has ever seen. The Pre-Audit Questionnaire (PAQ) was included in the drive and embedded in the PAQ were multiple policies, procedures, and small samples evidencing practice. Each substandard was addressed and documentation embedded in each substandard. Multiple Memoranda of Understanding were also included in the information. Reviewing this flash drive was both enjoyable and informative and enabled the auditor to understand the agency's policies and operations.

Outreach to Outside Advocates: The auditor contacted and interviewed staff from the Sexual Violence Services aka Sexual Offense Services (SOS). Staff indicated they provide their services to residents free and in a confidential manner, they provide a hotline for residents to contact them to report sexual abuse or sexual harassment or to access an advocate who will meet and accompany them during the forensic examination. The Staff reported they have not received a call on the hotline from any resident during the past 12 months. The agency has five advocates and volunteer advocates. In addition to serving as an advocate, they are available to deal with sexual trauma from the past or in the facility. They also provide and offer follow-up if the resident requests it. Volunteer advocates are available and respond on weekends. The agency is operated under the auspices of the St. Paul-Ramsey County Public Health and advocates are required to complete 40 plus hours of advocacy related training.

Selection of Staff and Inmates:

The facility has a rated capacity of 44 upon which the staffing plan is predicated. With the participation in JDAI, the facility assesses all intakes to determine their risk/needs levels and determinations about

whether the individual meets the criteria for admission are made based on the assessment. Because of the emphasis on placing lower level youth in alternatives to secure detention, the population is low and on the first day of the on-site audit there were 14 youth on-site and on the day the auditor was scheduled for interviewing residents, there were 11 youth on site.

Likewise, staffing on each shift, while providing for the required ratios of staff to youth, consisted of a limited number of staff available for interviews. The auditor selected staff from each of the three shifts and these included both male and female staff.

Random Interviews: (11)

The auditor selected staff at random from the staffing roster. The selection included a cross section of staff to ascertain the training levels of staff in various positions.

Specialized Staff Interviews: (24)

Specialized staff included the following:

- Agency Head
- Deputy Agency Director
- PREA Coordinator
- Agency Contract Manager
- Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Human Resources Staff
- Investigator
- Staff conducting PREA Assessments (Victim/Aggressor; Vulnerability Screening) - 2
- Intake Staff
- Staff Conducting Orientation
- Staff Conducting Unannounced Rounds
- Retaliation Monitor
- Incident Review Team Member
- Nurse Supervisor
- Regional Nurse Administrator
- Mental Health Professional
- First Responder (Security)
- First Responder (Non-Security)
- Contractor
- Training Officer
- Volunteer

Randomly Selected Residents: (11)

Because there were eleven (11) youth on-site on the last day of the audit the auditor interviewed all eleven (11) of the youth.

Targeted Inmates: (5)

Targeted inmates included the following:

- (0) Blind, Deaf, Hard of Hearing
- (0) Physically Disabled
- (0) Cognitively Challenged
- (0) LEP – None present at the facility during the audit. Confirmed through the education department and interviews with staff and offenders.
- (3) LGB
- (0) Transgender or Intersex
- (1) Reported Sexual Abuse at this facility
- (1) Reported Prior Victimization During Screening
- (0) Youth placed in restricted housing as a result of being at high risk for victimization

On-Site Audit Activities

The auditor arrived at the Ramsey County Detention Center, located in downtown St. Paul, MN, at 0830, June 13, 2018. The Detention Center is housed in the Juvenile and Family Justice Center. The center also houses the Second Judicial Courts juvenile and family court functions.

Entering the Juvenile Justice Building and Complex through the main entrance to the building, the auditor went through the standard security procedures for entry. Taking an elevator up to the third (3rd) floor, location of the detention center's entry control, the auditor signed in and was greeted by the facility's Superintendent and PREA Compliance Manager.

A meet and greet and entrance briefing was conducted with the Superintendent, PPREA Compliance Manager, the Superintendent of Boy's Totem Town and Agency PREA Coordinator. Following the meet and greet the auditor was led on a complete site review of the facility by the Superintendent and accompanied by the Agency PREA Coordinator, PREA Compliance Manager and Superintendent of the Boy's Totem Facility.

Site Review: (Please refer for facility characteristics for a complete description of the facility)

A complete site review was conducted at the conclusion of the meet and greet. The site review was led by the Superintendent and accompanied by the PREA Coordinator, PREA Compliance Manager, Superintendent of Boys Totem Town (another Ramsey County Community Corrections Juvenile Facility)

Documents and Files Reviewed (10)

Facility Staffing Plan Annual Review: The auditor reviewed the staffing plan for the facility for the year 2017.

Shift Reports Documenting Unannounced PREA Rounds: (10)

Certificates of Training/PREA Acknowledgment Statements Staff: (15)

Orientation Sheets and Acknowledging the PREA Video (15)

MOU with Advocacy Center: The reviewer reviewed MOU and an interview with staff from the local Sexual Offense Services under the auspices of the St. Paul-Ramsey County Public Health confirmed advocacy services and the hotline; MOU with the Regions Hospital for services to victims of sexual assault; and the MOU with the Midwest Children's Resource Center confirmed services including forensic examinations, tests, medications, and counseling as well as follow-up services.

Certificates of Specialized Training: National Institute of Corrections (NIC): Mental Health and Health Care Staff.

Victimization/Aggressor Assessments: (15)

Grievances: Reviewed 16 grievances filed by youth during the past 12 months.

Investigations: Two (2) representing 100% of the allegations made during the past 12 months.

Notifications to Inmates: Documented on the Agency's Excel Spreadsheet

Coordinated Response Plan: Reviewed plan; Ramsey County Community Corrections First Response Policy.

Post Audit Activities: Prior to departing the facility, the auditor met initially with the Agency PREA Coordinator and the PREA Compliance Officer/Manager and presented preliminary findings and advised additional information would be requested. Too, the Corrective Actions were discussed to address the issues noted during the audit.

Following the on-site audit, the auditor requested additional documentation. That documentation was provided expeditiously.

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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.

This 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 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.

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.

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

- **Staff-facilitated discussions:** 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.
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- **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.
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- **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.
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- **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.
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- **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.

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 but 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. Viewing youth on the toilet is possible with the current vantage point of the cameras. Further discussion indicated that staff monitoring cameras in the control room may be opposite gender staff as well. The control room posts are not gender specific. The auditor discussed the possibility of obscuring the toilet bowl portion of the toilet on the camera, enabling the youth to have privacy while using the toilet and to avoid staff viewing the youth with their pants down on the toilet. There are buzzers in the cells and it was suggested that in the interim while staff check with IT about “fuzzing out” the toilet for viewing, develop a written procedure for ensuring that youth may call the control room on the intercom when they have to use the restroom and staff will switch the camera view. The facility will submit a written procedure and document that staff and youth have been trained in the procedures and that any youth placed in the SHU cells informed of the procedure when being placed in the cell.

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

Intake and Admissions is 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 chooser 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.

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

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 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. The first five rooms in this pod contain cameras and the same discussion was had with regard to privacy while using the restrooms.

A spacious gym is covered with six strategically located cameras.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 2

115.311; 115.331

Number of Standards Met: 41

115.312; 115.313; 115.315; 115.316; 115.317; 115.318; 115.321; 115.322; 115.332; 115.333; 115.334; 115.335; 115.341; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368; 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; 115.388; 115.389; 115.401; 115.403

Number of Standards Not Met: 0

N/A

Summary of Corrective Action (if any)

1. There are cameras in the Special Housing Unit rooms. The facility indicated the rationale for this is that these youth are high risk for self-harming behaviors although some are there for disciplinary reasons. For these reasons staff are reluctant to “block” out the view of the toilet, although youth on the commode are not naked in full view of staff of the opposite gender. The procedure for securing privacy while using the toilet is that residents are to notify the control room that they want to use the toilet and staff either turn the video monitor to another screen or turn the monitor off momentarily or when that occurs require a same gender staff to work the control room where the limited viewing may occur.

Corrective Action: Plans are being made to “fuzz” out the toilet bowl on the cameras. In the interim, staff will train all staff who may be called on to work the control room where they may monitor the video cameras to turn the monitor to another screen or turn the monitor off momentarily when the youth notifies the control room via intercom that they need to use the toilet. Staff will develop a written procedure for staff. Residents must also be trained in the how

to contact staff to let them know they have to use the toilet. Staff will make plans to “fuzz” out the toilet bowl. The facility provided documentation from technical services documenting the “fuzzing” of the cameras.

2. Intake staff are required to provide PREA related information during intake to residents, including providing them a PREA brochure/sheet and inform them of the agency and facility’s zero tolerance for sexual abuse, sexual harassment and retaliation for reporting and how to report allegations of sexual abuse, sexual harassment and retaliation for reporting. Interviews with staff indicated staff do provide information to the resident both orally and in writing. 100% of the 11 interviewed youth stated they did receive a PREA brochure during intake that contained information about the zero-tolerance policy and how to report but that staff never explained the information to them.

Corrective Action: Although staff stated they are providing the PREA information in writing and orally, it is recommended that staff be retrained in what to provide the residents and the manner in which it is to be given to the resident. Too, it is recommended that a quality assurance procedure be developed to monitor that process. That may include some designated staff interviewing youth periodically and documenting it and observing staff periodically as they give the PREA related information to the youth.

Corrective Action Completed: The facility provided revised procedures for ensuring residents receive the required PREA information upon admission. See Item #3.

3. The PREA Standards require that within 10 days of arrival, youth receive comprehensive education regarding PREA. In orientation staff play the PREA video for the PREA Education component. However, residents and staff say residents are given an option of whether they want to watch it or not.

Corrective Action: It is recommended that a plan for conducting orientation be developed that will not offer youth the option of watching it. If they do not watch it, they are not receiving the required PREA education. It is recommended that a staff or staff be designated as the staff who present the education component to the youth. They should develop procedures for presenting information by discussing information as the video plays and stopping it periodically to discuss as well as preparing an outline or script for ensuring information is provided orally as well by the presenter.

