

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report June 5, 2019

Auditor Information

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Telephone: (515) 360-3646	Date of Facility Visit: May 12 – 14, 2019

Agency Information

Name of Agency: Anoka County Workhouse		Governing Authority or Parent Agency (If Applicable): Anoka County Corrections	
Physical Address: Vail Bldg., 3300 North 4 th Ave.		City, State, Zip: Anoka, MN 55303	
Mailing Address: Anoka County Workhouse/ Corrections, 2100 3 rd Ave., STE C100		City, State, Zip: Anoka, MN 55303-5037	
Telephone: 763-324-4897		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: Working to Build a Safer Community			
Agency Website with PREA Information: http://www.anokacounty.us – Government - Corrections - Workhouse			

Agency Chief Executive Officer

Name: Dylan Warkentin	Title: Director of Community Corrections
Email: Dylan.Warkentin@co.anoka.mn.us	Telephone: 763-324-4524

Agency-Wide PREA Coordinator

Name: Gary White	Title: Facility Administrator
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Email: Gary.White@co.anoka.mn.us	Telephone: 763-324-4897
PREA Coordinator Reports to: Corrections Manager – Corey Kohan	Number of Compliance Managers who report to the PREA Coordinator 1

Facility Information

Name of Facility: Anoka County Workhouse
Physical Address: Vail Bldg. 3300 North 4th Ave., Anoka, MN 55303
Mailing Address (if different than above): Anoka County Workhouse/Corrections, 2100 3rd Ave., STE C100, Anoka, MN 55303-5037
Telephone Number: 763-324-4897

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 type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: Working to Build a Safer Community

Facility Website with PREA Information: ACW.PREA@co.anoka.mn.us
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Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PREA 2016
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Director

Name: Dylan Warkentin	Title: Director of Community Corrections
Email: Dylan.Warkentin@co.anoka.mn.us	Telephone: 763-324-4524

Facility PREA Compliance Manager

Name: Gary White	Title: Facility Administrator
Email: Gary.White@co.anoka.mn.us	Telephone: 763-324-4897

Facility Health Service Administrator

Name: Lindsay Sery	Title: Correctional Health Manager
Email: Lindsay.Sery@co.anoka.mn.us	Telephone: 763-324-4283

Facility Characteristics			
Designated Facility Capacity: 240		Current Population of Facility: 90	
Number of residents admitted to facility during the past 12 months			1590
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			42
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			Est. 966
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18-76	<input type="checkbox"/> Juveniles n/a	<input type="checkbox"/> Youthful residents n/a
Average length of stay or time under supervision:			18 days
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			27
Number of staff hired by the facility during the past 12 months who may have contact with residents:			9
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			12
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		7	
Number of Open Bay/Dorm Housing Units:		43	
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>Since the last PREA audit, the following changes were completed: three (3) new IP cameras were added to the surveillance system, sixteen (16) analog cameras were upgraded to IP cameras and seven (7) new intercoms 3-in-1 stations (video, audit, locks with card readers). Also added was a new server for all cameras upgraded to include moving server to a more secure area of the facility. Several changes recommended during the last PREA audit were included. Total number of cameras at this facility is 41.</p> <p>All recommendations made in the last PREA audit were utilized. Blind spots have been reduced. Camera viewing stations have been placed at the staff desk. Video recordings are now kept for thirty (30) days.</p>			
Medical			
Type of Medical Facility:		No medical facility is on site.	
Forensic sexual assault medical exams are conducted at:		Mercy Hospital	
Other			

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	29
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	Criminal Investigations are completed by Anoka County CID. Administrative Investigations are completed in house.

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.

On Monday, May 13, 2019 an entrance meeting was held at the Anoka County Workhouse with Corey Kohan - Corrections Manager, Gary White – Facility Administrator, Matt Hanson – Assistant Administrator and Darlene Baugh, PREA Auditor. Several policy and formats were reviewed prior to moving into a detailed walk through the physical plant of the facility. Staff were introduced to the auditor, closed and locked doors were opened, camera placement, PREA posters and PREA Audit Announcements, dorm rooms, bathrooms, maintenance rooms, locker rooms, day rooms, staff offices, dining room (there is no kitchen – food is brought to the facility and served in the dining room), storage rooms, classrooms, hallways, library, staff offices, visiting area and camera screens were all visually reviewed.

Population at the facility on the beginning date was ninety (90) residents; seventy-five (75) males and fifteen (15) females. The facility has a capacity for two hundred and forty (240) residents but housing numbers have decreased within the past few months.

The exit meeting was held on Wednesday, May 15, 2019 with Corey Kohan – Corrections Manager, Gary White – Facility Administrator and Auditor Darlene Baugh.

It should be shared that ALL residents who were interviewed stated that they felt safe at this facility and had positive statements about the staff. Comments included that staff were respectful and honest. It was also clear from their comments that staff were consistent and ‘followed the rules’.

The auditor would like to thank the administration and staff at the Anoka County Workhouse for their hospitality and cooperation during this audit process.

Pre-Audit Activities

Notice of PREA Audit:

The Notice of the upcoming PREA Audit was forwarded to the Anoka County Workhouse on February 24, 2019, to be posted six weeks prior to the on-site audit. The facility administrator was asked to post the notices in areas where it was visible to staff, offenders, contractors and visitors. This would include at the

front door to the facility, near phones and other locations. The auditor received pictures of the posted notices on March 27, 2019 showing the locations of the notices. The purpose of the Notice is to allow any individual, including a third party, with a PREA concern or issue; to include an allegation of sexual abuse or sexual harassment, to correspond, confidentially with the PREA Auditor. The auditor did not receive any correspondence as a result of that posting.

In addition, the facility e-mailed copies of their PREA posters prior to the on-site audit. These posters were also viewed while the auditor was on site.

Pre-Audit Questionnaire Review:

The Anoka County Workhouse decided to use a paper system for the completion of the Pre-Audit Questionnaire. The auditor received this packet on Thursday, February 28, 2019. This early date was agreed upon by both the facility administrator and the auditor due to the auditor being out of the country during the month of April.

The initial packet from the facility included the Pre-Audit Questionnaire, policies, names and contact information of local advocacy programs, a Sexual Assault and Sexual Misconduct brochure, Staffing Plan, Table of Organization, PREA Reporting spread sheet, facility Orientation Training Packet, PREA Sexual Violence Prevention Screening form and the PREA Incident Report Form.

Subsequent contact with the facility provided additional policies, forms, checklists, Memorandums of Understanding, training verification, curriculums, facility maps, staffing plans, resident handbook, and PREA education information. Additional information was collected on-site.

Outreach to Outside Advocates:

The auditor contacted three outside agencies by phone prior to the on-site visit; Sue Redmond, Alexandra House (a sexual violence service provider), Commander Bryon Fuerst, Anoka County Sheriff's Office, Criminal Investigation Division and Amy Schmitz, Allina Health (which provides the SANE program for Mercy Hospital.) After discussions, all three (3) individuals agreed to complete a Pre-Audit Questionnaire (provided by the auditor) that relates to their contact/provision of PREA services to the facility. Additional questions by the auditor were completed by phone.

On-Site Audit Activities

Site Review:

Anoka County Workhouse has three (3) floors, plus a basement. Note: all housing in the facility is dorm style except for specialized rooms on the second floor (see below).

The first-floor houses all the female residents on one wing and work release male residents on the other wing. There is also a locker room/changing room area for each gender. (Individuals who work outside the facility enter/exit the building through this room. Pat down searches could occur in this area or at the front desk.) On the male side of the building/locker room, there is what is referred to as the 'gatekeepers' office. This staff person monitors males that are coming and going from the facility. This floor also houses the offices of the Facility Administrator and Shift Supervisor.

The second floor houses all male residents. This would include those that are identified as 'transitional housing', inmates returning to the community from prison and who have no residence at the time of release. The other populations are 'Huber' inmates, those that work in the community and the final population is the facility 'Trustees'. There are additional staff offices on this floor. Uniquely, there are also 'rooms' that are utilized for male individuals who snore. These rooms could also be used for those individuals with either special needs or for PREA protection.

The third floor is not used for residents currently due to their decreased population but does house offices; i.e.: nurses and training. There is a Probation Officer who is assigned to the facility (as a part of his general duties) who also maintains an office in this building). If the male population reaches over one hundred forty-six (146), this floor opens for housing.

The basement utilizes its space for maintenance, the dining room, storage, mechanical, classrooms, visiting, library, vendor storage, and the intake conference room and office. It should be noted that there is not a kitchen as hot meals are brought to the facility and served in the dining room.

Each wing/floor provides a day room where residents can use a kiosk to send 'kites' to staff (another format for reporting sexual abuse or sexual harassment), bathrooms/showers and laundry facilities.

PREA Posters were situated throughout the facility. These notices provided telephone numbers and addresses for reporting sexual abuse and/or sexual harassment; to include Alexandra House, a crisis hot line number, and a PREA hot-line number. A check of these contact numbers showed that they worked.

All offices, classroom and maintenance doors were locked throughout the facility.

Additional Site Review Comments:

Through out the site review, cameras (41) were observed, blind spots were searched. Although the facility has added and updated their camera system, there are a few spots that they want to enhance when financially able; such as cameras in the stairwells. The auditor concurred with their assessment.

The auditor was able to observe an intake while at the site. While the staff presented the materials in a very rote fashion, she included all the appropriate information and questions. It was also apparent that this staff member knew the information very well. This observation was shared with Corrections Manager and the Facility Administrator.

Selection of Staff and Residents:

Upon arrival at the facility, the auditor was provided lists of staff, their position and work hours. Also provided each day were resident lists, their status and hours within the facility. The auditor then randomly chose individuals from each of the lists to be interviewed. It should be noted that contract staff, such as maintenance, electrical, etc. are hired by the county, not by the facility, however they do go through the same PREA training as staff.

Staff:

Currently, the Anoka County Workhouse has twenty-seven (27) Correctional Officers with two (2) vacancies. Since their last PREA audit, twelve (12) of the staff are new. This showed a staff turnover of 44.4%. Although this rate sounds high, this position, as in many locations, is a 'jump-off' position for individuals

looking to make corrections a career. Many moved to jail, Department of Corrections or probation positions, as well as many other jobs within the Anoka Corrections system.

Note: All Correctional Officers are trained as Intake staff. They are given this assignment daily when new residents are scheduled to arrive and according to shift needs.

Random Staff Interviews: (10)

During the on-site visit, staff interviews were based on the activity/needs of that shift. During the day shift (7:00 am – 3:00 p.m.) three (3) staff were interviewed. During the evening shift (2:00 p.m. to 10:00 p.m. or 3:00 p.m. to 11:00 p.m.) four (4) staff were interviewed. During the night shift (11:00 p.m. to 7:00 a.m.), three (3) staff were interviewed.

Specialized Staff Interviews: (8)

Specialized staff interviews included the Anoka County Corrections Director, Corrections Manager, Facility Administrator, Assistant Administrator, Day Supervisor, Nurse, Administration Clerical, and Training and Program Coordinator.

Contractor Interview: (1)

The auditor spoke with a vendor (Turnkey) during the site-review. Although he was quite surprised (taken back) that he was being asked about his knowledge base regarding PREA, he was able to answer correctly all questions posed to him.

Note: The auditor watched as this vendor moved from his locked office/stock area (no residents allowed) to the day rooms. Residents were required to leave the room while machines were being filled. Staff were able to watch the movement from their desk area.

