

PREA Facility Audit Report: Final

Name of Facility: Anoka County Juvenile Center

Facility Type: Juvenile

Date Interim Report Submitted: 05/14/2021

Date Final Report Submitted: 07/09/2021

| Auditor Certification | |
|---|-------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: `SONYA LOVE | Date of Signature: 07/09/2021 |

| AUDITOR INFORMATION | |
|------------------------------|--------------------------|
| Auditor name: | Love, Sonya |
| Email: | sonya.love57@outlook.com |
| Start Date of On-Site Audit: | 03/29/2021 |
| End Date of On-Site Audit: | 03/31/2021 |

| FACILITY INFORMATION | |
|----------------------------|--|
| Facility name: | Anoka County Juvenile Center |
| Facility physical address: | |
| Facility Phone: | |
| Facility mailing address: | 2100 Third Ave, Suite C100, Anoka, Minnesota - 55303 |

| Primary Contact | |
|-------------------|----------------------------|
| Name: | Nate Parker- Acting |
| Email Address: | nate.parker@co.anoka.mn.us |
| Telephone Number: | 7633244584 |

| Superintendent/Director/Administrator | |
|---------------------------------------|------------------------------------|
| Name: | Nate Parker- Acting Superintendent |
| Email Address: | nate.parker@co.anoka.mn.us |
| Telephone Number: | 7633244584 |

| Facility PREA Compliance Manager | |
|----------------------------------|---------------------------|
| Name: | John Gross |
| Email Address: | john.gross@co.anoka.mn.us |
| Telephone Number: | O: 763-324-4990 |

| Facility Health Service Administrator On-Site | |
|---|-----------------------|
| Name: | Andrea Kretsch |
| Email Address: | akretsch@mendcare.com |
| Telephone Number: | 763-370-5397 |

| Facility Characteristics | |
|--|------------------------|
| Designed facility capacity: | 111 |
| Current population of facility: | 62 |
| Average daily population for the past 12 months: | 64 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 10-20 |
| Facility security levels/resident custody levels: | Secure and non-secure |
| Number of staff currently employed at the facility who may have contact with residents: | 106 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 4 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Anoka County Community Corrections Department |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | |
| Mailing Address: | |
| Telephone number: | |

| Agency Chief Executive Officer Information: | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|--|-------------|-----------------------|----------------------------|
| Name: | Nate Parker | Email Address: | nate.parker@co.anoka.mn.us |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

Overall methodology

The Auditor used a data triangulated model to confirm PREA compliance with each standard and substandard. The triangulation model compares, and contrast two or more data points obtained from different sources to confirm PREA compliance. Using a data triangulation or cross examination model provides the Auditor with a dual method or in some cases a three-way method to confirm data obtained from multiple sources regarding a standard. Ideally, the triangulated model enhances reliability of data collected and analyzed about a specific facility or agency's overall compliance with the Prison Rape Elimination Act (PREA).

To gain compliance a facility was required to meet each standard. To meet each standard the Auditor relied upon several factors such as: Resident interviews (random and targeted), the facility tour, staff interviews (random and specialized) (contractor and agency staff) and documented evidence of compliance with an applicable standard. The number of residents interviewed was determined by the required inmate interviews, Table 1. For Anoka, the minimum required interviews were 10 residents. The Auditor interviewed 20 residents of Anoka and 38 specialized staff. It should be mentioned, due in part to the facility size some staff functioned in double and triple roles in the facility. Limiting the count of staff to a single role the specialized count was 24. For example, Anoka Program Coordinators were also PREA Compliance Managers and Retaliation Monitors. The Acting Director also functioned as the PREA Coordinator, Contract Administrator and PREA administrative investigator.

Pre-audit preparation

The standards used for this audit became effective August 20, 2012. During an internet search the Auditor found and confirmed that Anoka was issued a final PREA report on 5/1/2017. Further, in reviewing the Anoka website the Auditor found the following PREA related information:

PREA Related Information

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 known 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 fully prosecuted.
- All substantiated allegations of sexual abuse will be referred to the Anoka County Sheriff's Office for investigation.
- The Anoka County Community Corrections department maintains a zero-tolerance policy for sexual abuse.
- The policy is available upon request.

To report sexual abuse or sexual harassment in our facilities (juvenile):

For Juveniles in the Lino Lakes Juvenile Center Brochure: English/Spanish

- PREA Reporting Hotline 763-324-4887
- PREA Reporting Hotline - inside the Juvenile Center, dial 4887
- Email LinoJCPREA@co.anoka.mn.us
- Talk to any staff member
- File a grievance
- Victim support services - Alexandra House 763-780-2330
- PREA Reports

• In compliance with the Prison Rape Elimination Act (PREA), the Anoka County Community Corrections Department is required to post the number of substantiated, unsubstantiated, and unfounded incidents that have occurred at our facilities.