Corrective Action Completed: The facility developed new procedures for resident admissions. Residents receive the PREA Brochure Education, PREA Assessment and watch the PREA Video during the admission process. Residents are no longer asked if they would like to view the video. Since implementing the procedures the facility reported there have been no refusals. The procedures also required viewing the PREA Video monthly.

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.

Policy and Documents Reviewed: Pre-Audit Questionnaire; 2016 Ramsey County Community Corrections Department Organizational Chart 2016; Ramsey County, Minnesota, Department of Community Corrections Policies and Procedure, Chapter 10, Client Rights/Discipline/Rules; Client/Inmate Rights; Ramsey County Website Asserting Zero Tolerance; Multiple Zero Tolerance and PREA Related Posters: Sexual Assault Awareness Prison Rape Elimination Act (PREA) A Guide for Residents; Ramsey County Communications, Preventing and Reporting Sexual Misconduct with Residents, A Guide for Staff; Resident Handbook; RDR 10.1b DEPT-Prison Rape Elimination Act (PREA) Policy Definitions

Discussion of Policies and Documents: The Ramsey County Community Corrections Policy, Chapter 10, Client/Inmate Right/Discipline/Rules asserts and affirms in the first paragraph that the agency does not tolerate incidents of sexual abuse, sexual misconduct, and sexual harassment. Paragraphs 1, 5. And 7 require staff, volunteers, interns and contractors to comply with the provisions of the Prison Rape Elimination Act and Minnesota State Statutes

Policy requires that staff must never tolerate any level of incidents of sexual harassment, sexual abuse and sexual harassment directed toward clients, inmates or residents by staff, volunteers, intern, and/or contractors; and that staff, volunteers, interns and contractors are prohibited from any form of retaliation against a resident, client, or fellow staff member who makes an allegation of sexual assault, sexual abuse, or sexual harassment. Policy also requires disciplinary action for violators.

RDR 10.1b DEPT-Prison Rape Elimination Act (PREA) Policy Definitions, provides the PREA related and other definitions that are consistent with the PREA Standards.

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 for the agency. 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 PREA Coordinator is a Certified PREA Auditor as well.

The Superintendent of the Ramsey County Juvenile Detention Center has designated a PREA Compliance Manager with ample time to implement and maintain PREA on an "ongoing" basis. The Facility's PREA Compliance Manager (PCM) reports to the Facility Supervisor however in this facility, the PCM has unfettered access to the Superintendent and has his complete support in implementing and maintaining the PREA Standards in the facility. The PCM 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.

Ramsey County PREA Policy, Client/Inmate 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 statutes.

Ramsey County, Minnesota Department of Community Corrections, Juvenile Detention Center, Client Admission/Orientation/Classification/Property/Release, Chapter 12, Orientation (resident) requires all residents to receive a Resident Handbook, containing information concerning but not limited to rules governing conduct and disciplinary consequences.

Posted Zero Tolerance Posters inform residents on a continuous basis of the Ramsey County Community Corrections zero tolerance for sexual abuse and sexual harassment. This poster includes resident's right to report and how to report.

The PREA brochure, entitled Sexual Assault Awareness, Prison Rape Elimination Act, A Guide for Residents, informs residents that Ramsey County has Zero Tolerance for sexual abuse, assault, misconduct. The PREA brochure, Ramsey County Community Corrections, Preventing and Reporting Sexual Misconduct with Residents, A Guide for Staff, discusses what PREA is and then asserts that Ramsey County Corrections has a zero tolerance for incidents of sexual abuse, misconduct and harassment.

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 form of sexual abuse or sexual harassment.

Interviews: Agency Director; Agency Deputy Director; PREA Coordinator; Superintendent; PREA Compliance Manager; Randomly Selected and Specialized Staff; Random and Targeted Residents;

Discussion of interviews: The agency's PREA Coordinator is an articulate and knowledgeable individual who described how he coordinates the implementation and maintenance of PREA within the Ramsey County Community Corrections. In addition to his PREA related responsibilities, the coordinator, who is a Certified Investigator, heads up the agency's investigating unit. Through at least monthly meetings with the PREA Compliance Managers the Coordinator can distribute information and keep abreast of what is going on with PREA in the county's facilities. He also described the agency's approach to prevention, detection, responding and reporting sexual abuse. Interviews with the Agency Director and Deputy Director confirmed that these two very high-level officials are knowledgeable of specific details of PREA and that they are committed to PREA. This was indicated by their coming to the facility to be interviewed and their responses during their interviews confirming that the PREA Coordinator has access to both and that he is involved in Correctional Executive Team Meetings at least twice a year. The members of the executive team are the decision makers for the agency.

The Agency Director informed the auditor that sexual safety is a top priority of the agency. Likewise, the agency's Deputy Director was very knowledgeable of the intricacies of PREA and assured the auditor of the agency's commitment to PREA in each of their facilities.

The PREA Coordinator and PREA Compliance Manager are both very knowledgeable of PREA and are committed to maintaining the standards and to the safety of all residents placed in the facility.

Interviewed staff and residents were aware of the agency's zero tolerance policy. Their responses to questions indicated to the auditor that they have been trained in PREA and their PREA related

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

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

115.312 (a)

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

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; Memo from the Contract Manager; Example of Vendor Contract containing PREA language;

Discussion of Policies and Documents: The Pre-Audit Questionnaire documented that the agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012 or since the last PREA Audit. This was also confirmed through interviews with the PREA Coordinator, Superintendent and the Agency Contracts Staff.

A typical contract includes 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 contracted. 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 PREA policies may result in termination of the Agreement.

Interviews: Agency Contracts Staff; PREA Coordinator; Superintendent; PREA Compliance Manager.

Discussion of Interviews: Interviews indicated the facility has not contracted for the confinement of offenders, however the contracts staff indicated that contracts for service providers contained the PREA verbiage in the contracts.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
☒ Yes ☐ No ☐ NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
☒ Yes ☐ No ☐ NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

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

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; Ramsey County, Minnesota, Department of Community Corrections Policies and Procedure, Chapter 10, Client Rights/Discipline/Rules; Ramsey County Juvenile Detention Center, PREA Staffing Plan, 2017; Documentation of Staffing Levels; Unannounced Rounds.

Discussion of Policy and Documents Reviewed: The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.

The Staffing Levels are predicated on a rated capacity of 44 residents. This staffing is more than adequate for the average daily population for the twelve-month period identified on the Pre-Audit Questionnaire. That average daily population is documented at 23. During the audit period there were as high as 16 residents and as low as 11.

The staffing plan asserts that the Ramsey County JDC adheres to the Minnesota Rule 2960.0240, Subparagraph 3e; 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 reviewed documentation and observations made during the on-site portion of the audit as well as interviews with both staff and youth, indicated the facility exceeds the minimum ratios required by the PREA Standards and the Minnesota Department of Corrections. Too, youth are housed in single occupancy rooms/cells.

Depending on the populations at any given time there will be one to two staff in each of the three dorms.

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

The 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 to the areas in which residents do not typically have access to. Locations of cameras are discussed in the description of the facility site review.

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 institution, including staffing. Any findings of inadequacy must be addressed in a timely fashion through a

corrective action plan. The JDC is not subject to any state or federal judicial findings of inadequacy relating to staffing according to the reviewed staffing plan.

The staffing plan review documented considering the following:

- Generally accepted secure practices
- Findings of inadequacy
- Adequacy of supervisory staffing levels
- Physical plant inadequacies, such as blind spots
- Responses made where there is a prevalence of sexual abuse reporting on a particular shift, in a certain location and with certain personnel
- Programs occurring on a given shift
- Composition of the resident population
- Applicable state and federal laws and regulations

The PREA Compliance Manager indicated the staffing compliment is ten (10) staff when school is out, nine (when school is in operation, and typically eleven total staff in duty. She indicated if needed the facility can bring in staff.

Staffing is based on three pods or living units. One unit houses youth 10-16 years old; one for older youth, and one for female youth of all ages.

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.

The Pre-Audit Questionnaire documented, and staff confirmed in interviews there have been no deviations from the required staffing patterns/ratios during the past twelve months. Staffing ratios were documented on shift reports.

Interviewed: Superintendent; PREA Coordinator; PREA Compliance Manager; Two (2) supervisory staff; Randomly selected and specialized staff; interviews with residents.

Discussion of Interviews: Interviews confirmed the staffing levels and the maintenance of the required ratios and exceeding them on a consistent basis.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; Ramsey County, Minnesota Department of Corrections, Juvenile Detention Center, Safety and Emergency Procedures, Resident Searches and Viewing, Chapter 6; Training Rosters documenting search training;

Discussion of Policies and Documents Reviewed: The Facility does not conduct cross-gender strip, cross-gender visual body cavity searches, or cross-gender "pat searches" of residents except in exigent circumstances. This was confirmed through reviewed policies and procedures, as well as through interviews with staff and residents.

Paragraph B. 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. 100% of the interviewed staff and residents confirmed that only same gender staff conduct pat searches of male and female youth.

Paragraph C. discusses the procedures for a Standard Search. This search is conducted on all resident being admitted; current residents reentering the facility from off ground activities or work crews; before a resident is placed in seclusion; as part of routine location searches when residents are present; or when staff suspect a resident is in possession of contraband. Same gender staff will conduct all standard searches, except in exigent circumstances. Whenever a cross-gender standard search is conducted, they must be documented and reported to the PREA Compliance Manager and PREA Coordinator. In this search the resident is asked to undress down to his/her underwear and hand his clothing items to the staff member one item at a time. 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. The youth is then instructed to hand over each undergarment for inspection. Staff are reminded not to view the resident.

Lastly policy describes, in Paragraph D, the Unclothed Search, during which all items of clothing are removed, and the youth is viewed by same gender staff conducting the search unless there is an exigent circumstance. This would be documented and the PREA Coordinator and PREA Compliance Manager notified.

The Pre-Audit Questionnaire documented there were no occasions in the past 12 months in which a cross-gender search, either a pat search, standard search or an unclothed search were conducted.

JDC non-medical staff is prohibited from conducting searches or physically examining transgender or intersex residents 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.