Volunteer Interview (0):

No volunteers were available during the time that the auditor was at the facility.

Inmate/Resident Interviews and Identified Special Population Interviews: (16 plus 1 declined)

A total of 16 residents completed the interview process:

Males:	Caucasian – 7	
	African American - 4	(1 identified as Gay)
Females:	Caucasian – 4	(1 identified as Bi-sexual)
	African American – 1	

Declined an interview:

Male: African American - 1

Other Specialized Populations:

Youthful Offenders: (0) The facility does not house this population.

Blind, Deaf or Hard of Hearing: (0) The facility did not have residents meeting this description.

Physically Disabled: (0) The facility did not have residents meeting this description.
LEP: (0) The facility did not have residents meeting this description.

The Anoka County Workhouse has an interesting arrangement regarding the placement of individuals at this site. They have the ability to tell both the county jails and the courts that they will not accept certain individuals. However, they have accepted individuals who meet the above description, but currently none are housed at this facility.

Documents and Files Reviewed:

Background Checks / PREA Related Questions / Professional References: (11)

Employee files for those interviewed were reviewed. Initial background checks were completed, as well as responses from past employers or professional references. Also within the question for "Job Specific Supplemental" there were the following questions (required response): #10 PREA Verification (28 CFR 115.217 and 115.317) United States Code of Federal regulations requires the Anoka County Corrections Department to screen applicants to ensure we comply with the criteria set forth in the Prison Rape Elimination Act (PREA). As an applicant for a position that may have contact with inmates, we must document your answers to the following questions. Please be aware that your response to these questions may result in your disqualifications from further consideration for this position. Do you understand this requirement? #11 Have you engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? #12 Have you 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? #13 Have you been civilly or administratively adjudicated to have engaged in the activity described in the question above?

Note: This questionnaire is utilized for both new hires and promotional purposes.

When the facility started to complete the five (5) year continuing background check for employees, they were informed by the Bureau of Criminal Apprehension (BCA) that according to Minnesota law, this was illegal. That this was considered a Data Privacy Breach and would only be legal if used at hire date and for lateral transfers or promotions. Since that initial finding, the BCA has allowed continuing background checks (every five (5) years) for staff at the Anoka County Workhouse only, in order to be PREA compliant. Those subsequent checks are completed by the Data Entry Supervisor at the Courthouse. She has oversight of those records. Verification of this process was completed.

Facility Staff Plan Annual Review:

During the pre-audit, the auditor reviewed the condensed version of the annual staffing plan. On-site, the auditor reviewed the comprehensive staffing plan. This plan format is required by the county and the Department of Corrections yearly.

Shift Reports Documenting Unannounced PREA Rounds:

The Training and Program Coordinator keeps all records of "Monthly QA Audit Summary" (a collection of data for all supervisors), the "Shift Coordinator Quality Control Monthly Inspection/Performance Report", the "Assistant Administrator's Monthly Quality Control Inspection/Performance Report", and the "Facility Administrators Monthly QC Inspection/Performance Report" behind a locked door. Supervisors are required to complete these documents and forward them to the Training and Program Coordinator.

The Monthly QA Audit Summary form includes the documentation of Direct Observance of Staff Rounds (naming the staff) and a Video of Staff Rounds (naming staff). The Quality Control Monthly Inspection/Performance Report is utilized by all supervisors. It documents 'Well-being Checks Logs' (by supervisor), Unannounced Rounds, and Inspections. Attached to each of these reports is computer reports of rounds by staff and the verification by supervisor; i.e.: 2/11/19 – Floor 1 – one round was highlighted – “* 1 Round logged late. Round was done on time.” Another example by a supervisor: “Viewed all common areas, restrooms, TV day space, reading and card rooms. Entered all sleeping quarters. Viewed inmates when present and verified their well-being.”

Certificates of Training / PREA Acknowledgment Statements / Staff: (12)

Initial PREA training records, yearly training records, as well as staff meeting training for staff, volunteers and contract staff were reviewed. Files contained verification of training, both with the training rosters and sign-off sheets.

MOU with Contact Rape Crisis Center:

Alexandra House has been working with the Anoka County Workhouse for several years, providing a 24-hour crisis line, in-person advocacy, confidential support and advocacy related to sexual abuse/assault. Alexandra House also works with the Workhouse to provide services to victims/residents that includes, but is not limited to therapy, support groups, legal advocacy and support during evidentiary exams. The auditor also viewed recent e-mails between Alexandra House and the Workhouse regarding the scheduling for additional training for current and new staff. Posters around the workhouse and in their PREA brochure provide contact information for staff and residents.

Certificates of Specialized Training / National Institute of Corrections (NIC): (17)

Criminal investigations are conducted by Anoka County Sheriff's Office, Criminal Investigation Division. Commander Bryon Fuerst verified that all sixteen (16) of his detectives have received the specialized training for PREA.

Gary White, Facility Administrator/PREA Coordinator also acts as the facility investigator. He provided his Certificate of Training for PREA Investigators through the National Institute of Corrections.

Victimization / Aggressor Assessments (17)

Those residents/inmates who were interviewed for the purpose of this audit were also utilized for file reviews. The auditor looked for intake information; to include PREA sign-off sheets and PREA Assessments. All files, except one, reviewed showed that the intake process (including PREA forms and assessments) were completed on the day of arrival. The exception was a female that arrived at 10:00 p.m. whose intake did not occur until the next morning.

Victimization / Aggressor Reassessments: (10)

As stated above, the same individuals that were interviewed had their files reviewed to determine if they were completed within the allotted thirty (30) days. Of the seventeen (17) files reviewed, there were ten (10)

who had completed Reassessments. (It should be noted that the average length of stay at this facility is 18 days.) Further review of the Reassessments showed that they were completed on the appropriate individuals and there were a few that were outside the time frame by one to three days. This had occurred because the actual due date fell on a weekend or holiday and those staff assigned to complete the Reassessment was not working.

Administration staff stated when they realized that this had occurred, they enacted an in-house directive that Reassessments be completed within twenty-five days to ensure that the documentation is completed timely.

Incident Reports/Investigations:

The auditor reviewed all files of Incidents and Investigations that occurred within the last twelve (12) months. Only one PREA incident was referred for criminal investigation. Charges were filed in coordination with the Anoka County Attorney's Office. In this case, the situation was caught on camera. The female perpetrator was standing in a doorway of a dorm room, 'tossing' another female's breasts. Law Enforcement was immediately called, an arrest was made, and the perpetrator was removed from the facility. To date, this criminal case has not been concluded.

The remainder of the Incident Reports showed one Sexual Harassment finding of Substantiated (addressed in house), tips from the PREA Hotline (anonymous) which were found unsubstantiated (roommates reported that their roommate said she was going to make things complicated – "a grudge"). An unfounded allegation of believing that she was touched during the night but didn't know if she was awake or dreaming and that she was not able to identify the person. The remainder of the allegations were not PREA incidents.

In all cases the facility Review Team met to discuss and review the findings from the allegation. Documentation showed that the Team also discussed whether there was an error on the part of staff, physical plant issues, if response to the allegation was immediate, if steps in the investigation was appropriate, or if there was a need to change policy. Also noted in the file was the notifications to residents of the findings.

Coordinated Response Plan:

The facility has a flowchart for the actions of staff when an allegation of sexual abuse and sexual harassment has been made. There are also Check-off Sheets for Supervisors and Medical. Staff who receive the initial report completes a PREA Incident Report.

Both staff and Administration stated that staff have the ability to make immediate decision if a sexual assault occurs. They can contact law enforcement, arrange for a hospital trip, etc. As part of the process, a supervisor would be notified.

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.

Corrections within the state of Minnesota is unique. In 1973, Minnesota legislators decided to reserve prison space for offenders who pose a threat to community safety. The Community Corrections Act allowed for lower level offenders to serve their sentences in county jails or in public service programs within their communities. This change in philosophy meant that prison resources would be reserved for those with previous criminal histories and/or serious crimes against persons. Due to this change, the Minnesota Department of Corrections now supervises only two types of offenders: Those felony offenders who have served the mandatory two thirds of their prison sentence who are released from prison and probationers who were not committed to the Commissioner of Corrections but reside in counties that does not find it practical to operate a local supervision program.

Those counties that had the resources to operate their own correctional system, developed probation, juvenile systems and adult residential facilities. Each county then enters into a contract with the Minnesota Department of Corrections to operate based upon specific criteria. Anoka County Corrections is one of those entities.

This audit is specific to the Anoka County Workhouse. This facility is a 240-bed minimum security correctional facility located on the Rum River Human Services Center campus in Anoka, Minnesota. The facility houses both male and female adults sentenced in Anoka County, Department of Corrections placements and will consider out-of-county court referrals. Inmates must meet minimum security placement criteria to serve a sentence at the Workhouse. A Work Release or “Huber” program is available for inmates with court approval to work during their incarceration. Work release status is a privilege requiring proof of employment and the approval of facility staff. Unemployed inmates may be eligible to serve on supervised work crews in the community.

The Anoka County Workhouse is a combination of two buildings built in the early 1900's. They were joined with the addition of a building between the two units in the mid 1960's. The two older buildings house the dorm style rooms but do not have bathrooms or showers, dayrooms or laundry rooms. Those facilities are located in the addition, which allows for visual watches by staff from their desk.

Although there is potential for individuals under the age of eighteen (18) to be sent to the Workhouse. Workhouse administrators and staff report that residents eighteen (18) years of age and younger are housed/sent to one of three (3) Juvenile Centers in Anoka County.

Programs at the Workhouse includes church (bible study, individual spiritual counseling), GED/GED testing, AA, Celebrate Recovery, Veteran’s Justice Outreach Program, Alternatives to Incarceration, Anoka County Resource Presentation (health insurance, child support information), Library Services and Visiting.

A unique program at the Anoka County Workhouse is that in 2015, a one hundred fifty day (150) in-house chemical dependency program called “Change by Design” was initiated in cooperation with Riverplace Counseling Center. The program focuses on offenders who are struggling with relapse and may need additional services and the support of a facility in their efforts to maintain sobriety. The

Anoka County Facility began a collaboration with Nystrom and Associates, and Alkermes, the pharmaceutical provider of Vivitrol, in efforts to create a new option for opiate addicted clients approaching release. This option provides an injection of Vivitrol, at no cost to the county or the client, on a voluntary basis, within the last several days prior to release. The medication provides an additional layer of support for those who are opiate dependent. Use of the medication is voluntary and the participant must be completely detoxed prior to an injection. Vivitrol is an opiate antagonist creating a 28-day window whereby the use of opiates has no ability to create a high if consumed. Unlike other pharmacological substances Vivitrol is non-addictive and produces no high. The vendor supplying the substance requires it to be administered through a medical doctor and all participants are required to receive follow-up services. The county has a memorandum of understanding with Nystrom and Associates to provide follow-up services and has protocols in place for the facility medical staff to administer the medication. This preexisting structure has occurred through the efforts of the Sheriff, the Anoka County Human Services Division, the Community Health Department and the County Attorney's Office. County staff works with offenders upon release in efforts to navigate sustainable funding through Medical Assistance or private insurance. The auditor reviewed training rosters showing that staff receive training on Narcan, provided by a representative from the Steve Rummeler Foundation.

Note: Immediately following the PREA on-site audit, the Minnesota Department of Corrections also held their on-site audit. The DOC told the facility that they were the oldest Correctional Facility in the state of Minnesota, being established in 1912.