- PREA Report Definitions
- PREA Report: 2017 Audit Compliance Report: Anoka County Juvenile Center
- PREA Incident Report of Allegations of Sexual Abuse/Sexual Harassment/ Abusive Sexual Contact, 2017
- PREA Incident Report of Allegations of Sexual Abuse/Sexual Harassment/ Abusive Sexual Contact, 2018
- PREA Incident Report of Allegations of Sexual Abuse/Sexual Harassment/ Abusive Sexual Contact, 2019
- Additional PREA Resources to include the Alexandra House - third-party reporting and victim support services, community entity.

Audit Notice Posting:

During the pre-onsite audit phase, Anoka post the required PREA Audit Notice of the upcoming audit six-weeks prior to the on-site visit to allow residents to send confidential communications to the Auditor prior to the onsite visit of March 29-31, 2021. Anoka provided the Auditor with a photo timestamped verification of the posting. Prior to the onsite audit there were no communications from Anoka residents or staff.

Pre-Audit Questionnaire (PAQ):

In preparation for the upcoming audit process, email correspondence occurred with the agency Acting Director/PREA Coordinator. The Pre-Audit Questionnaire was completed by Anoka and uploaded to the PREA Resource Center's electronic audit reporting platform.

The audit process began with a documentation review using the Pre-Audit Questionnaire (PAQ), an internet review, applicable agency and facility policy and procedure review. Phone calls and email were exchanged between the agency administration and the Acting Director/PREA Coordinator.

The following documentation was requested for on-site visit:

- Resident roster (100%)
- Youthful resident roster (100%), if any (none)
- List of residents with Disabilities
- List of residents who are Limited English Proficient (LEP)
- List of LGBTI residents (100%)
- List of residents in segregated housing (PREA Related), If applicable
- List of residents who reported sexual abuse
- List residents who reported sexual victimization during risk screening
- Staff roster (100%)
- List of specialized staff
- Staff Personnel (background training, criminal background checks, specialized training verification)
- Resident documentations (resident education, screening information, specialized referral etc.)
- Contractors who have contact with residents (if any)
- Volunteers who have contact with residents (if any)
- PREA screening to be taken with the Auditor
- PREA reassessments, to be taken with the Auditor
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months (100%) to be taken with the Auditor
- All hotline calls made during the 12 months
- A summary of all incidents within the past 12 months (log)

- Verification of unannounced rounds

On site audit

The PREA audit was conducted on March 29-31, 2021 at the Anoka County Juvenile Center. The facility is operated by Anoka County Government. Following the entrance meeting, a discussion of the audit process and timelines, staff interviews began at the facility.

The designated facility capacity was 111. The average population for the past 12 months was 64 with 1651 residents admitted to the facility in the past 12 months. The population on the first day of the onsite audit was 55 residents. During the onsite audit zero intakes occurred at Anoka. The Auditor interviewed 20 random and targeted residents from the population, across three distinct programs. All residents sampled during the audit confirmed receiving PREA related education on the first day of their placement at Anoka. All residents could detail multiple methods of reporting sexual abuse or sexual harassment and acknowledged their right to be free from retaliation for reporting sexual abuse and sexual harassment allegations. Similarly, all residents sampled (100%) indicated telling staff as their first response for reporting sexual abuse or sexual harassment at Anoka. All residents sampled acknowledged receiving a PREA test after their PREA education and training, a handbook, made aware of posters through the facility listing Alexandra House for accessing victim advocacy services and third-party reporting of an incident of sexual abuse or sexual harassment. All residents interviewed confirmed that Alexandra House was a mechanism to make a PREA report.

On day two, the Auditor continued staff and resident interviews. On day three, the Auditor completed a facility tour and continued interviewing staff and residents and reviewed some documentation. Interviews also included 2 investigators from the Anoka Sheriff's Office, Alexandra House, and a SANE Examiner by phone.

The Auditor was accompanied by the Acting Director/PREA Coordinator for a tour of the facility. During the tour, the Auditor noted residents in education, in recreation and some on their respective living units. Likewise, during the same tour the Auditor noted staff ratios met the minimum staffing requirement outlined by PREA Standard 115.313 (c). Also apparent to the Auditor was that Anoka provided residents a measure of privacy when changing clothes, on the toilet or taking a shower. Grievance boxes were located in all common areas of each living unit along with a row of telephones all in good working order. Anoka has a gymnasium, a kitchen area, a dining area, educational classrooms, individual rooms (sections), with separate accommodations for female residents, administrative areas, medical clinic areas, large outside courts for recreation, numerous offices, specific intake areas (pre and post) and centralized control communication centers. Showers with privacy screening was noted in each living unit. Staff of the opposite gender made opposite gender announcements during the tour. Residents (100%) confirmed for the Auditor that when entering a living unit of the opposite gender Anoka staff make announcements to alert residents. Following the tour of the facility the Auditor began staff interviews. Those residents not in school were found on their living units writing letters, communicating with a peer under the watchful oversight of Anoka staff.