JDC staff, in compliance with policy, will receive training on 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. Staff have been trained to conduct searches in a professional and respectful manner and to conduct cross-gender searches in exigent circumstances. This was confirmed through interviews with staff and reviewed training rosters. Training rosters were provided documenting 39 staff trained in PREA Standard 115.315 and Juvenile Detention Center Policy, Resident Searches and Viewing.

JDC staff must provide residents with the opportunity 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. (PREA Standard 115.315(d)).

Policy also requires staff to announce their presence when entering living units housing opposite gender residents.

Interviews: Superintendent, PREA Coordinator; PREA Compliance Manager; Random and Specialized Staff; Randomly selected and targeted residents.

Discussion of Interviews: 100% of the interviewed staff stated that cross-gender searches, including pat searches, are prohibited. Most did acknowledge that in a dire emergency they have been trained to conduct them. Staff described the procedures for a standard search and pat down search.

100% if the interviewed residents stated that they have never been searched by an opposite gender staff. Too, both male and female youth described the standard search in which they remove clothing items except their underwear, after which they are behind a shower or other door, where they strip off their undergarments and hand them over the wall to the staff who examine them and issue other clothing for dressing.

Staff indicated they would be sensitive to a transgender youth and would consider who the resident would feel most comfortable to conduct the searches, explain the search process to the resident and request the guidance of the shift supervisor.

100% if all interviewed residents confirmed they are never naked in full view of staff while showering, using the restroom or when changing clothing. Staff affirmed the same.

100% of the youth said opposite gender staff consistently ring the doorbell and announce their presence when entering the housing units. They also informed the auditor that when going down past the showers, they also announce their presence.

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

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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.

Policy and Documents Reviewed: Pre-Audit Questionnaire; Ramsey County, Minnesota Department of Community Corrections, Juvenile Detention Center, Chapter 10, Interpreter Services; Elven (11) contracts for interpretive services; Ramsey County Department of Community Corrections, Client Admission/Orientation/Classification/Property/Release, Chapter 12, Resident Orientation; Training Rosters (4)

Discussion of Policy and Documents Reviewed: JDC Policy, Chapter 12, Resident Orientation, requires that information regarding PREA will be made available to deaf, heard of hearing, residents with disabilities, and residents who are unable to speak or understand English or with Limited English Proficiency.

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. The Shift Supervisor will determine which type of interpretive service to use.

Staff are instructed if using a telephone interpreter to use 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 eleven contracts for interpretive services. The scope of those contracts requires interpreters 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. To meet the needs of population, the vendor must ensure linguistic accuracy and cultural competence in its interpreter services. The vendor must provide skillful interpreting services that ensure linguistic accuracy and completeness, cultural competence in its interpreter services as well as confidentiality, impartiality, and professional demeanor.

Training rosters documenting staff training on PREA Interpretive Services were provided. Four (4) pages of training rosters were provided.

The Pre-Audit Questionnaire documented there have been no occasions in the past 12 months in which interpretive services were required.

Interviews: Superintendent; PREA Compliance Manager; PREA Coordinator; Randomly selected and targeted staff; randomly selected and targeted residents.

Discussion of interviews: 100% of the interviewed staff stated they would not rely on another resident to provide interpretive services. 90% of them stated they would use a professional interpreter, use the interpreter line, or a bilingual staff. There were no mentally challenged youth or Limited English Proficient youth during the audit period.

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, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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Policy and Documents Reviewed: Ramsey County Department of Community Corrections Policy, HR 3.11 DEPT, Hiring and Termination, Reference Checking and PREA Background Checks; PREA Employment Questionnaire; Ramsey County Department of Community Corrections, Hiring Principles and Procedures; McDowell Agency Background Screening Fee Schedule and Description; Staff Rosters documenting background checks; PREA Self-Disclosure Questions; Reference Verifications;

Discussion of Policy and Documents Reviewed: Human Resources Policy, Hiring Principles and Procedures, Step 7, paragraph I. asserts that criminal history and traffic checks are part of background checks and required for all promotions. Supervisors are required to inform interviewees that not disclosing past criminal or traffic offenses disqualifies more individuals than disclosing that information does.

HR Policy, Hiring Principles and Procedures requires criminal background checks to be conducted every five years or before any promotion for all employees. Offers are conditional until satisfactory reference and background checks have been received. The offer is also contingent upon receipt of satisfactory background checks, including attempts to contact previous institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. It also requires, in Paragraph J. that individuals who have any substantiated sexual offense, who have been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity on their criminal background or employment history are not eligible for hire or promotion. It also asserts that incidents of sexual harassment shall be considered in determining whether to hire or promote any employee.

HR Policy, Background Checking and Reference Checks affirms that the policy complies with the Prison Rape Elimination Act. It also asserts that State Law requires the Minnesota Department of Human Services to conduct background studies on individuals who provide direct contact services in secure and non-secure residential and detention facilities licensed by the Minnesota Department of Corrections.

HR Policy, 3.11, Reference Checking and PREA Background Checks, requires in paragraph 1, that all offers of employment as an employee, contractor, volunteer or intern at RCCCD are contingent upon clear results of a thorough background checks and employment reference checks. These checks are conducted on all RCCCD candidates who receive conditional offers of employment and all contractors, volunteers and interns.

Criminal record checks and background checks are required to be conducted on all prospective contractors and vendors who have unsupervised contact with RCCCD inmates, clients and/or residents. For contractors and vendors who will not have unsupervised contact with RCCCD inmates, clients or residents, background checks based on name and date of birth will be completed.

Paragraph 4, of that same policy, 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.

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.

RCCCD prohibits hiring or promoting anyone who:

- Has engaged in sexual assault or sexual abuse in a confinement setting.
- Has been convicted of engaging in sexual assault and sexual abuse in the community facilitated by force, the threat of force or coercion.
- Has been civilly or administratively adjudicated to have engaged in such activity.
- Incidents of sexual harassment will be considered in determining whether to hire any employee, volunteer, contractor or intern or promote any employee.

Policy requires if the agency 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.

Omissions of information, as discussed in Paragraph 10., 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.

The reviewed RCCCD Criminal Background Check Levels identifies four (4) 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 background 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
- All counties of resident previous 7 years

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 for this Tier.

- 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-ordered involvement.

The agency provided rosters documenting the fingerprint checks of all employees in the department.

Sampled background checks confirmed the process described in policy.

Interviews: Agency Head; Agency Deputy Director; Superintendent; PREA Coordinator; PREA Compliance Manager; Human Resources Staff; Randomly selected staff

Discussion of Interviews: The Human Resources staff confirmed the hiring process. The background check process included the following: 1) Seven (7) County Metro Check; 2) State of Minnesota Check; 3) National Sex Offender Database; 4) Social Security Check; 5) Terrorist Fugitive List; 6) Employment Verification; 7) Driver’s License Check; 8) Check of the State they reside in; and 9) Education Check. The interview also indicated that even for potential employees with a non-institutional background have reference checks (two attempts are made). The described process was thorough and consistent with the PREA Standards. Employees are required to report, within 24 hours, any arrest for any reason.

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

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Policy and Procedures Reviewed: Ramsey County Juvenile Detention Center Staffing Plan

Discussion of Policies and Procedures Reviewed: The JDC has installed a video monitoring system. The system is monitored by control room staff throughout each shift. The video monitoring 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 to the areas in which residents do not typically have access to.

Interviews: Agency Director, Agency Deputy Director, Superintendent, PREA Coordinator, PREA Compliance Manager

Discussion of Interviews: An interview with the Facility's Director indicated that approximately two years ago the agency invested about \$70,000 in cameras and camera technology. Interviews also confirmed that if there were any modifications to the physical plant/facility or in adding new video technology or cameras, the facility staff would be involved in the process, taking into consideration the sexual safety and safety in general for all residents and staff.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.321 (b)

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

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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Policy and Documents Reviewed: Ramsey County Department of Community Corrections Policy, RDR 10.1d DEPT, PREA Investigations; Memorandum of Understanding with Ramsey County Public Health; Memorandum of Understanding with Midwest Children's Resource Center; Emails documenting qualifications; Case History Notes

Discussion of Policy and Documents: 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.

The facility has secured two (2) Memoranda of Understanding; one with the Regions Hospital to ensure that residents of the JDC are given access to medical care, in the event they are sexually assaulted while in custody, or prior to arriving at the facility. The MOU confirms that the medical forensic exam is provided at no-cost to the resident who is in custody.

Several emails between the agency and the Regions Hospital confirmed the Hospital complies with the standard's requirement for using a uniform protocol for collecting evidence and that protocol is consistent with the requirements of the standard.

Ramsey County Policy requires that all matters of sexual assault, sexual harassment and sexual misconduct are vigorously by the PREA Coordinator and outside law enforcement, when applicable, according to the PREA Standards and policy. The Division staff will not conduct investigations of any incidents of alleged sexual assault, sexual harassment, when staff are involved.

Policy requires staff to follow established protocols for the initial response to sexual assault, sexual abuse, or sexual harassment.

The facility has an MOU with the Midwest Children's Resource Center (Children's Hospital) consistent with the PREA National Standards, 115.321, Evidence Protocol and Forensic Medical Examinations. The Resource Center agreed to the following:

- Initial assessment and medical screening to determine if the patient is stable enough for a forensic exam
- Medical care for injuries and emotional trauma (emotional support/crisis management)
- Evidence collection for up to 36 hours after a sexual assault
- Advocacy for every patient
- Forensic interview/history of the assault
- Exam for injury
- Assess risk and offer prophylaxis for STI, HIV and pregnancy
- Screening for suicide and PTSD
- Screening for substance abuse
- Provide immunizations for HPV, if necessary

The MCRC advised via email that they are in compliance with the requirement that the protocols for evidence collections are adopted from or otherwise based on the most recent editions of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

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.

Documentation of referrals were provided for review.

Interviews: Superintendent; PREA Compliance Manager; PREA Coordinator; Nursing Supervisor, Staff from the SOS; Randomly selected and Specialized Staff; Randomly selected and Targeted Residents.