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: 0

Number of Standards Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 155.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401 and 115.403.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

None

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802, Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Policy PS-49 Rules and Regulations / Attachment – Code of Ethics

Agency Organizational Chart

Interview with PREA Coordinator – Gary White

Interviews with Staff

Interviews with Residents

115.211 (a)

Policy PS-802, Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response clearly states throughout the policy that “Anoka County Corrections maintains a zero-tolerance policy for any form of sexual abuse and harassment towards offenders and promotes a safe and humane environment, free from sexual violence and misconduct.”

Pages 1 – 3 defines the format that the facility will use to prevent, detect and respond to sexual abuse and harassment. This includes:

- protection, to include retaliation
- immediate response to all allegations,
- training and education to resident/inmates, volunteers, interns and contractors,
- immediate response to misconduct to include administrative and/or criminal investigations,
- elements of training,
- ways to report allegations,
- interpreter services,
- completion of the Sexual Violence Prevention Screening at intake,
- access to psychological services, medical services, a sexual abuse advocate and follow-up services.

Policy PS-49, Rules and Regulations / Attachment – Code of Ethics states that “employees are strictly prohibited from any form of sexual, physical or verbal abuse or harassing behaviors.... The department maintains a zero-tolerance policy toward all form of such behavior....”

Interviews with staff and residents clearly showed that all understood the zero-tolerance policy. Residents shared that they felt ‘safe’ at the facility and that they had a good relationship with staff. They stated that were treated with respect and that staff followed the requirements of their position in relation to PREA.

115.211 (b)

The PREA Coordinator for the Anoka County Workhouse is the Facility Administrator. Mr. White states that he has sufficient time to adequately oversee the PREA standards for this facility. He also can develop and implement policies and procedures.

When staff and residents were asked about the person in charge of PREA, they responded "Gary White".

Corrective Action: None

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (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 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

115.212 (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 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) 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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

"State of Minnesota Joint Powers Agreement" between the Minnesota Department of Corrections and the Anoka County Workhouse.

Interview with (Contract Administrator) Facility Administrator

115.212 (a)

The Anoka County Workhouse has entered into a "State of Minnesota Joint Powers Agreement" which was renewed in June of 2018. (Anoka County Contract #C0006525). The language is very specific - #12 – Prison Rape Elimination Act Compliance. "Contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C. 15601 et. seq.) Contractor acknowledges that, in addition to self-monitoring requirements, the State will conduct compliance monitoring and PREA standards require an outside independent audit."

Since the last PREA Audit:

The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 1

The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0

115.212 (b)

The Anoka County Workhouse has entered into a "State of Minnesota Joint Powers Agreement" which was renewed in June of 2018. (Anoka County Contract #C0006525). The language is very specific - #12 – Prison Rape Elimination Act Compliance. "Contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C. 15601 et. seq.) Contractor acknowledges that, in addition to self-monitoring requirements, the State will conduct compliance monitoring and PREA standards require an outside independent audit."

The facility is currently working under a yearly contract, dated July 1, 2018 until June 30, 2019. This contract has been renewed continuously since December 15, 2003.

Since the last PREA Audit:

The number of contracts that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0

115.212 (c)

The facility has not entered into a contract with an entity that failed to comply with the PREA standards. Nor has the facility attempted to find an entity that would be in compliance with the standards.

Since August 20, 2012, the agency has entered into one or contracts with a private agency or other entity that failed to comply with the PREA standards: 0

Comments: Anoka County Community Corrections first entered into a contract with the Minnesota Department of Corrections in December of 2003. That contract has been renewed yearly to date.

Corrective Action: None

115.213 (a)

- Does the agency develop for each facility 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 document for each facility 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 physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? 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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Staffing plans for 2017/2018 and 2018/2019

Interview with the Director

Interview with the Facility PREA Coordinator and Facility Administrator

115.213 (a)

The Anoka County Workhouse completes a yearly staffing plan to ensure adequate levels of staffing. Video monitoring needs were reviewed during the Staffing Analysis completed in 2017, which has been utilized during 2018. The following were the changes: three (3) new IP cameras were added to the surveillance system, sixteen (16) analog cameras were upgraded to IP cameras and seven (7) new intercoms 3-in-1 stations (video, audit, locks with card readers). Also added was a new server for all cameras upgraded to include moving server to a more secure area of the facility. Several changes recommended during the last PREA audit were included. Total number of cameras at this facility is 41.

Since the last PREA Audit:

Average daily number or residents: 116

The average daily number of residents on which the staffing plan was predicated: 144

115.213 (b)

As noted in 115.213 (a), the facility has upgraded their video system. In addition, they have computed post/position coverage and post/position time off per year to determine number of staff needed for proper coverage. Over the last three (3) years, the average daily population has declined. At the time of the site-review, their population was 90 (75 male and 15 female). Their FTE's necessary, per the staffing plan, for a population of one hundred (100) is 21.4. At the time of the site-review, Correctional Officers totaled 27, with 2 vacant position.

The facility has not deviated from their staffing pattern. When needed, over-time is utilized to ensure full coverage.

115.213 (c)

The facility has provided copies of their layout, which includes camera locations. The on-site review showed that the camera location, staffing patterns/utilization is appropriate for their current population needs.

The Director and Facility Administrator shared that they are constantly reviewing the operation of the facility to see if it presents future needs. The Director reported that one and one-half years ago a Safety Review was completed by an outside company. That company "liked" the facility and only gave a few recommendations; to include a card reader (elevators, front door) which has since been installed.

Corrective Action: None

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? Yes No

115.215 (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 an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (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

115.215 (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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy: 2911.5300, Searches/Shakedowns, Manual Sections: Workhouse – Security

Logs of cross-gender strip searches and cross-gender visual body cavity searches: none as cross-gender searches are not completed by staff.

Logs of cross-gender strip and/or cross-gender body cavity searches that were not conducted by medical staff or were not conducted during exigent circumstances, documented in the log: none as cross gender searches are not completed by staff.

Staff Interviews

Resident Interviews

Site Review

115.215 (a)

The Anoka County Workhouse Policy #2911.5300, Body Search/Pat-down Search, states “Body cavity and cross-gender strip searches are prohibited.” Also, “Cross-gender pat-down searches by male officers on female inmates are prohibited.” The policy further describes exigent circumstances and proper documentation.

The policy also notes, page 3, “If a strip search or visual body cavity search is deemed necessary, the offender will be transported down to the Jail and the Jail Sergeant will be briefed.”

In the past 12 months:

The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0

The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

115.215 (b) (c)

The facility does refrain from conducting cross gender strip searches, as described in (a). It also allows female residents access to scheduled programming.

In the past 12 months:

The number of pat-down searches of female residents conducted by male staff: 0

The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances: 0

115.215 (d)

Policy states that “Inmates shall be enabled to shower, perform bodily functions and change clothing without non-medical staff viewing.... except in exigent circumstances or when such viewing is incidental to routine cell checks.”

Policy clearly states that staff of the opposite gender will announce their presence when entering the housing unit or restroom facilities.

115.215 (e)

Page 3, E, addresses the fact that individuals will not be searched or examined physically to determine genital status. If their status is unknown, it will be determined during conversations with the inmate, reviewing medical records, or if necessary, by learning the information as part of a broader medical examination conducted by a medical practitioner.

115.215 (f)

Percent of all security staff who received training on conducting cross-gender pat-down searches and searches from transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

Comments: Interviews with staff and residents found that absolutely no cross-gender strip or cross-gender visual body cavity searches occur at this facility. If a female staff member is not available to do a pat down search, one of two things may happen. First, if that female staff is in the building but is completing another assignment, the female resident may be asked to wait until that staff member is available. Or, in a more likely situation, a male staff member will utilize a wand instead of a pat-down search. That male staff member does not touch or come close to the female resident. Female residents are never stopped from participating in programming or other opportunities if a female staff is not available.

Again, staff and residents concur that staff announce their presence before entering the housing wings and the bathrooms. It is required that all residents change their clothes in their respective assigned bathrooms, not in their dorm settings. Each bathroom has individual shower stalls with shower curtains and each toilet has a door. Residents state that staff are good at calling out before entering the bathrooms and that they are never seen unclothed.

Staff reported that at no time does a strip search of any kind occur. If they were to receive an individual who identifies as transgender or intersex, that individual would be asked how they identify. Intake staff shared that the facility has the ability to interface with the Jail Management System (which interfaces with PCI (Police Central, Inc.)) and the Correctional System where much of this type of information would be stored. In addition, before the individual would be assigned a housing location, discussion would occur with the supervisor on duty.

Corrective Action: None

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (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

115.216 (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

115.216 (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 §115.264, 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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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-713: Anoka County Human Services / Limited English Proficiency (LEP) Plan
 Policy PS 802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting, and Response
 Language Line and PURPLE (System for hearing and speech impaired)

Training materials on effective communication with individuals with disabilities.
Written materials used for effective communication about PREA with residents with disabilities or limited reading skills
On-site review
Interview with Corrections Director
Interviews with staff

115.216 (a)

Policy PS-713 states “The facility has established these procedures to provide disabled residents equal opportunities to participate in and benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to include written communications, brochures and posters.”

This policy addresses those residents who have disabilities to include “residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, [psychiatric or speech disabilities.” It also notes that the steps shall include effective communication, interpretation, specialized vocabulary, written materials in varied formats, or through methods that ensures effective communication with those that have intellectual disabilities, limited reading skills or are blind or low vision.

Policy PS 803, Section – Offender/Resident Education, addresses and inmate’s orientation information being provided in various formats including written, verbal, video, interpretive services to include hearing or vision impairment.

115.216 (b)

The facility uses LEP. This company has a contract with Anoka County to provide services. For those residents who are hearing or speech impaired the company utilizes PURPLE. Cameras and phone are utilized to provide sign language interpretation.

115.216 (c)

At several location within the above policies, it clearly states that resident or staff interpreters are not to be utilized unless a delay could compromise a resident’s safety.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first response duties or the investigation of the resident’s allegations: 0

Comments: The format for residents/inmates to enter the facility is via the jail system or direct report after a court hearing. In the majority of cases, residents arrive for intake at 6:00 pm. The facility will know the names and history (via previously mentioned computer interface with other agencies) before the resident arrival. If needed, an interpreter will arrive prior to or at the same time as the resident, therefore providing face-to-face interaction. The same will occur for those who are hearing or speech impaired. The PURPLE system is ready to use during intake. If a resident is blind, has intellectual disabilities, or psychiatric disabilities, the PREA information is read aloud to them. If the intake officer is concerned that an individual (i.e.: intellectual or psychiatric disabilities) would pose a problem for the resident, the intake officer will speak to their supervisor to determine if this placement is appropriate. If not appropriate, the supervisor will arrange a move to another location. (The Anoka County Workhouse has the final determination if a resident is appropriate for their facility. They can remove and place a resident at another facility/location.)

Staff interviews confirmed that the residents are not used as interpreters. They did state that there is a language line that is used in intake that they could use. (A couple staff stated that if there was an emergency, they might use a bi-lingual staff.) Staff did state that their current residents are all English speaking and the need for an interpreter is not often.

In addition, there are abundant PREA poster through out the facility. Residents knew exactly where they were posted.