Discussion of Interviews: An interview with the Facility's Registered Nurse indicated she was a SANE for ten years. She described the services of Regions Hospital in providing services to victims of sexual abuse, including those who were allegedly victims outside of the facility. Residents reporting prior victimization are referred to the center for potential sexual assault exams and/or counseling and follow-up services.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Policy and Documents Review: Ramsey County DOCC Policy, RDR, 10.1d, PREA Investigations;

Discussion of Policy and Documents: 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 investigations unit and he or his staff conduct administrative investigations and refer all allegations that appear criminal to the Saint Paul Police Department for investigation.

Agency 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.

Paragraph 2, of that same policy, asserts that all reported investigations are assessed and/or investigated, whether victims cooperate with the investigations.

In Paragraph 6, the agency affirms that the RCCC Division staff will not investigate incidents of sexual assault, sexual abuse, or sexual harassment that are alleged to have been committed within their Division when staff are involved.

The agency's website provides information about 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

number and email address for the agency's PREA Coordinator as well as a phone number. Viewers are instructed to call 911 as well to make reports. They are also provided an incident report form which may be filled out with details regarding allegations of abuse. Once the form is completed, it will be sent to the Department's PREA Coordinator.

The agency provides multiple ways for staff and residents to make reports of sexual abuse or sexual harassment. These include ways to report both internally and externally.

Interviews: Superintendent; PREA Coordinator; PREA Compliance Manager; Facility Based Investigator; Agency Investigator; Randomly and Specialized Staff; and Randomly Selected and Targeted groups of youth.

Discussion of Interviews: Interviewed staff confirmed they are required to report everything, including something they suspect as well as things they have observed or learned about. Interviews with the Facility-Based Investigator and Agency Investigator confirmed they are knowledgeable of the investigation process. The agency investigator confirmed that they would begin an investigation expeditiously depending on the nature of the allegation.

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

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Policy and Document Review: Ramsey County Community Corrections Policy, Chapter 10, Prison Rape Elimination Act (PREA); Twenty-six (26) pages of training rosters documenting PREA training

Discussion of Policies and Documents: 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, inmates, and residents. Specialized training is provided to first responders and investigators.

It also requires that Department staff, contract employees, interns, and volunteers with direct and/or incidental contact with residents will receive documented PREA training during orientation and annually thereafter.

The training includes the following:

- a. A review of the Agency PREA Policy and any other applicable state or federal laws.
- b. The rights of residents under PREA, including their ability to report PREA incidents during the initial screening or intake, education and orientation process.
- c. The agency's reporting, response, intervention and investigation policies and procedures.
- d. Recognition of sexual misconduct, predatory residents, potential victims, and/or staff involvement.
- e. First responder and reporting procedures.
- f. Communicating appropriately with residents, including lesbian, gay, bisexual, transgender, intersex, and gender-nonconforming residents.
- g. Confidential information.

Policy requires that training will occur when employees, contractors, volunteers and interns are new and annually thereafter. This training is required to be documented in the Department's training data system.

Specialized training for staff who respond to and/or investigate allegations of sexual misconduct, to include crime scene management and investigation, victim sensitivity, and crisis intervention is required.

First responders are required to complete specialized training regarding their duties, in compliance with the PREA standards.

Medical and mental health practitioners must be trained regarding detection, assessment, evidence preservation, response, reporting and conducting examinations.

Training will be documented by employee, contractor, volunteer and intern signature or electronic verification.

Interviews: Superintendent; PREA Coordinator; PREA Compliance Manager; Randomly selected and Specialized Staff.

Interviews: Interviews with eleven (11) staff, randomly selected from all shifts and levels of staff, indicated they are trained as newly hired employees and that they receive PREA training in some form annually. Each of the 11 stated they were trained in each of the topics identified in the PREA Standards and that this past year they were refreshed by receiving refresher training in first responding. Staff also showed the auditor the first responder cards they carry as part of the uniform. Staff were knowledgeable of the first responder duties and correctly addressed the other questions asked. The PREA Compliance Manager is a certified PREA Auditor.

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*)
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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.

Policy and Documents Reviewed: Ramsey County Community Corrections Policy, Chapter 10, PREA; Agency Website

Discussion of Policy and Documents Reviewed: RCCCD shall provide training regarding PREA standards, policies, and procedures to all staff, volunteers, interns, contractors, clients, inmates, and residents. Specialized training is provided to first responders and investigators.

That same 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.

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.

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

The agency provided multiple computerized training rosters confirming training.

The agency's website provides opportunities for viewers to apply to become volunteers. Prospective volunteers must complete PREA 101, a slide presentation program. They must also review the Agency's PREA Policy, Ramsey County Community Corrections, Chapter 10 which is also posted on the website. Upon completing these requirements, potential volunteers submit the application. By submitting the application potential volunteers are acknowledging having reviewed the video and the PREA policy and that they understand the requirements of PREA.

Interviewed contractors were well aware of PREA, the Zero Tolerance Policy, First Responding, and reporting all allegations of sexual abuse or sexual harassment. They understand, as well, that they are mandated reporters.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Policy and Documents Reviewed: Ramsey County Community Corrections PREA Policy; Reviewed PREA Video; Reviewed PREA Brochures; Reviewed JDC One-Hour Orientation Checklist and Response Quiz; Resident Handbook; Acknowledgment of Resident PREA Orientation Video; Observed PREA related posters

Discussion of Policy and Documents Reviewed: 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. That information must include:

- 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
- Reporting incidents
- 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.

The reviewed resident handbook’s section entitled, “Sexual Assault Awareness” again emphasizes the zero-tolerance policy as well as informing the resident of his/her right to be safe and free from any form of sexual abuse or sexual harassment and their right to report it immediately. It informs residents that staff or other residents are not going to retaliate against the person making the report.

The JDC One-Hour Orientation Checklist and Resident Quiz documents having read the PREA brochure, the JDC Handbook, and completion of the Orientation Quiz that asks question about zero tolerance and investigating allegations of sexual abuse and sexual harassment.

Interviewed: Superintendent; PREA Coordinator; PREA Compliance Manager; (11) Randomly selected staff; (21) Specialized Staff; and twelve (12) residents, including those randomly selected as well as those who were in a targeted group.

Discussion of interviews: Interviewed staff related that at intake residents are given the PREA related brochure and that zero tolerance and how to report is presented verbally. Interviewed residents consistently reported that they were given the PREA related brochure but were not given any PREA information verbally. Interviewed staff did report that youth are shown the PREA Video during orientation and monthly thereafter. Interviewed youth confirmed they are shown the PREA Video during orientation and each month after that. Youth said they also could refuse to watch the video. Youth were, however knowledgeable of PREA and 100% of those interviewed related they understood the zero-tolerance policy and were provided information regarding their rights related to PREA.

Issues Identified Requiring Corrective Action: 100% of the interviewed residents said they were not provided any verbal information during intake. They did affirm they received the PREA brochure and were told to read it. Agency policy, consistent with the PREA Standards, requires PREA education within 10 days of admission. Staff stated they provide information verbally during intake as well as in writing however 100% of the residents interviewed indicated they were not given information verbally. It is recommended that intake staff be retrained in conducting the intake process related to providing PREA information and that a training roster as well as documentation of what was discussed in the training (curriculum) be included in the corrective action. Too, as, with anything expected of staff, someone should be designated to conduct quality assurance to ensure the practice becomes institutionalized. The PREA Compliance Manager, for example, may observe the intake process periodically and interview “x” numbers of residents on a consistent basis to determine if they are getting the required information during intake. Too, it is recommended that youth are not given an option of whether they will be exposed to the PREA Video or not. Sometimes, the staff explanation of the

purpose of the video may impact the resident's interest. Possibly a fun Q&A during the video or afterwards with some incentives for those with the correct answers would increase interest.

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.

Policy and Documents Reviewed: Ramsey County Community Corrections Department Policy, Chapter 10, PREA, D. Staff Training, Training Rosters; Training Certificates

Discussion of Policies and Documents: 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. He is a knowledgeable staff and supervises two additional staff.

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.

Specialized training must be documented demonstrating that the investigation and first responding staff have been trained as required.

The auditor reviewed the agency's computerized roster documenting specialized training for investigators.

In addition to the training rosters, 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.

Interviews: PREA Coordinator; PREA Compliance Manager

Discussion of Interviews: An interview with an investigator from the agency's investigation unit confirmed that she completed several specialized trainings regarding conducting sexual abuse investigations in confinement settings, one of which included forensic interviewing and training conducted by the Moss Group. She also confirmed that she is required to attend and complete all other required PREA training just as any other employee. The facility-based investigator also has completed

the specialized training provided by the Moss Group and the training related to PREA required of all other employees.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Ramsey County Community Corrections Department Policy, Chapter 10, PREA;

Discussions of Policy and Documents: The nurse supervisor at the detention center was a Sexual Assault Nurse Examiner for 10 years and has completed specialized training for providing health care to victims of sexual abuse in confinement settings.

Agency policy requires that staff document that medical and mental health practitioners receive training regarding detection, assessment, evidence preservation, response, reporting, and conducting examinations and that they complete the same required PREA related training that all other employees receive.

Training rosters and interviews with staff at the facility confirmed they have received specialized training as required in the standards.

Interviews: Nurse Supervisor; Mental Health Professional

Discussion of Interviews: The Nurse Supervisor, in an interview, stated she has been a Sexual Assault Nurse Examiner for ten years. She does not conduct them anymore but has been trained to do them. She was articulate about her role in a sexual assault and her role in protecting the evidence. The mental health professional also confirmed having received specialized training. She too is an experienced staff. Both stated they receive the same PREA training that all other staff receive as well.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Ramsey County Department of Community Corrections Policy, 12.3b-JDC, Resident Classification; JDC PREA Screening Form;

Discussion of Policy and Document Review: 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 sexually abusive behavior, risk for sexual victimization or assault, physical size, medical status, disabilities, and enemies of record when assigning a resident to a pod. Lesbian, gay, bisexual, transgender, or intersex identification or status will not be used as an indicator or predictor of sexually abusive behavior.

When staff has learned of a resident's sexual victimization by another resident, qualified mental health practitioners will be engaged by the facility to conduct a mental health evaluation of the victim and the abuser within 60 days of learning of the abuse, and, will offer treatment when deemed appropriate.