Corrective Action: None

Standard 115.217: Hiring and promotion decisions

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

115.217 (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

115.217 (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

115.217 (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: 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

115.217 (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

115.217 (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

115.217 (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

115.217 (g)

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

115.217 (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*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-756: Background Checks for Current Employees/Volunteers

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Personnel file reviews of staff hired or promoted

Personnel file reviews of current staff

Records of background checks of contractors who might have contact with residents

Administrative Clerical Staff Interview

Personnel file reviews of staff who have had five-year criminal background checks

Job Application / Job Specific Supplemental Questions

Bureau of Criminal Apprehension / Data Privacy Division

Interview with Contract Staff

Interview with Facility Administrator

115.217 (a)

Policy PS-802, page 5, distinctly discusses hiring and promotional decisions that will not occur if the individual has engaged in sexual abuse in any corrections setting, been convicted of engaging or attempting to engage in a sexual activity facilitated by force, overt or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse or if the individual had been civilly or administratively adjudicated to have engaged in the activity.

115.217 (b)

This same policy PS-802, page 5 states that the department will consider any incidents of sexual harassment in determining hiring or promotions, to include the services of any contractor who will have contact with residents.

In the Job Application / Job Specific Supplement Questions (utilized for new hires, transfers and promotions) #10 states: PREA Verification (28 CFR 115.217 and 115.317) United States Code of Federal regulations requires the Anoka County Corrections Department to screen applicants to ensure we comply with the criteria set forth in the Prison Rape Elimination Act (PREA). As an applicant for a position that may have contact with inmates, we must document your answers to the following questions. Please be aware that your response to these questions in your disqualifications from further consideration for this position. Do you understand this requirement? #11. Have you 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)? #12. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercions, or if the victim did not consent or was unable to consent or refuse? #13. Have you been civilly or administratively adjudicated to have engaged in the activity described in the question above?

115.217 (c)

Policy PS-756, page 1 states that all current volunteers, temporary and permanent staff will have a documented criminal background check completed every 5 years at a minimum. The criminal record checks shall consist of a Bureau of Criminal Apprehension (BCA) and driver's license (DL) check, as allow by state law.

In the past 12 months:

The number of persons hired who may have contact with residents who have had criminal background record checks: 12

The Bureau of Criminal Apprehension (BCA) had stated that it was against Minnesota law to conduct criminal background checks for current employees (considered a Data Privacy Breach). The only time a background check could occur was at the hire date, for lateral transfers or promotions. Since that original decision an exception has been given to the Workhouse allowing for that check to occur (for PREA purposes). Those records are housed in the county offices.

115.217 (d)

Policy PS-756, page 1 states that contracted vendors providing direct service to correctional clients are subject to the same criminal background expectations as department employees and volunteers.

In the past 12 months:

The number of contracts for services where criminal background records checks were conducted on all staff covered in the contract who might have contact with residents: 2

The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

115.217 (e)

Please note the response in 115.217(c) and (d).

115.217 (f)

Policy PS-756, page 3 shares that the agency shall ask all applicants and employees who may have contact with residents/inmates directly about any previous misconduct in written application or

interviews for hiring promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.

Also stated in Policy PS-802, page 6 that failure to immediately report information about sexual abuse, sexual harassment and/or staff sexual misconduct may result in disciplinary action, including discharge from employment.

115.217 (g)

Please note response in 115.217 (f).

115.217 (h)

See 115.217 (b). In addition, the facility Administrator clearly stated that he would provide information on any substantiated allegation of sexual abuse or harassment that involved a former employee, after receiving a request.

Comments:

Personnel files of staff that were randomly interviewed were reviewed. Proper documentation included questions regarding prior sexual abuse / sexual harassment allegations, conviction or adjudication for sexual abuse and/or sexual harassment; criminal background checks prior to start date and contacts with prior employers. In two cases, a criminal background check was completed prior to offering of the position and again prior to start date.

The Turnkey contract staff was questioned regarding PREA and had feedback with appropriate responses. He has no inmates in his office/supply area. All inmates are removed from the vending areas when machines are being filled, as well as staff are able to visually watch the vendor as he moves around the facility. The contract staff had background checks completed.

Corrective Action: None

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Interview with Director
Interview with Facility Administrator
On-site Review

115.118 (a)

The facility has not acquired, renovated or expanded its existing facility since it's last PREA Audit.

115.118 (b)

The following were the changes that have taken place since the last audit: three (3) new IP cameras were added to the surveillance system, sixteen (16) analog cameras were upgraded to IP cameras and seven (7) new intercoms 3-in-1 stations (video, audit, locks with card readers). Also added was a new server for all cameras upgraded to include moving server to a more secure area of the facility.

The Director and Facility Administrator shared that they are constantly reviewing the operation of the facility to see if it presents future needs. The Director reported that one and one-half years ago a Safety Review was completed by an outside company. That company "liked" the facility and only gave a few recommendations; to include a card reader (elevators, front door) which has since been installed.

Corrective Action: None

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (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

115.221 (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

115.221 (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

115.221 (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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (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 115.221(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*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Information: verbal and written provided by Amy Schmitz, RN, BSN, SANE-A, Forensic Nursing Program Lead, Allina Health (provides SANE services to Mercy Hospital

Information: verbal and written provided by Commander Bryon Fuerst, Anoka County Sheriff's Office, Criminal Investigation Division

Staff Interviews

PREA Coordinator / Facility Administrator

115.221 (a)

Policy PS-802, pages 10 – 13, describes the step by step detail of responding to a report of a sexual abuse incident. These pages are written for non-security, security staff, supervisor/coordinator and health services manager.

Interviews with staff showed that they were trained in the step by step process for addressing either an allegation or a presenting situation. They were able to walk through the steps and the reasons that those steps were taken.

Note: The Anoka County Workhouse is responsible for administrative investigations only.

115.221 (b)

As noted in the paragraph above the protocol written for staff, etc. is appropriate. No protocol has been written for youth as the facility does not house this population.

115.221 (c)

Policy PS-802, page 11 – 12 shares the format for providing a forensic exam at their local hospital (Mercy). Mercy Hospital coordinates SANE services through Allina Health. If a SANE cannot be made available, the examination can be performed by other qualified medical practitioners, with documentation being made concerning the efforts to provide SANE.

Page 13, #18, states that treatment services (all) shall be provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In the past 12 months:

The number of forensic medical exams conducted: 0

The number of exams performed by SANEs or SAFEs: 0

The number of exams performed by a qualified medical practitioner: 0

The facility nurse stated that numerous years ago she was SANE certified but has not provided a SANE examination in over ten years. Even though she remembers all the steps within the process, she would not provide this service for the facility. All situations of sexual abuse that merits a SANE examination would be addressed by Mercy Hospital. This staff member shared that there are no financial costs to a victim that would be associated with an examination, and any follow-up services

115.221 (d)

The SANE staff reported that they contact the local rape crisis center, Alexandra House, for an advocate to be present during an examination. Policy, page 13, #13 and 14, also adds that the evaluation and treatment of such victims shall include, as appropriate follow-up services, treatment plans, and when necessary referrals for continued care following their transfer to, or placement in, other facilities, or their release from services. The facility shall provide such victims with medical mental health services consistent with the community level of care.

If requested by the resident or if an advocate is not available, a staff member will be provided to support the victim.

115.221 (e)

See prior responses, per Alexandra House, advocates will stay with the victim throughout the examination, interviews and will provide emotional support, crisis intervention, information and referrals for as long as the victim wants their services.

If requested by the resident or if an advocate is not available, a staff member will be provided to support the victim.

115.221 (f)

The Anoka County Workhouse only provides investigations into administrative incidents. All criminal investigations take place via the Anoka County Sheriff's Office, Criminal Investigation Division. On a rare occasion (once), they requested that the Anoka Police Department come to their facility to arrest one individual.

Policy indicates and staff reiterated that when a sexual abuse allegation occurs, CID is contacted. A Detective or CID staff member will arrive at the facility to start the investigation. This CID staff would usually arrive before the victim is taken to the hospital. If the situation was violent, the victim would immediately be transported.

Commander Fuerst CID, shared that all current detectives are trained in forensic interviewing and have experience investigating sex crimes. Their detectives work closely with the SANE program, Alexandra House Advocates, Anoka County Attorney's office and Child Protection. They are also specifically trained in sexual abuse in a confined setting as well the National Institute of Corrections PREA Investigators training.

115.221 (g)

N/A

115.221 (h)

See 115.221 (f)

Comment: It should be noted that the facility investigator has also completed NIC's PREA training.

Corrective Action: None

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (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 conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting, and Response

Interview with Director

Investigation File Review

115.222 (a)

Policy PS-802, page 11 states that all allegations of sexual abuse and sexual harassment including third party and anonymous reports shall be reported to the facility investigators. Therefore, all investigations are completed. Also, on page 9, it states that the acting supervisor will review allegations of sexual abuse, harassment and staff sexual misconduct and makes appropriate notifications.

In the past 12 months:

The number of allegations of sexual abuse and sexual harassment that were received: 7

The number of allegations resulting in an administrative investigation: 6

The number of allegations referred for criminal investigation: 1

115.222 (b)

Policy PS-802, states in several locations, requirements in regarding to referrals to an agency with the legal authority to conduct criminal investigations. Page 10, #10, Cooperate with further investigation as required by the Department, County Attorney's Office and/or law enforcement and advise them of the requirements found at 28 CFR 115.21. Page 11, # 4, Facilitate contact with law enforcement and cooperate with any investigation. Page 15, 2b, the supervisor reviews the allegation and determines the appropriate course of action, which may include: 1) Consulting with administration and the County Attorney's Office if the alleged perpetrator is a staff, volunteer or contract staff, etc. 2) Gathering further information, including interviewing involved parties in consultation with administration and the County Attorney's Office. 7) Consulting with administration and the County Attorney's Office regarding protocols for employee discipline, if applicable.

The Anoka County Workhouse website states the following: "The Prison Rape Elimination Act (PREA) is a federal law to guide correctional institutions about detecting, preventing, reducing and punishing sexual abuse/misconduct in confinement settings. Anoka County Corrections has a zero-tolerance policy for any

sexual behavior, sexual harassment, or sexual misconduct of inmate-on-inmate or staff-on-inmate. Staff includes employee, volunteer, official visitor or contract staff”.

“All inmates are educated on how to report such acts while in Anoka County Community Corrections facilities. If you or someone you know has been victimized, or may be at risk of being a victim, report it immediately”.

“All reports are taken seriously and will be thoroughly investigated. False reports will be prosecuted to the fullest extent of the law.”

The Anoka County Community Corrections department maintains a zero-tolerance policy for sexual abuse. The policy is available upon request.

115.222 (c)

As stated above the facility makes the policy available to whoever requests it.

115.222 (d) N/A

115.222 (e) N/A

Corrective Action: None

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (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 confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? 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? 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

115.231 (b)

- 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

115.231 (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

115.231 (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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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Interviews with staff
Review of training records
Review of Training curriculum
Interview with Facility Administrator
Discussion with Training and Program Coordinator

115.231 (a)

A review of the training curriculum showed a PowerPoint that was well done. It details not only those items listed in 115.231 but also includes history of why PREA was put into effect, the function of the law, national data, the Continuum of Sexual Activity of Adult Offenders, the Continuum of Sexual Activity – Staff on Inmate, Codes of Silence, and multiple scenario work including both male and female inmates.

115.231 (b)

The Anoka County Workhouse houses both male and female residents. All staff receives the same training as they can be assigned to work at any post. Training is inclusive.

It should be noted that several locations/departments fall under the umbrella of Anoka County Corrections (i.e.: Probation, jails, Workhouse). Although this is correct from a Department view, any staff beginning work at the Workhouse is considered new staff and will receive training as such.

115.231 (c)

All staff receive PREA training prior to having resident contact. Refresher training occurs yearly.

Policy PS-802, page 6, C,1, b: The department will offer periodic in-service training on sexual abuse, available to staff, contractors and volunteers for professional development. The facility Administrator or designee and PREA Coordinator will determine the specific content, format and frequency of training in accordance with PREA standards.

The number of staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements: 8

The percent of staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements: 100%

115.231 (d)

Staff members sign a training roster showing that they attended the training. A reviewed training roster shows that on 3/6/19, a two-hour training on PREA and a one-hour training on NARCAN. A May 1, 2019, showed a training on Emergency Procedures (1 hour), Inmate Rights/Violation Process (1 hour), PREA Booster (1 hour). Sign off sheets were reviewed. Those signatures not only were signed by staff but also by contractors. Training records are kept separate from personnel files. Documentation is kept in the Training and Program Coordinator's office behind a locked door.

Staff shared during their interviews that they receive yearly PREA training and periodic training throughout the year. All staff interviewed shared that they received additional training at the beginning of this month (May) during their staff meeting.

Comments: It should be noted that several locations/departments fall under the umbrella of Anoka County Corrections (i.e.: Juvenile Institutions, Court Services and Rum River which includes the Anoka County Workhouse). Although this is correct from a larger view, any staff beginning work at this location is considered new staff and will receive training as such.

Corrective Action: None

Standard 115.232: Volunteer and contractor training

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

115.232 (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

115.232 (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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response
Prison Rape Elimination Act Guide on Sexual Abuse Prevention and Response for Program Volunteers and Contractors
Training Curriculum
Interview with Contractor - Turnkey
Training records of Volunteers and Contractors

115.232 (a)

Policy PS-802, page 6, C, a: During employee orientation or training academy, all new employees, including volunteers, contractors, correctional health staff or any other individual who has direct offender contact will receive information regarding sexual abuse and harassment, staff sexual misconduct and the potential consequences for engaging in prohibited conduct with an offender including our Zero Tolerance Policy and how to report such incidents.

The number of volunteers and individual contractors who have contact with residents who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response: 39

The percent of volunteers and individual contractors who have contact with residents who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response: 100%

The training curriculum for volunteers and contractors is appropriate.

115.232 (b)

Policy PS-802, page 6, C,1, b: The department will offer periodic in-service training on sexual abuse, available to staff, contractors and volunteers for professional development. The facility Administrator or designee and PREA Coordinator will determine the specific content, format and frequency of training in accordance with PREA standards.

The Program Volunteers and Contractors Guide has extensive statements on the Anoka County Workhouse's Zero Tolerance Policy. This document also includes how to report sexual abuse or sexual harassment, detecting sexual abuse and sexual harassment, and maintaining professional relationships with inmates. This acts as their training curriculum. In addition, there is a PREA Training Acknowledgment sign-off sheet and a review questionnaire.

115.232 (c)

The facility does maintain documentation of volunteer and contractors training. This includes a sign-off sheet that includes language surrounding their understanding of the training material.

Comments: The Workhouse does require all volunteers and contractors to complete training on PREA; to include their responsibilities in relation to sexual abuse and sexual harassment (zero-tolerance, reporting, signs, dynamics, etc.). Each individual also receives written material on PREA and is tested on that material.

Sign-off sheets for training were reviewed. Volunteers and contractors participated in the same training as staff and signed the training forms as such.

Corrective Action: None

Standard 115.233: Resident education

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

115.233 (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
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- 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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response
Interviews with Intake Staff
Interviews with Residents
Resident files
Resident PREA informational materials
PREA Posters, handbooks
On-site review

115.233 (a)

Policy PS-802, page 7, addresses Offender/Resident Education. Newly committed offenders receive orientation regarding sexual abuse/harassment and reporting. Information is available in various formats to include written, verbal and video. Interpreter services will be made available for an offender who has a disability that impacts his/her ability to communicate, i.e.: hearing or vision impairment. Also available is interpretive services for those who do not speak and/or understand English. Through out this orientation, the offender is given information regarding the agencies zero-tolerance policy, how to report incidents or suspicions, their right to be free from sexual abuse and sexual harassment and freedom from retaliation.

Of residents admitted during the past 12 months:

The number who were given this information at intake: 1590

The percent who were given this information at intake: 100%

115.233 (b)

Offenders are not transferred from a like facility to the Anoka County Workhouse. They receive their residents via jail, Department of Corrections or from the courts. Each individual who arrives at the facility is given a full screening and orientation, even if they have been in this facility previously.

In the past 12 months:

The number of residents transferred from a different community confinement facility: 0

The number of residents transferred from a different community confinement facility who received refresher information: 0

115.233 (c)

Policy PS-802, page 7 - #2, addresses Offender/Resident Education. Newly committed offenders receive orientation regarding sexual abuse/harassment and reporting. Information is available in various formats to include written, verbal and video. Interpreter services will be made available for an offender who has a disability that impacts his/her ability to communicate, i.e.: hearing or vision impairment. Also available is interpretive services for those who do not speak and/or understand English. Throughout this orientation, the offender is given information regarding the agencies zero-tolerance policy, how to report incidents or suspicions, their right to be free from sexual abuse and sexual harassment and freedom from retaliation.

115.233 (d)

Policy PS-802, page 7 - #2, j: The facility will maintain documentation of resident participation in education sessions.

115.233 (e)

Posters, materials, handbook and reminders are posted throughout the facility. Residents knew where they were located and their ability to use the reporting information included.

Comments: All staff at the Anoka County Workhouse could be assigned to provide intake duties. Once the resident arrives at the facility, they are given their property, locker assignment and are then taken to the Intake area before receiving their bed assignment. (Residents that were interviewed stated that the time lapse between arriving at the facility and the start of the intake process was 20 minutes to 2 hours. None complained about the time frame. Only one individual said it was longer as she arrived at the facility at 10 p.m. and then had her intake the next morning.) Males and female residents go through the PREA video, handbook and PREA brochure in gender specific groups. Each resident and the intake officer then proceed to a secure office to review the PREA assessment and other pertinent intake information.

The facility knows the names and history (via previously mentioned computer interface with other agencies) before the resident arrival. (All intakes are scheduled.) If needed, an interpreter will arrive prior to or at the same time as the resident, therefore providing face-to-face interaction. The same will occur for those who are hearing or speech impaired. The PURPLE system is ready to use during intake. It provides a camera as well as a phone for the use of sign language. If a resident is blind, has intellectual disabilities or has psychiatric disabilities the PREA information is read aloud. If the intake officer is concerned that an individual (i.e.: intellectual or psychiatric disabilities) would pose a problem for the resident at the facility. The intake officer will have a conversation with their supervisor to determine if this placement is appropriate. If not, the supervisor will manage a move to another location. (The Anoka County Workhouse has the final determination if a resident is appropriate for their facility. They have the ability to remove and place a resident at another facility/location.)

In addition, there are abundant PREA poster throughout the facility. Residents knew exactly where they were posted.

Interviewed residents stated that they received both verbal and written PREA information during their intake process. All understood what they were told, plus stating that they were able to ask questions both during the group video review and during the private intake process.

Corrective Action: None

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(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 115.221(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 115.221(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 115.221(a).] Yes No NA

115.234 (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 115.221(a).] Yes No NA

115.234 (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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Interviews with Facility Administrator/Facility Investigator/PREA Coordinator
Interview with Commander, Anoka County Sheriffs Department, Criminal Investigations Division
Investigative Training Curriculum
Personnel training records

115.234 (a) (b) (c)

All Detectives in the Criminal Investigation Department at the Anoka County Sheriff's office have been through numerous trainings for dealing with sexual abuse crimes; to include NIC's training and sexual abuse in confined settings.

The facility investigator has also completed the PREA Investigations training through NIC

115.234 (d) N/A

Corrective Action: None

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (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 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

115.235 (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

115.235 (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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? 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 §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 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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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response
Interviews with Medical - Nurse
Training records of Medical Staff

115.235 (a)

Policy PS-802, page 6, C, a: During employee orientation or training academy, all new employees, including volunteers, contractors, correctional health staff or any other individual who has direct offender contact will receive information regarding sexual abuse and harassment, staff sexual misconduct and the potential consequences for engaging in prohibited conduct with an offender including our Zero Tolerance Policy and how to report such incidents. All staff will be trained to recognize the signs of offender sexual victimization and understand his/her responsibility in the detection, prevention, prohibition, reporting, and consequences of sexual abuse, sexual harassment and staff sexual misconduct.

Additionally, under Section C: Staff must always act professionally and must treat any allegation of sexual abuse of harassment seriously and report it as required by policy.

The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 3

The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

Note: One nurse is assigned to this facility full time.

115.235 (b)

N/A Forensic examinations are completed by SANE trained staff at Mercy Hospital.

115.235 (c)

Training files were reviewed. Documentation showed that staff received the same training as correctional staff.

115.235 (d)

Training files show that medical staff receive the same training as correctional staff, including evidence protection.

Comments: Nursing staff at the Workhouse are employed by Anoka County Public Health. The nurse that was interviewed has been assigned to this facility part-time since 2011 and full-time for the past three (3) years. She previously worked as a SANE nurse but has not provided those duties for the past ten (10) years. Besides the training provided by the facility, she attends In-serves and conferences related to her job duties. She was able to provide specific actions to be taken in case of a sexual abuse or sexual harassment. Although, there is no mental health staff who work at the facility, the nurse stated that referrals are made to agencies in the community. Staff ensure that residents attend those sessions.

Corrective Action: None

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual,

transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response
 Prison Rape Elimination Act (PREA) Sexual Violence Prevention Screening form
 Staff Interviews
 Resident Interviews
 Site Review
 Review of Resident Files
 Training logs of medical and mental health practitioners
 PREA Screening Document

115.241 (a)

Policy PS-802, page 8 describes the Offender Intake Screening. When an offender arrives at the facility as a new commitment, or facility transfer, intake staff will complete a Sexual Violence Prevention (PREA) Screening Checklist that meets the requirements of 28 CFR 115.41, a medical and mental health screening, review the offender's available file information and interviews the offender to assess his/her potential for vulnerability to sexual abuse and/or tendencies to engage in sexually aggressive behavior.

Policy PS-802, Page 3, G states: At intake (including transfers between facilities), staff must meet with offenders/residents to complete a Sexual Violence Prevention (PREA) Screening Checklist (attached), as

well as medical and mental health screening. PREA screening will be conducted during intake or no later than 72 hours of intake and a rescreening will be conducted not to exceed the first 30 days in custody.

115.241 (b)

See 115.241 (a)

In the past 12 months:

The number of residents entering the facility (either through intake or transfer) who length of stay at the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing the other residents within 72 hours of their entry into the facility: 1553

The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

115.241 (c)

Assessments are completed using the PREA Sexual Violence Prevention Screening form.

115.241 (d)

The screening document contains all nine of the requirements noted in this standard.

115.241 (e)

The screening document includes language to assess prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse.

115.241 (f)

Policy PS-802, Page 3, G states: At intake (including transfers between facilities), staff must meet with offenders/residents to complete a Sexual Violence Prevention (PREA) Screening Checklist (attached), as well as medical and mental health screening. PREA screening will be conducted during intake or no later than 72 hours of intake and a rescreening will be conducted not to exceed the first 30 days in custody.