Instructions for conducting the assessment require the tool will be completed using a computerized database.

In determining the resident's classification at the facility, staff complete the PREA Resident Intake Screening form 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 affiliations, and/or medical issues if the resident has previously been at the JDC.

Staff will assess the mental, emotional and physical condition of the resident throughout the admission process using the PREA Resident Intake Screening form. If there are concerns, staff consult with the Shift Supervisor.

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 individuals' 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 indicates a change in risk level.

Youth 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.

Standard 115.342: Use of screening information

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

115.342 (a)

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) ☒ Yes ☐ No ☐ NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) ☒ Yes ☐ No ☐ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and Documents Reviewed: Pre-Audit Questionnaire; Ramsey County Department of Community Corrections Policy, 12.3b-JDC, Resident Classification; JDC PREA Screening Form; JDC PREA Client Screening Form; Ramsey County Department of Community Corrections Policy, 10.1g., JDC, Special Management of Residents; Ramsey County Department of Community Corrections Policy, 6.2n, JDC, Special Housing Unit Rules; Reviewed Assessments

Discussion of Policies and Documents Reviewed:

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.

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. (PREA Standard 115.342).

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 for supervision unless there is documented concern for the resident's safety, and there is no alternative means of separation available.

Policy also requires that juvenile institutions are prohibited from isolating residents from others when less restrictive measures to keep them and other residents, safe are possible, and when necessary, isolate residents only as a last resort and until an alternative means of keeping them safe can be arranged. Residents will receive daily large-muscle exercise; legally required educational or special education services; daily visits from medical and/or mental health practitioners; and access to other programs to the extent possible. The use of SHU will be documented as well as the reason why no alternative means of safe housing was available. If used, policy requires that a review is held within three days after assignment and a determination made whether there is a continuing need for separation from the general population, and the reason why no alternative means of housing is available.

The Pre-Audit Questionnaire and interviews with staff indicated there have been no residents placed in isolation who were at risk of sexual abuse.

In deciding whether to assign a transgender or intersex resident to a pod for 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's health and safety, and whether the placement would present management or security problems. Placement assignments of transgender and intersex residents are reassessed at least every six months to review any safety concerns experienced by resident.

Housing assignments are based primarily based on age and gender however youth are housed in single occupancy rooms and assignments would be made closer to the staff.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; Ramsey County Department of Community Corrections Policy, 10.1c, PREA First Response; Ramsey County Department of Community Corrections Policy, 10.1d., PREA Policy; Sexual Assault Awareness Brochure, A Guide for Residents"; Resident PREA Orientation Video Acknowledgment; Zero Tolerance Poster; Break

the Chains of Silence Posters; Speak Out Posters; Resident Handbook; JDC One-Hour Orientation Checklist and Resident Quiz; MOU between Ramsey County Community Corrections and St. Paul-Ramsey County Public Health

Discussion of Policy and Procedures: 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 agency's PREA Policy requires residents to receive information regarding the Zero Tolerance Policy and how to report during the intake process. They are provided a brochure at that time. The brochure is entitled: "Sexual Assault Awareness Brochure, A Guide for Residents. The brochure requests residents to report any form of sexual abuse or sexual harassment. Frequently Asked Questions in the brochure identify staff who are considered safe staff to report to. These included JDC Staff, Probation Officers, Teachers, Nurses, Supervisors, Chaplain, Mental Health Staff, and a Private/Public Attorney. It also advises residents their reports will be taken seriously and investigated immediately. Residents are told they will not be punished for reporting. In addition to the staff and others identified as "safe to report to", reporting hotline numbers are provided on the brochure. These numbers are for reporting to the Sexual Offense Services of Ramsey County (address and phone provided) and Regions Hospital (ER Number provided; Crisis Program Number provided). Yet another section of the brochure tells residents to report all incidents to a staff member immediately, either verbally or in writing. They are informed they may report as a victim or a witness and can report to any staff, including medical, counseling and mental health staff. They are advised they can also file a Grievance and place it in the Grievance Mailbox. They are advised as well, they can use the hotline to report and the number is provided. They are told they may report incidents and request it be anonymous. They can report to the PREA Coordinator or PREA Compliance Manager.

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 all reports of sexual abuse will be investigated.

The Resident Handbook in the section entitled: "Sexual Assault Awareness: Prison Rape 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 reviewed MOU with the Ramsey County Public Health's Sexual Violence Services, (SOS), indicated residents may call the SOS hotline 24/7 and that SOS will accept reports of sexual abuse and sexual harassment.

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.

Break the Silence Posters and Speak Out also provide ways for residents to report.

Interviewed: Superintendent; PREA Coordinator; PREA Compliance Manager; Random and Specialized Staff; Random and Targeted Residents

Discussion of Interviews: Interviews with eleven residents indicated they have multiple ways to report allegations of sexual abuse, sexual harassment and retaliation for reporting or cooperating with an investigation. Every resident who was interviewed stated they feel safe in this facility. They described a range of ways they could report allegations. Among those responses were: Tell staff, tell a friend, tell the Probation Officer, Tell the Public Defender and use the hotline. One said call the police and a number of them related they could report through a grievance, call the director of juvenile justice, and one stated they would call the numbers on the zero-tolerance poster. Every interviewed youth related they have access to their family to make reports via multiple phone calls during the week and through visitation that is provided three times per week and on special occasions. Youth also consistently stated they can call their attorney's anytime they wanted to and that attorneys can visit them at the facility and be given a private location for meeting. Youth consistently affirmed they could report verbally, in writing, through third parties and most believed they could report anonymously.

Interviewed staff indicated they would take a report made through any source and take it seriously and report it to their immediate supervisor so it could be investigated. Staff asserted they are mandated reporters and would report everything, including something they suspected.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and Documents Reviewed: Ramsey County Department of Community Corrections, Juvenile Detention Center, Policy, RDR 10.4a, JDC, Chapter 10, 4., Resident Grievances; Ramsey County Department of Community Corrections, Juvenile Detention Center, Policy RDR 10.4b, Parent/Guardian Grievances

Discussion of Policies and Documents Reviewed: 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.

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 this staff member.

Procedures A., Any Grievance Not Alleging Sexual Abuse or Sexual Harassment, provides that grievance forms are available to youth and may be accessed and deposited in the grievance box or given to the shift supervisor in an unimpeded manner. If the grievance is urgent, the shift supervisor is to be notified.

Shift Supervisors are required to retrieve grievances from the grievance box every shift. If the grievance is an emergency the Shift Supervisor is required to interview the resident and respond immediately.

Procedures, Paragraph B. Any Grievances Alleging Sexual Abuse or Sexual Harassment requires 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 resident's 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.

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 to the Superintendent. The PAQ and interviews with staff and youth indicated there were no youth during the past 12 months who were at risk of imminent sexual abuse.

Procedures require an initial response within 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.

A final decision may be made within 90 days of the initial filing and an 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.

Interviews: Superintendent, PREA Compliance Manager, Shift Supervisors, Random Staff, Randomly selected and targeted youth.

Discussion of Interviews: Interviews with eleven (11) youth confirmed they understand the grievance process. They explained to the auditor that they can file a grievance at any time, place it in the grievance box or medical box and that staff pick them up and respond to them. Youth named filing a grievance as one of the ways they could file a report of sexual abuse or sexual harassment. Interviews

with staff confirmed that the Shift Supervisor picks up grievances twice every shift and responds to them. If the grievance alleged sexual abuse, the Shift Supervisor reports it to the Superintendent and/or PREA Compliance Manager, so it can be addressed and investigated promptly.

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

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☐ Yes ☒ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Ramsey County Department of Community Corrections Policy, 10.1c, PREA First Responding; MOU between Ramsey County Community Corrections and ST. Paul-Ramsey County Public Health, Sexual Violence Services; Ramsey County Department of Community Corrections, Policy, CC 11.3a, Telephone Access;

Discussion of Policies and Documents Reviewed: The agency provides for multiple ways for residents to access outside confidential sources to make reports of sexual abuse. This is accomplished through a MOU with the ST Paul-Ramsey County Public Health, Sexual Violence Services; through liberal access to parents/legal guardians as well as liberal access to their attorneys or other legal representation.

The reviewed first responder policy provides for a victim advocate from the Sexual Violence Services, if requested by a resident victim of sexual abuse.

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 Zero Tolerance Posters as well as on the PREA Brochure, A Guide for Residents. The Zero Tolerance Poster 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.

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.

Interviews: PREA Compliance Manager, Randomly Selected and Specialized Staff; Randomly Selected and Targeted Residents

Discussion of Interviews: 100% of the interviewed residents confirmed they may call their families twice a week and that the facility pays for these calls. They also confirmed that families may visit 2-3 times a week with special visitation allowed and approved for special situations. Residents affirmed they can call their attorneys and probation officers and receive visits from the. Visitation is provided in a private area enabling them to have privacy. Residents said they could write their attorneys or Probation Officers too.

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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Policy and Documents Reviewed: Ramsey County Department of Community Corrections Policy,

10.1c., PREA First Response, D.3; Ramsey County Department of Community Corrections Policy, Resident Grievances; PREA Brochure, “A Guide for Residents”.

Policy and Documents Reviewed: Ramsey County Department of Community Corrections Policy, PREA First Response, D.3, says staff may receive reports of sexual assault, sexual abuse and/or sexual harassment through a third-party source.

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 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: 1) Filling out an on-line report form; 2) Calling the PREA Coordinator; and 3) emailing the PREA Coordinator. Viewers are advised that all reports will be investigated.

Interviews: Superintendent, PREA Coordinator, PREA Investigator, PREA Compliance Manager, Staff Randomly Selected and Specialized; Residents, Randomly Selected and Targeted.