In the past 12 months:

The number of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 73

The percent of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexual abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 100%

115.241 (g)

Policy PS-802, page 8, c: states that a resident's risk level shall be assessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

115.241 (h)

Policy PS-802, page 8, a: states that a resident may not be disciplined for refusing to answer, or for not disclosing, complete information in response to questions asked of them.

115.241 (i)

Policy PS-802, page 8, b: states that the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to Standard 115.241 to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Comments: All residents and staff interviewed stated that intake/PREA Screening happens immediately upon arrival (one resident stated that she arrived at 10:00 p.m. and her intake occurred the next day). Residents also stated that if they leave the facility, even if its for a day or two, a complete intake will occur when they return. Those residents who remain in the facility longer than the average stay (18 days) stated that they were asked the intake questions again. As previously stated, the facility administration realized that if the thirty (30) day mark fell on the weekend or holiday, it was possible for the time to be exceeded by a day to three (3) days. Since that time, an in-house directive has been implemented to change from thirty (30) days to twenty-five (25) days, to ensure that the Reassessment is done timely.

Corrective Action: None

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- 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

115.242 (d)

- 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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? 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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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Resident File Reviews

Interview with PREA Coordinator/Facility Administrator

Interviews with staff

Interview with Gay and Bi-sexual Residents

Site Review

115.242 (a)

Policy PS-802, page 8, b: The PREA Screening, medical and mental health screenings and classification information will be used to determine housing, bed assignments, work crew assignments and the need for further referral based on the information.

Policy PS-802, page 8, c: Staff completing the PREA Screening Checklist must consult with supervisory staff to determine appropriate housing placement for any offender with a potential sexual vulnerability or one who may pose a risk to sexually victimize other offenders. Staff may also make referrals based on information obtained from the mental health or medical screening, observed behavior, and/or at the offender's request.

115.242 (b)

Policy PS-802, page 8, c: Staff completing the PREA Screening Checklist must consult with supervisory staff to determine appropriate housing placement for any offender with a potential sexual vulnerability or one who may pose a risk to sexually victimize other offenders.

115.242 (c)

Policy PS-802, page 8, c: In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case by case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

115.242 (d)

Policy PS-802, page 8, g: Transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Policy PS-802, page 8, 3., c: A resident's risk level shall be assessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

115.242 (e)

Policy PS-802, page 8, e: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

115.242 (f)

Policy PS-802, page 8, h: The agency shall not place gay, lesbian, bisexual transgender or intersex residents in dedicated facilities, units, wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

Comments: One bi-sexual and one gay resident was interviewed during the audit process. Both stated that they were asked questions related to their feeling of being safe, if their housing felt appropriate and if the showering process was appropriate. Both felt very safe at this facility. They had no issues with the way they were treated by staff or by other residents.

Corrective Action: None

REPORTING

Standard 115.251: Resident reporting

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

115.251 (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

115.251 (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

115.251 (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

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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- 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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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response
Resident Handbook
Posters
Site Review
Interviews with staff
Interviews with residents
Interview with PREA Coordinator/Facility Administrator

115.251 (a)

Policy PS-802, page 9 states: All offenders are encouraged to report to staff if he/she has been victimized or the offender has knowledge of sexual abuse harassment or staff sexual misconduct occurring against another offender.

The policy continues outlining several different methods for reporting, to include; via the PREA Screening Checklist, Direct Report, Anonymous Reporting, Third-Party Reporting, Outside Agencies, acceptance of reports by staff received by any of the listed methods. Additionally, it describes a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

Policy PS-802, page 2-3 states: There are multiple ways for offenders/residents to report allegations of sexual abuse, sexual harassment and/or staff sexual misconduct perpetrated by other offenders, staff, contractors, or volunteers. Reports can be made directly or anonymously to any facility line-staff, volunteers or contracted staff, supervisory staff or nursing staff, either verbally or in writing. Other reporting methods include directly to law enforcement or an identified community-based agency or through a third party on behalf of the inmate/resident. Staff that receives a report of sexual abuse, harassment or staff sexual misconduct must immediately report the information as outlined in the procedures below.

115.251 (b)

See 115.251 (a).

115.251 (c)

Policy PS-802, page 9, e states: Staff shall accept reports made verbally, in writing anonymously and from third parties and shall promptly document any verbal reports within 24 hours.

115.251 (d)

Policy PS-802, page 9, e states: Staff shall accept reports made verbally, in writing anonymously and from third parties and shall promptly document any verbal reports.

Comments: Interviews with residents showed that they knew the methods for reporting sexual abuse and sexual harassment. If they couldn't share the complete lists of methods, they shared that there were posters throughout the facility that listed the names, phone numbers and mailing addresses. Almost all of those interviewed felt that they could talk to staff.

Those staff interviewed were also able to name the methods for reporting. They were also able to share what steps they would take if a resident were to come to them to report a situation.

Corrective Action: None

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (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

115.252 (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

115.252 (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

115.252 (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 115.252(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

115.252 (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 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

115.252 (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

115.252 (g)

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

Auditor Overall Compliance Determination

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

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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-608: Grievance Procedure
Resident Handbook
Interview with Facility Administrator

115.252 (a)

Policy PS-608: Purpose: To provide inmates a grievance procedure and appeal process per DOC Standard 2911.2900 and PREA 115.252 Exhaustion of Administrative Remedies.

This policy states: All inmates will be provided with the procedure and forms to ensure access to the grievance and appeal process.

The policy contains information on Informal Resolution, Formal Resolutions, Appeal, Documentation, PREA Sexual Abuse Incidents and Emergency Grievances.

115.252 (b)

Policy PS-608, page 4, E. #1 states: Inmates may submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

Under Formal Resolution, that does not pertain to sexual abuse or sexual harassment, residents are given time limits related to the filing of grievances.

The policy further states that the resident may use whatever format they wish.

115.252 (c)

Policy PS-608, page 4 states: Inmates may submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint.

115.252 (d)

Policy 608, page 4, states: #4 A decision on the merits of any grievance or portion of a grievance alleging sexual abuse must be made within 90 days of the filing of the grievance. #5 Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. #6 Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. #6 In any case where the agency requests an extension of the 90 day period to respond to a grievance, a final decision must be made within a 70 day extension period to resolve #7 If the agency requests an extension, the agency will notify the inmate in writing to include notice of the date by which a decision will be made. #8 At any level of the administrative process, including the final level if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

In the past months:

The number of grievances filed that alleged sexual abuse: 0

The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0

The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

115.252 (e)

Policy 608, page 5, #9 states: Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of residents.

If a third party 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.

If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

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

decline: 0

115.252 (f)

Policy 608, page 5, states: #1 Inmates may file an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. #2 After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of supervisory review at which immediate corrective action may be taken. #3 Emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. A final decision must be reached within 5 days. #4 The initial response and the final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances that had an initial response within 48 hours: n/a

115.252 (g)

Policy 608, page 5, states: #5 Inmates who file emergency grievances alleging sexual abuse may be disciplined administratively to include lost good time or transfer to secure custody where the agency demonstrates that the resident filed the grievance in bad faith.

Comments: No grievances have been filed related to sexual abuse.

Corrective Action: None

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (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

115.253 (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

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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response
Site Visit
Resident Interviews
Posters
Resident Handbook
Agreement with Alexandra House
Alexandra House Information/discussion

115.253 (a)

Policy PS-802, page 7 states: Newly committed offenders will receive orientation regarding sexual abuse/harassment and reporting. Information will be available in various formats including written, verbal and video.

Review of the Resident Handbook, visual observation of posters, observation of intake process, has shown that there is ample information available to residents to access outside advocates for services.

115.253 (b)

Policy PS-802, page 12, 12: The facility shall inform residents, prior to giving them access, or the extent to which such communications will be monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The nurse stated that she is a mandatory reporter and that she tells residents/inmates of her requirements during any discussion. The intake process also shares the format for reporting and how/if that information becomes available to them.

115.253 (c)

The Anoka County Workhouse has a written working agreement with Alexandra House which addresses support services which can be provided to offenders at the facility. Alexandra House provided the auditor with written information concerning their relationship with the Workhouse and the services they provide.

Corrective Action: None

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Brochure for Alexandra House

Report Line

Posters

Resident Handbook

Staff Interviews

Website Page

115.254 (a)

Policy PS-802, page 9: Anonymous or Third-Party Reporting: Staff may receive an anonymous kite, hear a rumor, or other third-party information (including from an offender’s family or friend) that an offender has been the victim of sexual abuse/harassment/staff sexual misconduct. Staff must immediately report all information report to acting supervisor who will determine whether, and how, and investigation will proceed. Staff will complete a confidential incident report and forward it to supervisory staff.

Comments: The Website for the Anoka County Workhouse lists ways for a third-party report to be made, either through a PREA Reporting telephone number or through the Alexandra House.

Corrective Action: None

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain 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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Staff Interviews

Interview of Director Dylan Warkentin

Interview of PREA Coordinator/Facility Administrator

Review of Investigation Reports

115.261 (a)

Policy PS-802, page 9: Direct Report: Any staff, contractor or volunteer who receives a verbal or written report of sexual abuse/harassment or staff sexual misconduct must immediately notify the acting supervisor and complete a confidential incident report. Staff must immediately report any communication, including rumors from staff or offender that may indicate sexual abuse, harassment or staff sexual misconduct has occurred. Anonymous or Third-Party Reporting: Staff may receive an anonymous kite, hear a rumor, or other third-party information (including from an offender's family or friend) that an offender has been the victim of sexual abuse/harassment/staff sexual misconduct. Staff must immediately report all information report to acting supervisor who will determine whether, and how, and investigation will proceed. Staff will complete a confidential incident report and forward it to supervisory staff.

115.261 (b)

Information is provided to the resident on ways to report abuse or harassment to a public or private entity or office that is not this facility via intake, brochures and facility posters.

115.261 (c)

Medical and Mental Health providers are considered mandatory reporters and must inform residents of this fact, to include her limits of confidentiality. The nurse stated that she shares this information residents prior to any relevant discussions.

115.261 (d)

The Anoka County Workhouse does not hold individuals who are 18 years old or under.

115.261 (e)

Policy 802, page 10, #4 states: Immediately inform the acting supervisor/shift coordinator of the alleged sexual abuse and follow instructions regarding follow-up reporting. Medical, and are contacting law enforcement.

Page 802, page 10 #8 states: Forward the First Responder Sexual Abuse Response Checklist and confidential incident report to the acting supervisor.

The supervisor referred to in this policy statement would be the investigator/Facility Administrator.

Corrective Action: None

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Interview with Director

Interview with Facility Administrator

Staff Interviews

115.262 (a)

Policy PS-802 page 8, b states: If the screening identifies an offender with a potential vulnerability and/or demonstrated risk for sexually aggressive behaviors, staff must immediately notify the supervisor, coordinator, shift coordinator, acting or "on-call" supervisor.

In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0

If the facility made such determination in the past 12 months, the average amount of time that passed before taking action: n/a

The longest amount of time elapsed before taking action: n/a

Comment: All interviews with staff regarding screening residents/inmates that identify with being potentially vulnerable or aggressive indicated that they would immediately go to the supervisor of their shift to report their concerns after the conclusion of the intake. As residents/inmates do not receive their bed assignment

until this point, it gives the intake officer and the supervisor adequate time to determine appropriate bed placement. If there is serious concern regarding a potential predator, the jail is called, and the resident is removed.