Discussion of Interviews: Interviews confirmed staff will accept any report, including third party reports and that they would report it to their immediate supervisor and follow-up with a written report prior to the end of the shift. When asked if residents could report verbally, in writing, from a third party and anonymously, 100% of those interviewed said they could. Residents, when interviewed, did not name “third party” as a “third party” but when asked if another resident could make a report for them or if a relative could make the report for them so they did not have to be named, all of them (100%) said they knew they could. An interview with an agency investigator confirmed third party reports would be investigated just as any other report or allegation.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No

- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Ramsey County Department of Community Corrections, RDR 10.1, PREA Investigations; Ramsey County Department of Community Corrections, RDR10/1c., PREA First Response; Ramsey County Department of Community Corrections, RDR 10b, PREA Policy

Discussion of Policy and Documents Reviewed:

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 inmate, 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 an 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., Inmate, Resident and Client Incident Reporting, subparagraph 3., asserts

that staff may receive reports of sexual assault, sexual abuse and/or sexual harassment through a third party.

The same policy, in Paragraph 6, page two, 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.

Agency PREA Policy affirms the agency does not tolerate incidents of sexual abuse, sexual misconduct, and sexual harassment. Reports of victimization can be made confidentially. Every effort is made to prevent such incidents. The policy also requires all reports of alleged sexual assault, sexual abuse, and sexual harassment will be responded to promptly with intervention, and thoroughly investigated by the appropriate authorities. Information regarding a sexual assault, sexual abuse or sexual harassment incident will be disclosed only to those who need to know for the purpose of investigation, decision making, and/or prosecution. All situation will be assessed for potential harm to the alleged victim and to those who engage in or attempt to engage in sexual assault, sexual abuse and sexual harassment. Staff, volunteers, interns and contractors are obviously required to comply with the provisions of the Prison Rape Elimination Act and Minnesota State Statutes.

RCCCD does not tolerate incidents of sexual abuse, sexual misconduct, and sexual harassment. Reports of victimization can be made confidentially. Every effort is made to prevent such incidents. All reports of alleged sexual assault, sexual abuse, and sexual harassment shall be responded to promptly with intervention, and thoroughly investigated by the appropriate authorities. Information regarding a sexual assault, sexual abuse or sexual harassment incident shall be disclosed only to those who need to know for the purpose of investigation, decision making, and/or prosecution. All situations shall be assessed for potential harm to the alleged victim and to those who engage in or attempt to engage in sexual assault, sexual abuse and sexual harassment.

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.

Staff, volunteers, interns, and contractors must report any incidents of sexual assault, sexual abuse or sexual harassment immediately.

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.

Agency policies prohibit staff, volunteers, interns, and contractors from any form of retaliation against a resident or staff who makes an allegation of sexual assault, sexual abuse, or sexual harassment or who testifies in a PREA investigation. Retaliatory behavior will result in disciplinary action up to and including dismissal.

Interviews: Superintendent, PREA Coordinator, PREA Compliance Manager, Staff, both randomly selected and specialized; Residents, both randomly selected and targeted.

Discussion of Interviews: 100% of the randomly selected staff and specialized staff confirmed that they understand they are mandated reporters and required not only by policy to report, but also by law. Interviews confirmed they would report not only information, reports or allegations of sexual abuse, sexual harassment or retaliation, but also anything they suspected. Staff related they would report these allegations/incidents immediately to their immediate supervisor and would follow-up with a written report as soon as possible but not later than the end of the shift. At the initiation of services, medical and mental health staff reported they are required to inform the resident of their duty to report.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Pre-Audit Questionnaire, Ramsey County Department of Corrections Policy, 10.1d, Special Management;

Discussion of Policy and Documents Reviewed: 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.

Policy provides that the Shift Supervisor or Mental Health Supervisor at the Juvenile Detention Center (JDC) will place a resident on special management when he/she has determined that a resident's continued presence within the general population poses a serious threat to self, staff, other residents, or to the orderly functioning of the institution.

If a resident is placed in seclusion, whether in the Special Housing Unit or other housing arrangement as determined 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 alternatives 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. Again, if anyone 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.

Interviews: Superintendent, PREA Coordinator, PREA Compliance Manager; Shift Supervisors; Medical Staff; Mental Health Staff; Randomly selected and Specialized Staff; Randomly selected and Targeted residents.

Discussion of Interviews: Interviewed staff stated if a resident was at risk of imminent sexual abuse they would take his/her allegation/report seriously. They would keep the resident with them or within a direct line of sight or bring him into an office until the supervisor could determine where to place the resident. All the staff stated they would not let that resident out of their sight. Staff related that placing a resident in special housing would be a last resort.

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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Policy and Documents Review: Pre-Audit Questionnaire; Ramsey County Department of Community Corrections Policy, RDR 10.1b, Prison Rape Elimination Act; Memos confirming Notifications

Reviewed Policy and Documents Reviewed:

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 within 72 hours of receiving notice of the allegation. Policy requires notification using the Outside Incident Reporting form. The facility head or agency office that receives the notification is required to ensure that the allegation is investigated in compliance with the PREA Standards.

The reviewed Pre-Audit Questionnaire documented that there were no allegations received either from another facility reporting a youth alleged sexual abuse at the JDC nor an allegation from a youth that an incident of sexual abuse or sexual harassment occurred while at another facility. This was also confirmed through interviews with the PREA Compliance Manager, PREA Coordinator and Agency Director and Deputy Director.

The PREA Coordinator did provide documentation of five reports made in 2015. The documentation confirmed notification.

Interviews: Agency Director, Agency Deputy Director, Superintendent, PREA Coordinator, PREA Compliance Manager

Discussion of Interviews: Interviews with the Agency Head, Deputy Director, PREA Coordinator, Superintendent, and PREA Compliance Manager confirmed that upon learning of an allegation of sexual abuse that occurred at another facility they would notify the sending facility and initiate an investigation or if one has been initiated, cooperate and assist in the investigation as needed. If another facility reported an allegation that an incident of sexual assault or sexual harassment occurred at the JDC, they would immediately initiate an investigation.

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and Documents Reviewed: Pre-Audit Questionnaire; Ramsey County Department of Community Corrections, RDR 10.1c, PREA First Response; Coordinated Response Plan

Discussion of Policies and Documents Reviewed:

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 or Shift Lieutenant
- Follow the Sexual Assault First Responder Checklist

Instructions are given for contractors, interns and volunteers including alert the facility staff immediately and cooperate with the PREA Coordinator and Investigator to provide requested information regarding the incident.

The Shift Supervisor is required to immediately refer the victim to a community health care facility for treatment and the gathering of evidence if the assault or misconduct is reported within 120 hours of the incident. If health services staff are on duty at the time of the incident, first responders protect the victim and notify medical and mental health practitioners.

Health Services/Mental Health Staff immediately support and assist victims and others who may be psychologically traumatized by the incident and if the victim would like an advocate present, staff are required to contact the Sexual Offense Services who will accompany the alleged victim to the hospital.

Investigations- If the incident is determined to be criminal, facility management is required to ensure the potential crime scene is secured and allow no one in the area until law enforcement has arrived. IF the investigation is determined to be administrative and/or following the close of the criminal investigation, the PREA Investigator will initiate a site visit within 24-48 hours to collect evidence and information, to identify reports, victims, and suspects.

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.

The reviewed Pre-Audit Questionnaire documented, and interviews with staff confirmed there have been no allegations in the past 12 months requiring the response of a staff first responder.

Interviews: Superintendent; PREA Coordinator; PREA Compliance Manager; First Responders (Security) and Non-Security;

Discussion of Interviews: All the interviewed staff were knowledgeable of their responsibilities as first responders. Too, each one carried a first responder card, identifying the steps they are to take as first responders. Staff said they would take all allegations seriously and would respond to and ask only the minimal questions needed to find out what happened, separate the potential victim from the alleged aggressor and report immediately to the shift supervisor. Non-security first responders indicated they too would take the allegation seriously, report it immediately and attempt to protect any potential evidence on the victim by asking them not to shower, brush their teeth, eat, drink, use the restroom or do anything else that would compromise evidence.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Policies and Documents Reviewed: Pre-Audit Questionnaire; Ramsey County Department of Community Corrections, RDR 10.1c, PREA First Response; Coordinated Response Plan; Training Rosters documenting First Response.

Discussion of Policies and Documents Reviewed: 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.

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- Immediately separate the victim and alleged perpetrator
- Render first aid
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- Secure the crime scene
- Contact the nearest Supervisor or Shift Lieutenant
- Follow the Sexual Assault First Responder Checklist

Instructions are given for contractors, interns and volunteers including alert the facility staff immediately and cooperate with the PREA Coordinator and Investigator to provide requested information regarding the incident.

The Shift Supervisor is required to immediately refer the victim to a community health care facility for treatment and the gathering of evidence if the assault or misconduct is reported within 120 hours of the incident. If health services staff are on duty at the time of the incident, first responders protect the victim and notify medical and mental health practitioners.

Health Services/Mental Health Staff immediately support and assist victims and others who may be psychologically traumatized by the incident and if the victim would like an advocate present, staff are required to contact the Sexual Offense Services who will accompany the alleged victim to the hospital.

Investigations- If the incident is determined to be criminal, facility management is required to ensure the potential crime scene is secured and allow no one in the area until law enforcement has arrived. IF the investigation is determined to be administrative and/or following the close of the criminal investigation, the PREA Investigator will initiate a site visit within 24-48 hours to collect evidence and information, to identify reports, victims, and suspects.

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Multiple training rosters were provided documenting that staff have been trained in First Responding.

Interviews: Superintendent; PREA Coordinator; PREA Compliance Manager; First Responders (Security) and Non-Security;

Discussion of Interviews: All the interviewed staff were knowledgeable of their responsibilities as first responders. Too, each one carried a first responder card, identifying the steps they are to take as first responders. Staff said they would take all allegations seriously and would respond to and ask only the minimal questions needed to find out what happened, separate the potential victim from the alleged aggressor and report immediately to the shift supervisor. Non-security first responders indicated they too would take the allegation seriously, report it immediately and attempt to protect any potential evidence on the victim by asking them not to shower, brush their teeth, eat, drink, use the restroom or do anything else that would compromise evidence.

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.

Policy and Documents Reviewed: Two (2) Collective Bargaining Agreements

Discussion of Policy and Documents Reviewed: 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 contact with a youth while an investigation is being conducted.