Corrective Action: None

Standard 115.263: Reporting to other confinement facilities

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

115.263 (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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Documentation of allegation that a resident was abused at another facility
Interview with Director

115.263 (a) (b)

Policy PS-802, page 13, 2 – c states: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 1

115.263 (c) (d)

Policy PS-802, page 14, d states: The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Corrective Action: None

Standard 115.264: Staff first responder duties

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

115.264 (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

115.264 (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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

PREA Reporting Flow Chart

Security Staff and Non-Security Staff First Responders

115.264 (a)

Policy PS-802, page 10: The policy addresses "Correctional Facility Sexual Abuse – Current Incident". The policy is extensive in relating steps to be taken in this instance. It covers separating the alleged victim and abuser, preserving and protecting the crime scene, providing safety and support to the victim, ensuring that bodily evidence is not destroyed (both alleged victim and alleged abuser).

In the past 12 months, the number of allegations that a resident was sexually abused: 1
Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0 (They were separate at the time of the report.)

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0

Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report:

Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0

Requested 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: 0

115.264 (b)

Policy PS-802, page 10, E, 1a states: If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Of those allegations responded to first by a non-security staff member, the number of times that the staff:

Requested that the alleged victim not take any actions that could destroy physical evidence: n/a

Notified security staff: n/a

Comments: There has been only one allegation of sexual abuse at the facility within the past twelve (12) months. This incident was referred for criminal investigation. Charges were filed in coordination with the Anoka County Attorney's Office. In this case, the situation was caught on camera. The female perpetrator was standing in a doorway of a dorm room, 'tossing' another female's breasts. Law Enforcement was immediately called, an arrest was made, and the perpetrator was removed from the facility. To date, this criminal case has not been concluded.

Corrective Action: None

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response
 PREA Reporting Flow Chart
 Interview with Director Dylan
 Interview with Facility Administrator
 Interview with Shift Supervisor
 Interview with Nurse

115.265 (a)

Policy PS-802 shows the flow of actions to be taken in response to an incident of sexual abuse, whether current or a later report. It contains direction from the primary staff responder to supervisor/coordinator to correctional health staff to aftercare to the incident review. The policy is too large to be included in this response.

Comment: Interviews with staff and medical showed that all knew the flow of actions to be taken.

Corrective Action: None

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (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

115.266 (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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Collective Bargaining Agreement
Interview with Director
Interview Facility Administrator

115.266 (a)

The Collective Bargaining Agreement has no language applicable to PREA. Therefore, there is no limitations as to the action that can be taken with staff.

115.266 (b) N/A

Corrective Action: None

Standard 115.267: Agency protection against retaliation

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

115.267 (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

115.267 (b)

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

115.267 (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

115.267 (d)

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

115.267 (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

115.267 (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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Interview with Director

Interview with Facility Administrator/PREA Coordinator

115.267 (a)

Policy 802, page 12, #10 states: The agency will monitor for at least 90 days any resident/inmate who reports sexual abuse and residents who were reported to have suffered sexual abuse to see if there are any chances that may suggest possible retaliation by residents or staff. The facility PREA Coordinator will manage and document such cases.

115.267 (b)

The facility can access numerous methods for protecting inmates who have suffered sexual abuse or sexual harassment and/or those that report it; to include removal of a potential victim or potential

abuser from the facility, placing staff on administrative leave during an investigation, termination of staff, referral to an outside agency for emotional and mental support, monitoring for retaliation and stability and simply talking to the individual.

115.267 (c)

Policy 802, page 12, #10 states: The agency will monitor for at least 90 days any resident/inmate who reports sexual abuse and residents who were reported to have suffered sexual abuse to see if there are any chances that may suggest possible retaliation by residents or staff. The facility PREA Coordinator will manage and document such cases.

If yes, length of time that the agency and/or facility monitors the conduct or treatment: 90 days

The number of times an incident of retaliation occurred in the past 12 months: 0

115.267 (d)

See 115.267 (b)

115.267 (e)

See 115.267 (b)

115.267 (f) N/A

Comments: The facility closely monitors for any signs or reports (self-reporting or otherwise) of retaliation, any disciplinary reports, any needs for housing changes (not just for those who report retaliation), and any other indication that retaliation is occurring. If needed the monitoring will continue if necessary.

Because of the small number of staff, monitoring negative performance reviews of staff is on-going. Staff could be reassigned to a different floor, but that is not always feasible. If there is any question about retaliation by staff, staff would be put on administrative leave until a conclusion is reached.

Corrective Action: None

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (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

115.271 (d)

- 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

115.271 (e)

- 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

115.271 (f)

- 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

115.271 (g)

- 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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- 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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 115.221(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

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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Interviews of Investigative staff – Facility Administrator – Gary White
Conversation with Commander, Anoka County Sheriff's Office, Criminal Investigative Division
Interviews with staff

115.271 (a)

The Anoka County Workhouse investigates administrative investigation, while the Anoka County Sheriff's Office, Criminal Investigative Division investigates criminal allegations.

The Anoka County Workhouse immediately responds to any allegation. Whether it be to call CID immediately (for sexual abuse) or to start their own investigation. Allegations of sexual misconduct and sexual harassment are taken seriously by the facility. Staff shared that they have administration approval to act accordingly for the situation and to immediately report.

115.271 (b)

If there is an immediate allegation of assault/abuse, law enforcement is immediately called. As noted previously in this report CID is adequately trained in PREA investigations and Sexual Abuse in Confined Settings.

The facility investigator is trained via NIC, PREA Investigator training.

115.271 (c)

As mentioned previously, if an assault is immediate, CID is contacted. If the resident needs immediate medical care, an ambulance is called. If not, the resident waits until CID arrives. Staff have contained the residents, location and evidence (physical), contacted the supervisor on duty and subsequently waits for CID to arrive. CID gathers all evidence available, interviews both victim and perpetrator and witnesses. At that time the perpetrator is removed from the facility by CID. The facility provides any other facts/evidence as requested by CID, to include camera video.

In a situation, where the assault is not immediate, the facility investigator starts his process to determine if the alleged assault should be referred to the county attorney for prosecution. If so, CID takes over the investigation.

115.271 (d)

Once a resident has been removed for criminal prosecution, the facility takes no part in the investigation. All interviews are conducted by law enforcement.

115.271 (e)

If the resident is removed for criminal prosecution, facility staff has no part in the investigation. If there is an administrative investigation, the investigator and administration look at all the facts for that situation. Individuals are considered just that; not their legal status.

At no time is a resident asked to complete a polygraph or any other type of device.

115.271 (f)

During investigations, there is discussion at the administrative level as to any situation or action that could have contributed to any act of abuse. Also, this is documented in the Review Teams notes. Included in the document is a description of the report, evidence used (physical and/or verbal), reason for the findings and any action that needs to occur to ensure that this situation does not occur again (policy and procedural changes, addition of cameras, etc.)

115.271 (g)

The facility does not complete investigations for criminal prosecution. Everything is documented up to the time of the removal of the perpetrator and any subsequent action for the victim.

115.271 (h)

All substantiated allegations of sexual abuse that appear to be criminal are referred to law enforcement or the county attorney's office for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1

115.271 (i)

The records are maintained according to PREA requirements.

115.271 (j)

All administrative investigations by the Workhouse are completed. All investigations that occurred within the past twelve (12) months were reviewed by the auditor. All were completed.

115.271 (k)

N/A

115.271 (l)

Both the facility Administrator and the Commander at the Anoka County Sheriff's Department stated that the working relationship between the two is good. Neither had any suggestion as to how to improve the relationship. The facility reports that it maintains contact with the courts to hear of any decision in the criminal matter.

Corrective Action: None

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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

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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Interview with Investigative Staff

Interview with Facility Administrator

Review Team Documentation

115.272 (a)

Policy PS-802, page 16, G, a) states: Preponderance of Evidence is the standard of proof for internal administrative investigations of sexual abuse or harassment. At the conclusion of every investigation, a determination will be made based on the facts and evidence obtained whether the reported incident was substantiated, unsubstantiated or unfounded.

The Review Team documents all administrative investigations to include the process of the investigation, findings of fact, evidence and the results.

Corrective Action: None

Standard 115.273: Reporting to residents

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

115.273 (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

115.273 (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

115.273 (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

115.273 (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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Interview with Director

Interview with Investigative Staff/Facility Administrator

115.273 (a)

Policy PS-802, page 17 a) states: Following an investigation into an offender's allegation that he/she suffered sexual abuse in an agency facility, the facility supervisor or designee shall inform the offender in writing as to whether the allegation has been substantiated, unsubstantiated or unfounded.

In the past 12 months:

- The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the facility: 1
- The number of residents who were notified verbally or in writing, of the results of the investigation: 0 Unable to be contacted.

If the victim is still within the facility, he/she will receive notification, if the victim is no longer at the facility, notice is sent to their last reported address.

115.273 (b)

Policy PS-802, page 17 a) states: If another agency conducted the investigation, the supervisor or designee will provide the alleged victim relevant information obtained from the investigating agency.

Criminal investigations are completed by the Anoka County Sheriff's Office, Criminal Investigation Division. The facility maintains contact with law enforcement, the county attorney and/or the courts during criminal proceedings.

In the past 12 months:

- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 1 still pending
- The number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

The resident who was the victim in the above case was not able to be located to report the results of the investigation. Documentation of the attempt was written.

115.273 (c)

Policy PS-802, page 17 states: If the allegation involves staff sexual misconduct, the supervisor shall inform the alleged victim (unless the allegation is unfounded) whenever:

1. The staff is no longer posted in the unit.
2. The staff is no longer employed at the facility.
3. The staff has been convicted of a crime related to sexual abuse within the facility.
4. The victim will be notified in person, by phone or in writing of the outcome and the notification documented.

To date there has been only one situation where a staff member was removed from employment (sexual harassment). (This situation was outside of the twelve (12) month window.) There were several victims in this situation, they were notified.

115.273 (d)

Policy PS-802, page 17 states: If the allegation involves offender on offender sexual abuse, the supervisor or designee will inform the alleged victim whenever:

1. The alleged perpetrator is charged with a crime related to sexual abuse within the facility.
2. The alleged perpetrator has been indicted or convicted of a charge related to sexual abuse within the facility.

The resident who was the victim in the above case was not able to be located to report the results of the investigation. Documentation of the attempt was written.

115.273 (e)

Policy PS-802, page 17 a) states: Following an investigation into an offender's allegation that he/she suffered sexual abuse in an agency facility, the facility supervisor or designee shall inform the offender in writing as to whether the allegation has been substantiated, unsubstantiated or unfounded.

If the victim is still within the facility, he/she will receive notification, if the victim is no longer at the facility, notice is sent to their last reported address.

In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that were documented: 1

The resident who was the victim in the above case was not able to be located to report the results of the investigation. Documentation of the attempt was written.

115.273 (f) N/A

Corrective Action: None

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Policy PS-49: Rules and Regulations; Attachment – Code of Ethics

Interviews with Staff

115.276 (a)

Policy PS-802, page 2, A states: Offenders/Residents, staff contractors, visitors, volunteers, or any other individuals who have business with the Anoka County Correctional Institutions are subject to disciplinary action and/or criminal sanctions, including dismissal or termination of contracted services, if determined to have engaged in sexual abuse, sexual harassment, and/or staff sexual misconduct of an

offender. A violation of this policy by county employees will result in discipline including possible employment termination.

115.276 (b)

Policy PS-49, page 5, 20, g states: Employees are strictly prohibited from engaging in any form of sexual, physical or verbal abuse or harassing behaviors toward any probationers, offenders, residents or inmates. The department maintains a zero-tolerance policy toward all forms of such behavior. Allegations of staff abuse or harassment will be thoroughly investigated and may result in formal discipline including discharge from employment and/or criminal prosecution.

In the past 12 months:

- The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0
- The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

115.276 (c)

Policy PS-802, page 16, G, d) states: Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, the number of staff from the facility that have been discipline, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

115.276 (d)

Policy PS-802, page 16, G, e) states: All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal , and to any relevant licensing bodies.

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Comment: During the staff interviews, it was noted that staff understand the ramifications of inappropriate behavior on their part. It could mean anything from disciplinary action to termination (the more likely disposition).

Corrective Action: None

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (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

115.277 (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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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response
Interview with Director

115.277 (a)

Policy PS-802, page 17, r) states: Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0

115.277 (b)

Policy PS-802, page 2, C states: The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Comments: There has been no situation to date of a contractor or volunteer who engaged in sexual abuse with facility residents.

Corrective Action: None

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (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, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are 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

115.278 (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

115.278 (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 require the

offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (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

115.278 (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

115.278 (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*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Interview with Facility Administrator

115.278 (a)

Policy PS-802, page 19 states: An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such

activity to constitute sexual abuse if it determines that the activity is not coerced.

In the last 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred in the facility: 1

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

115.278 (b)

Policy PS-802, page 18, t states: Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

115.278 (c) (d)

Policy PS-802, page 19 states: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. If the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

115.278 (e)

Policy PS-802, page 19 states: The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (f)

Policy PS-801, page 9, D, f) and page 19 states: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g)

Policy PS-801, page 19 states: An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Comments: After a finding of guilt, the Workhouse can institute several in-house disciplinary actions; the most common of which is loss of good time and/or removal from the Workhouse. If it is determined that mental health may have entered into the equation, the inmate/resident would be referred to medical or could be removed from the facility.

Corrective Action: None

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (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

115.282 (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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Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Interviews with Medical Staff

Site Review

Medical Records

First Responders / Staff

Health Services Sexual Abuse Response Checklist

115.282 (a)

Policy PS-802, page 11, #6 states: If Correctional health staff is on duty, immediately notify them of the allegation of sexual abuse. If not on duty: a) Call the on-call nurse as soon as possible to determine if immediate medical treatment is necessary. b) If necessary, call the designated health care facility or local emergency room to notify them of the need for a sexual assault forensic exam and communicate the reported information. c) Transport the alleged victim to the health care facility as soon as possible via state car or ambulance (as appropriate).

Page 12, #1 states: If health services staff receive a direct report from an offender alleging sexual abuse, staff must notify the acting facility supervisor or coordinator immediately and initiate the Health Services Sexual Abuse Response Checklist.

Page 12, #2 states: (Correctional Health Staff) assess the alleged victim for any acute medical needs, provide necessary care and support.

115.282 (b)

Policy PS-802, page 10, 1. b), (3) states: Remain with the victim to provide safety and support.

Policy PS-802, page 10, 1. b), (5) states: Immediately inform the acting supervisor/shift coordinator of the alleged sexual abuse and follow further instructions regarding follow-up, reporting medical and are contacting law enforcement if applicable.

Policy PS-802, page 11, #6 states: If Correctional health staff is on duty, immediately notify them of the allegation of sexual abuse. If not on duty: a) Call the on-call nurse as soon as possible to determine if immediate medical treatment is necessary. b) If necessary, call the designated health care facility or local emergency room to notify them of the need for a sexual assault forensic exam and communicate the reported information. c) Transport the alleged victim to the health care facility as soon as possible via state car or ambulance (as appropriate).

115.282 (c)

Policy PS-802, page 12, (2) states: Assess the alleged victim for any acute medical needs, provide necessary care and support. Explain that any of the following may be recommended or available at the emergency room: (a) Further treatment and/or a sexual assault forensic examination. (b) Testing for sexually transmitted infections and/or collection of biological specimens. (c) Information regarding emergency contraception and sexually transmitted infections prophylaxis.

115.282 (d)

Policy PS-802, page 13, (18) states: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

Comments: Staff stated that in any sexual abuse allegation, they would separate the victim and perpetrator, keeping a staff member with each to ensure safety and security of personal evidence. In an emergent situation, they could immediately call for an ambulance to take the victim to the hospital.

Medical staff stated that there are no costs to the victim, no matter the situation and that although the hospital provides information and access to emergency contraception and sexual transmitted infections prophylaxis, she will also provide information and follow-up.

Corrective Action: None

Standard 115.283: 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

115.283 (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

115.283 (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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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

115.283 (f)

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

115.283 (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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Site Review

Medical Staff Interview

115.283 (a)

Policy PS-802, page 13, (12) states: The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail or lock up facility.

115.283 (b)

Policy PS-802, page 13, (13) states: The evaluation and treatment of such victims shall include, as appropriate follow up services, treatment plans and when necessary referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.283 (c)

Policy PS-802, page 13, (14) states: The facility shall provide such victims with medical and mental health services consistent with the community level of care.

115.283 (d)

Policy PS-802, page 13, (15) states: Resident victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.283 (e)

Policy PS-802, page 13, (16) states: If pregnancy results from the conduct described in (15) of this section such victims shall receive timely and comprehensive information about timely access to all lawful pregnancy related medical services.

115.283 (f)

Policy PS-802, page 13, (17) states: Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.283 (g)

Policy PS-802, page 13, (18) states: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

115.283 (h)

Policy PS-802, page 13 (19) states: The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Comments: Interview with the facility nurse showed that all sections of 115.283 are completed. Any individual who has been a sexual abuse victim is referred to the nurse for follow-up. (The auditor observed this referral during the intake process.) If appropriate, the individual is referred for follow-up services within the community. Pregnancy testing and follow-up is available. Follow-up is recommended for sexually transmitted diseases. These follow-up services are at no cost to the victim. (It should be noted that even if the abuse happened in the past, there is no cost to the victim.)

During the intake process, staff stated that they also contact Medical when there is an indication of any type aggressive behavior. Prior inmate behavior is available through data bases (as previously mentioned in this report), but staff also use 'gut' feelings and observation in making that referral.

In addition, the facility does not accept what is referred to as Leveled Sex Offenders from the Department of Corrections. A known resident-on-resident sexual abuser would be considered a Level 3, who would not be placed at this facility.

Corrective Action: None

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and

Response

Review of Incident Reviews

Review of Completed Administrative Investigations

115.286 (a)

Policy PS-802, page 16, G, a) states: Preponderance of Evidence is the standard of proof for internal administrative investigations of sexual abuse or harassment. At the conclusion of every investigation, a determination will be made based on the facts and evidence obtained whether the reported incident was substantiated, unsubstantiated or unfounded.

Policy PS-802, page 16, G b) states: Within 30 days of the conclusion of any sexual abuse, harassment or staff sexual misconduct investigation, an incident review team comprised of facility management, supervisory staff, PREA coordinator and, when applicable, investigators, nursing, victim services, and/or a County Attorney representative will convene to thoroughly review the incident and conclusions.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 1

115.286 (b)

Policy PS-802, page 16, G b) states: Within 30 days of the conclusion of any sexual abuse, harassment or staff sexual misconduct investigation, an incident review team comprised of facility management, supervisory staff, PREA coordinator and, when applicable, investigators, nursing, victim services, and/or a County Attorney representative will convene to thoroughly review the incident and conclusions.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 1

115.286 (c)

See 115.286 (b)

115.286 (d)

Policy PS-802, page 16, G b) states: The review team shall (1) Consider any necessary policy modifications. (2) Review whether the incident was motivated by race; ethnicity; gender identity; sexual orientation or status; gang affiliation; or other group dynamics in the facility. (3) Review the location of the alleged incident and assess need for physical or technological modifications to prevent future incidents. (4) Assess the staffing patterns in that area during different shifts. (5) Prepare a report of its findings and provide a copy to the Manager and PREA Coordinator and have all those present sign off.

115.286 (e)

Policy PS-802, page 16, G b), (6) states: The facility shall implement the recommendations for improvement or document reasons for not doing so.

Comments: The auditor reviewed all files related to Administrative investigations. All were completed within the thirty (30) day window. The Review Team notes were detailed showing a discussion of the reason for the behavior, location of the incident, staff location/staffing, and any recommendations.

Corrective Action: None

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (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

115.287 (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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Anoka County Corrections Website
 Anoka County Workhouse Website

115.287 (a) (b) (c) (d) The facility utilizes a data base system that they created several years ago which correlates to the survey by the Department of Justice. This system aggregates the data as needed; therefore, data is maintained both through a database system and hard copies.

115.287 (e)
 N/A

115.287 (f)
 N/A

Corrective Action: None

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

Anoka County Corrections Website

Anoka County Workhouse Website

Interview with Director

Minnesota Department of Corrections Website

115.288 (a)

With the ability to access the database, reviews can happen at any time. The documentation of the Review Team can also be utilized. Data is posted on the website for 2018.

115.288 (b)

The facility has posted comparison data for 2017 and 2018 on their website. Data is available for comparison purposes.

The Minnesota Department of Corrections publishes their PREA reports, however contracted entities such as the Anoka County Workhouse is not required to forward their data.

115.288 (c)

The Director shared that he reviews the annual report and approves it. It shared on the agency website.

115.288 (d)

Information does not appear in the report that would present a danger to the facility. It also does not list names or infer anything that can be identified.

Corrective Action: None

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Policy PS-802: Sexual Abuse / Harassment of Offenders: Zero Tolerance, Prevention, Reporting and Response

115.289 (a)

Policy PS-802, page 16, G c) states: All data collected during the investigation and review shall be securely retained for at least ten years after the date of the initial collection. Any aggregated sexual abuse data available to the public shall be de-identified.

115.289 (b)

Aggregated data is placed yearly on the facilities webpage.

115.289 (c)

Policy PS-802, page 16, G c) states: All data collected during the investigation and review shall be securely retained for at least ten years after the date of the initial collection. Any aggregated sexual abuse data available to the public shall be de-identified.

115.289 (d)

Policy PS-802, page 16, G c) states: All data collected during the investigation and review shall be securely retained for at least ten years after the date of the initial collection. Any aggregated sexual abuse data available to the public shall be de-identified.

Comments: Files are kept for one year at the facility behind closed doors. After that time, the files are moved to the Record Retention Office at the Anoka County Government Center.

Corrective Action: None

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.

Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

This PREA audit is the second such audit for the Anoka County workhouse. The auditor had complete permission to access any location within the facility, complete private interviews with residents/inmates and staff. Files, recordings and documents were provided upon request. No limitations were placed on the auditor.

Posters regarding the upcoming audit were placed throughout the facility. Residents stated it was seen but didn't pay any attention to it. They stated that it had been up for some time.

Corrective Action: None

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.

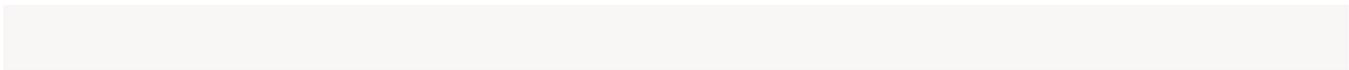
Evidence Reviewed (Policies, Documentation, Interviews, Site Review):

Facility Website

115.403 (f)

The past audit shows on the facility website.

Corrective Action: None



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.

Darlene M. Baugh

June 5, 2019

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.