Interviews: Agency Director, Agency Deputy Director, PREA Coordinator; PREA Compliance Manager

Discussion of Interviews: Interviewed staff, including the agency's Director confirmed there is nothing in any collective bargaining agreement preventing the agency from placing a staff on "no contact status" during a PREA investigation involving the staff.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as

housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? ☒ Yes ☐ No

115.367 (c)

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; Ramsey County Department of Community Corrections Policy, 10.1b, Prison Rape Elimination Act; Ramsey County Department of Community Corrections Policy, 10.1d, PREA Investigations

Discussion of Policy and Documents Reviewed: 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 and including up to and including dismissal.

This is reiterated in Ramsey County Department of Community Corrections Policy, PREA Investigations, paragraph 5.

There have been no allegations resulting in any form of retaliation. This was confirmed through review of the Pre-Audit Questionnaire and interviews with the PREA Coordinator and PREA Compliance Manager.

Interviews: Agency Director, Agency Deputy Director, Superintendent, PREA Coordinator, PREA Compliance Manager, Retaliation Monitor, Randomly selected staff, Specialized staff, Randomly selected residents and Targeted residents.

Discussion of Interviews: The JDC retaliation monitor discussed the facility's zero tolerance for retaliation and the processes used to monitor retaliation. Following an allegation, the monitor related stated the resident could be moved to another pod, assigned to a different team, and even ask them who they prefer to work with. In monitoring residents, they indicated they would monitor write-ups, watching to see if they were being treated differently in terms of showering last, feeling singled out etc. Staff indicated they would have daily face to face contacts with the resident to ensure everything was OK with them. Monitoring would be documented on the Agency Retaliation Form. If a staff was involved, they could be immediately pulled from their post, sent home for the day/night, reassigned, placed on paid administrative leave and referred for investigation to the ST Paul Police Department.

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.

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 Pre-Audit Questionnaire and interviews with staff, including the Superintendent, PREA Compliance Manager, Randomly selected staff and targeted residents.

Policies and Documents Reviewed: Ramsey County Department of Community Corrections Policy, CP 12.3b JDC, Resident Classification;

Discussion of Policy and Documents Review: 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 safely 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.

The reviewed Pre-Audit Questionnaire documented there were no residents who were sexually victimized placed in segregated housing for their own protection in the past 12 months. Interviews with staff also confirmed this.

Interviews: Superintendent: PREA Coordinator; PREA Compliance Manager; Randomly selected staff; Specialized staff; Randomly selected residents; Targeted residents.

Discussion of Interviews: Interviews indicated the facility would not place a victim of sexual abuse in segregated housing only as last resort and these circumstances would be documented. Residents in segregated housing would receive access to programs, including medical, education, mental health, exercise, access to telephones to call families, access to attorneys and visitation.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The 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-

based investigators may also conduct investigations if authorized to do so by the Agency Investigation Unit.

Reviewed Policies and Documents: Ramsey County Department of Community Corrections Policy, RDR 10/1d, PREA Investigations; Two (2) reviewed investigations representing all the allegations made during the past 12 months.

Discussions of Policy and Documents: The Agency's Investigation policy requires the agency to vigorously all matters of sexual assault, sexual harassment and sexual misconduct. These investigations will be accomplished through the PREA Coordinator or outside law enforcement, when applicable.

Policy also requires, in paragraph 3, requires Agency investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Departing the facility of an alleged abuser or victim from employment or supervision will not terminate an investigation. The investigation will continue.

Policy also requires that Division Staff are prohibited from conducting investigations of sexual assault, sexual abuse, or sexual harassment when staff are involved.

Procedures for this policy, as stated in Paragraph 3, 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.

The JDC received two allegations during the past 12 months. One (1) of the allegations was made via a grievance and alleged a staff was looking at him while he was in his room urinating. Following an expeditious investigation, the investigator concluded, based on a preponderance of the evidence, that the allegation of "voyeurism" was unfounded. A second allegation alleged that a staff made inappropriate comments about him to other residents. Following an investigation, it was determined that the allegation was determined to be unfounded.

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.

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

Interviews: Agency Director, Agency Deputy Director, Superintendent, PREA Coordinator, Division Investigator, PREA Compliance Manager, Randomly Selected Staff; Specialized Staff, Randomly Selected Residents, Targeted Residents.

Discussion of Interviews: All the interviewed staff affirmed that all allegations of sexual abuse, sexual harassment or sexual assault are reported immediately and investigated by trained investigators. Agency staff conduct administrative investigations while allegations that appear to be criminal in nature are referred to the local law enforcement (St. Paul Polices Department for the JDC). The PREA Coordinator and a Division Investigator described a thorough process as well as the kinds of evidence they would be collecting as a part of their administrative investigation. If a staff is involved, facility-based investigators cannot conduct the investigation. It is referred to the Investigations Supervisor who also serves as the Agency’s PREA Coordinator. Investigations begin promptly, involve interviewing complainants, alleged aggressors or perpetrators, and witnesses. If video footage is available, it is reviewed. Investigators treat all allegations the same regardless of the source. Staff who terminate their employment prior to a completed investigation do not stop the investigation. Neither does a victim departing the facility terminate the investigation.

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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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.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Policies and Documents Reviewed: Ramsey County Department of Community Corrections Policy, 10.1d, PREA Investigations; Excel Spread Sheet Documenting all PREA related investigations and dates of notification.

Discussion of Policies and Documents Reviewed: The Agency has a 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.

Policy requires the Agency PREA Investigations policy requires that Inmates, clients, or residents whose allegations of sexual assault, sexual abuse, and/or sexual harassment result in investigations shall be notified of the results of the investigations by RCCC staff until the inmate, client or resident is released from our custody or supervision.

The facility did not have any allegations of sexual abuse that were investigated by an outside agency and in this case, the St. Paul Police Department.

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 has been convicted of the sexual abuse alleged by the resident.

The PAQ and interviews with staff indicated there have been no allegations of sexual abuse made against any staff during the past 12 months.

The Excel Spread Sheet used to track allegations through the investigation process, notification, and incident reviews etc. documented two allegations made since January 2017. Documentation indicated that one of the two residents was notified. One resident had been discharged from the facility. The auditor reviewed other allegations made in all the Department's facilities and observed documentation that inmates and residents were notified at the conclusion of the investigation.

An interview with the PREA Coordinator indicated he is well aware of the process. He also provided additional documentation of notifications made via email as the result of investigations in other RCCC facilities. Notifications are made verbally according to the PREA Coordinator.

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

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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 the allegation.

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. An example was provided of two staff at other facilities within the agency who were terminated for violating sexual abuse policies. Both were terminated. One was referred for prosecution and convicted as the result of a plea deal. These examples documented the facility takes PREA seriously and that they indeed have a zero tolerance for all forms of sexual abuse and sexual harassment.

The Agency Director and Deputy Director confirmed they can remove a staff from contact with a resident following an allegation and maintain that no contact during the investigation. Interviews with the Agency Administrators, PREA Coordinator, PREA Compliance Manager and Superintendent confirmed staff violating sexual abuse policies will be removed from the facility and the St. Paul Police Department will investigate those allegations that appear criminal and may refer for the staff for prosecution in consultation with the District Attorney.

Sanctions for other than sexual abuse will be commensurate with the infraction and sanctions given for similar violations.

There have been no violations of agency sexual abuse policies nor were there any allegations made against the staff of the JDC during the past 12 months.

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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Policy and Documents Reviewed: Ramsey County Department of Community Corrections Policy, 10.1b, Prison Rape Elimination Act; Documentation confirming termination of contractor at another facility

Discussion of Policy and Documents Reviewed: 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 the victim and/or reporter pending an investigation. Too, they are subject to disciplinary action up to and including dismissal.

Although there have been no allegations at the JDC involving a contractor or volunteer, the agency provided documentation to illustrate the actions they would take. The case involved a contractor violating agency sexual abuse/sexual misconduct policies. The case was referred to the police and the contractor was prosecuted.

Interviews: Agency Director, Deputy Director, Superintendent, PREA Coordinator, PREA Compliance Manager; Randomly selected staff and residents.

Discussion of Interviews: Interviewed staff confirmed there is a zero-tolerance for any form of sexual abuse or sexual harassment or misconduct. They also confirmed that any contractor or volunteer who violated the agency's policies related to sexual abuse or sexual harassment would be prevented from contact with a resident/residents pending an investigation. If substantiated the contractor or volunteer would not be allowed in the facility and if the act was criminal, the St. Paul Police Department may refer them for prosecution.

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)

- 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*)

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Policies and Documents Reviewed: Ramsey County Department of Community Corrections; RDR, 10.3e, JDC, Resident Discipline Hearing; RDR 10.3f, Resident Discipline Hearing Appeal; Special Management Staffing Report; Incident Report; Agency Special Management Policy and Procedures

Discussion of Policies and Documents Reviewed:

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 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.

Policy requires that the Juvenile Detention Center residents charged with major rule 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.

If a resident is placed in the Special Housing Unit for a disciplinary violation they still have access to exercise, educational opportunities, medical, mental health and visitation.

There were no rule violations documented during the past 12 months resulting in disciplinary sanctions as the result of a formal disciplinary hearing.

Interviews: Superintendent, PREA Coordinator, PREA Compliance Manager, Randomly selected staff, Specialized staff, Randomly selected residents, Targeted residents

Discussion of Interviews: Interviews indicated that a resident violating an agency sexual abuse, sexual harassment or sexual misconduct policy will be subject to sanctions up to and including filing criminal charges if the police deem that to be appropriate. In-house discipline for rule violations related to sexual harassment and misconduct result in lesser sanctions and only after a formal disciplinary hearing. None of the interviewed youth had ever been charged with a PREA violation.

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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Policies and Documents Reviewed: Ramsey County Department of Community Corrections Policy, MH9.2a, PREA Medical and Mental Health Care; Case History Notes documenting MH and Follow-Up, Special Management Notes.

Discussion of Policies and Documents Reviewed: 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. It also requires 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.

Procedures 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 follow the Protocol for Juveniles.

Procedures also 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.

Residents, who report an incident occurring more than 120 hours after the incident are required to be referred to in-house Health Services and mental health services at no cost to the victim.

Reviewed case history notes and special management notes documented staff intervening and offering services to residents who reported prior victimization.

Interviews: PREA Coordinator, PREA Compliance Manager, Nurse Supervisor, Mental Health Professional, Staff Conducting PREA Assessment on admission

Discussion of Interviews: Staff conducting the initial PREA assessment stated if a resident discloses prior victimization, a referral is made to medical and mental health for follow-up. Interviews with the Nurse Supervisor also confirmed that medical conducts a medical screening within 24 hours of admission and if a resident discloses prior victimization mental health is involved and if the alleged abuse occurred within 10-12 days the resident is sent immediately to the MCRC for a PREA exam for follow-up, testing and medications as well as counseling. The mental health professional affirmed follow-up on any resident who disclosed prior victimization as well as the referral to MCRC, the Children's Resource Center. One resident disclosed prior victimization and an interview with that resident confirmed they were provided a follow-up with mental health and medical.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and Procedures Reviewed: Ramsey County Department of Community Corrections Policy, MH 9.2a, PREA Medical and Mental Health Care; MOU between Midwest Children's Resource Center (Children's Hospital) and Ramsey County Community Corrections; MOU between Regions Hospital and Ramsey County Community Corrections; MOU between Ramsey County Community Corrections and St. Paul-Ramsey County Public Health

Discussion of Policies and Procedures Reviewed: 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. 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 interviews with staff.

Policy requires a resident who alleges that he/she has been a victim of sexual assault or sexual misconduct in a confinement institution must be offered emergency medical and mental health services.

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 the past 120 hours, staff follow the Protocol for Juveniles.

Health services 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.

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.

If a victim is under the age of 18 at the time of the incident, a referral to Child Protection is completed.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is 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.

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
- Assess risk and offer prophylaxis, STI, HIV, and pregnancy
- Offer and provide detailed instructions for follow-up

A MOU with the Midwest Children's Resource 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 for 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.

Case notes were reviewed documenting referrals to the Midwest Children's Resource Center as the result of reporting prior sexual abuse.

There were no allegations of sexual assault made at the Juvenile Detention Center in the past 12 months.

Interviews: Nurse Supervisor, Regional Nurse, Mental Health Professional, Staff from the SOS

Discussion of Interviews: Interviews with the Nurse Supervisor and Regional Nurse confirmed the process for providing emergency services including initial assessments to determine injuries and forensic examination and services at either the Children's Hospital or Regions Hospital.

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.) ☒ Yes ☐ No ☐ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

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Policies and Documents Reviewed: Pre-Audit Questionnaire, Ramsey County Community Corrections Policy, 9.2a, PREA Medical and Mental Health Services; MOUs with the Regions Hospital, Midwest Children's Resource Center, and St. Paul-Ramsey County Public Health SOS

Discussion of Policies and Documents Reviewed: 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 the past 120 hours, staff follow the Protocol for Juveniles.

Health services 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.

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.

If a victim is under the age of 18 at the time of the incident, a referral to Child Protection is completed.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is 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.

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
- Assess risk and offer prophylaxis, STI, HIV, and pregnancy
- Offer and provide detailed instructions for follow-up

A MOU with the Midwest Children's Resource 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 for 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.

Case notes were reviewed documenting referrals to the Midwest Children's Resource Center as the result of reporting prior sexual abuse.

There were no allegations of sexual assault made at the Juvenile Detention Center in the past 12 months.

Interviews: Nurse Supervisor, Regional Nurse, Mental Health Professional, Staff from the SOS

Discussion of Interviews: Interviews with the Nurse Supervisor and Regional Nurse confirmed the process for providing emergency services including initial assessments to determine injuries and forensic examination and services at either the Children's Hospital or Regions Hospital. Residents who allege or disclose prior victimization as well as any who may make an allegation of sexual abuse at the facility are offered a follow-up with mental health and crisis intervention as indicated.

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

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Policies and Documents Reviewed: Ramsey County Community Corrections Policy, RDR 10/1d, PREA Investigations, Procedures A.7.e; C. Sexual Abuse Incident Review; 1-6; Examples of Incident Reviews for Other facilities.

Discussion of Policies and Procedures: There have not been any incidents requiring an incident review at the Juvenile Detention Center during the past 12 months. There were two allegations during that time period, both unfounded.

Policy requires that the 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, administrators 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.

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.

The PREA Coordinator is also charged with preparing, along with the Review Team, a report, including the following:

- Recommendations to change policy when applicable
- Whether incidents or allegations were motivated by race, ethnicity, gender identify; lesbian, gay, bisexual, or transgender, or intersex identification, status or perceived status, or gang affiliation; of was motivated or otherwise caused by other group dynamics at the facility.

- Whether physical barriers in the area where the incident occurred may enable abuse;
- Assessment of the adequacy of staffing during different shifts'
- And whether monitoring technology should be deployed or augmented to supplement staff supervision

Lastly, the PREA Coordinator is required by policy to monitor and ensure that facilities implement the recommendations of the Sexual Assault Review Team or document the reasons for not doing so.

The reviewed PREA Sexual Assault/Abuse Incident Reviews dated 11/15/2017 and 11/16/2017 documented the names of the committee members and considers the following:

- Whether the allegation/investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- The motivation of the incident
- 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.

Signatures and dates were also documented on the reviews.

The Incident Review is reviewed and approved by the Agency's PREA Coordinator.

Interviews: Agency Director, Deputy Director, PREA Coordinator, PREA Compliance Manager

Discussion of Interviews: Staff confirmed that within 30 days after the conclusion of an investigation staff will review the incident to determine if there is anything that could possibly have been done differently as well as what they might be able to do in the future to prevent future occurrences. The Agency Director affirmed the agency's commitment to sexual safety considering it a top priority for the agency. He was also explained the incident review process and the commitment is further evidenced by the fact that the Deputy Director is a member of that committee.

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.

Policies and Documents Reviewed: Ramsey County Community Corrections, AD 1.6e, PREA Documentation and Data Storage; Reviewed Sexual Assault Incident Reviews; Ramsey County Community Corrections Prison Rape Elimination Act Annual Report 2017

Discussion of Policies and Documents Reviewed: Policy requires that in collaboration 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.

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.

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.

The agency utilizes either a manual or automated Incident Report for all PREA related incidents.

Procedures require PREA Investigators and Compliance Managers to report all incidents and statistics to the PREA Compliance Manager and Coordinator within 24 hours; to compile and report data and statistics to the PREA Coordinator in accordance with PREA guidelines and Department Policy; and to receive PREA reports and statistics from Compliance Managers ensuring that information is received on a timely basis in order to comply with the annual Department of Justice filing deadlines.

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.

Policies and Documents Reviewed: Ramsey County Community Corrections Policy, AO 1.6e, PREA Documentation and Data Storage; B. Data Review, Paragraphs 1 and 2; Agency's 2017 Annual Report.

Discussion of Policies and Documents Reviewed: 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.

Too, it requires these staff to make procedural changes, as needed, in collaboration with Department leadership.

The reviewed Annual Report, "Ramsey County Community Corrections Prison Rape Elimination Act, Annual Report 2017", on page 11, discusses Corrective Actions. The agency, according to the report, must identify problem areas, and take corrective action on an ongoing basis, when looking at practices to better prevent, detect, and respond to sexual harassment and sexual abuse. Corrective Actions for 2016 included"

- Changing search procedures, moving cameras and training staff
- More unannounced rounds on the night shift implemented
- Cameras installed at Boys Totem Town and changes in staff supervision in the kitchen
- Pat search procedures reminders to ensure consistency among staff

Corrective Actions identified for 2017 include"

- Additional training on transgender and cross gender searches at JDC
- Additional cameras added to the kitchen at RCCF
- Policy and procedures changes implemented regarding female inmates at RCCF and hair braiding

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.

Policies and Documents Reviewed: Ramsey County Community Corrections Policy, AO 1.6e, PREA Documentation and Data Storage; Ramsey County Community Corrections Prison Rape Elimination Act Annual Report 2017;

Discussion of Policies and Documents Reviewed: 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.

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.

Annual reports are published and posted on the agency's website. The annual report was provided on the website for the Ramsey County Community Corrections and provided to the auditor on the flash drive.

An interview with the Agency's PREA Coordinator indicated the Annual Report shows trends for 2015, 2016, and 2017. Additionally, 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.

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 inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency began having their facility's audited in 2017. The first facility audited was the Community Corrections Facility. In the year 2018 the Juvenile Detention Center was audited in June 2018 and the

last facility; Boys Totem Town is scheduled to be audited in October 2018. All three facilities will then have been audited.

The auditor sent the Notice of PREA Audit to the facility six weeks prior to the on-site audit. Confirmation of posting was provided, and Notices were observed throughout the facility during the on-site audit. The auditor did not receive any communications from any youth, staff, contractors, volunteers or visitors.

The auditor was provided unfettered access to all areas of the facility and to all residents and staff. The facility staff were very professional during the audit and were responsive to the any request the auditor made. There was never one minute of hesitation in providing requested information.

Staff interviews were conducted in private in a conference room and interviews with youth conducted in a classroom adjacent their living units. Both areas were comfortable and offered complete privacy while talking with youth.

During the on-site audit the PREA Compliance Manager; Superintendent; and PREA Coordinator responded to any request for information or clarification. Additional documentation, when requested, was promptly provided. The Superintendent continuously checked in with the auditor to make sure the auditor was getting everything he needed to conduct the audit.

The Agency's Director and Deputy Director came to the facility to participate in the audit process. Their visit and willingness to give the auditor as long as needed with them, indicated to the auditor the Agency's commitment to the process and to sexual safety of their residents.

Following the on-site audit, the auditor made multiple requests of the PREA Compliance Manager and the PREA Coordinator. There was not one time these two professionals delayed or hesitated in providing the requested information.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The reviewed website and interviews with the Agency Director, Deputy Director and PREA Coordinator confirmed that PREA Audits along with annual reports are posted as required.

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.

Robert Lanier

July 12, 2018

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.