Staff Interviewed:

In the past 12-month period, Anoka reported 106 current staff employed at the facility who may have contact with residents. The number of staff hired with contact with residents as 50. The number of contractors who may have contact with residents as 4. Below are the staff interviewed completed by the Auditor either by telephone or face-to-face interview. The Auditor conducted interviews with the following:

Interview Categories

Random Staff Selected from all shifts -12

Specialized Staff - 24

Staff Informally Interviewed during Facility Tour -2

Staff Refused to interview- 0

Total Staff - 38

Specialized Staff Interview by Category

Agency head - 1

Agency PREA Coordinator/Acting Director - 1

Contract Manager/PREA Coordinator/Acting Director -1

Human Resource Manager/PREA Coordinator/Acting Director -1

Grievances/PREA Coordinator/Acting Director -1

Facility PREA Compliance Manager - 4

Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment -2

Line staff who supervise youthful residents (if applicable) * counted as random staff

Education and program staff who work with youthful residents (if applicable) 0 (Covid-19 school suspended)

Medical staff - 1

Mental Health Coordinator - 1

Substance Abuse staff- 1

Non-security staff first responder -1

Sexual Assault Forensic Examiner (Safe) or Sexual Assault Nurse -1

Volunteers who have contact with residents - 0 (Covid-19 precaution)

Contractors who have contact with residents -1

Investigative staff responsible for conducting administrative investigations -1

Investigative staff responsible for conducting criminal investigations (Outside Agency) - 2

Staff who perform screening for risk of victimization and abusiveness - 2

Staff who supervise residents in room isolation -1

Security staff first responder -1

Intake staff - 1

AUDIT FINDINGS

Facility Characteristics:

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

Facility Type: County/Juvenile Facility

Population Type: male/female residents

Number of staff positions: 106

Number of buildings: 5

Number of housing units: 9

Description of living units:

A). Open Bay - 2

B). Single Cell - 88

Specialhousing Unit:

A).Segregation/Isolation - 9

Description of programs:

Anoka County Community Corrections/Anoka County Juvenile Facility Centers provides a system of services for adults and juveniles offenders referred by the Anoka court system. All cases receiving probationary dispositions receive supervision and/or case management as ordered by the Anoka courts. Anoka County Community Corrections/ Anoka County Juvenile Facility Centers vision and mission statement integrates strategic planning using evidence-based practices and outcome measurements. Anoka County Community Corrections/ Anoka County Juvenile Facility Centers considers the uniqueness of each child, their family, and the developmental needs of children in general. Adherence to Minnesota Law, order of the court, and consideration given to the least restrictive modality of intervention to improve outcome and reduce recidivism.

The Anoka County Juvenile Facility Centers are secure and non-secure, with a design bed capacity of 111 beds, identified as: Anoka County Secure (ACS), Anoka County Non-Secure (ACNS) and East Central Regional Juvenile Center (RJC).

East Central Regional Juvenile Center (RJC)

The East Central Regional Juvenile Center (RJC) is a 36-bed maximum-security facility, serving males and females, 10 to 18 years old, who have committed delinquent acts..

Purpose

To protect the community while providing youth with opportunities to change.

Programs & Services

Detention, Court Detention & Waiting Placement

Weekend & 10/5 Program

Short Term Program

50/30 Stabilization Transition Program

70/90 New Choice Chemical Dependency

21 Day Diagnostic Assessment Program

The Anoka County Secure Program (ACS)

The Anoka County Secure (ACS) Program is a 50 bed facility housing males ages 10 to 18 years of age. Referrals are accepted from courts, corrections, and law enforcement agencies.

Purpose

Create a safe living environment where staff can work with residents to make better choices thus working to build a safer community.

Programs & Services

Detention, Court Detention & Waiting Placement

Weekend & 10/5

Short Term Program (30/15, 60/30, 90/60, 120/60, 180/90 Day)

Long Term Group Residential

Sex Specific Program

The Anoka County Non-Secure Program (NSP)

The Anoka County Non-Secure Program (NSP) is an unlocked, 25-bed facility, housing males and females ages 10-18. Referrals are accepted from Minnesota law enforcement, social services, corrections departments, and the court.

Purpose

Empowering and supporting positive change.

Programs & Services

Detention, Court Detention, 72 Hour Hold, Waiting & Voluntary Placement

Weekend Program

10/5 Program

Short Term Program (30/15, 60/30, 90/60 & 120/60 Day)

28 Day Diagnostic Assessment Program

Long-Term Group Residential (Female Only)

Outpatient Sex Specific Program (Male Only)

Education Services

The Pines School, operated by Centennial School District, serves students being held for alleged criminal offenses or court ordered short term programs. Three short term groups of students attend school. The school follows a special education model in that it is staffed primarily with special education teachers with a focus on Individual Education Plans (IEP), small group size, and a highly structured environment. Each student is programmed with one peer group daily. Students participate in six classes daily and earn credit hours towards graduation from their home school district.

Outcomes:

Students improve academically and behaviorally.

Students develop a foundation upon which to continue with their education and/or with vocational plans after discharge from the Pines School.

Students' community schools and Pines School effectively coordinate the student's IEP.

When discharged, Pines School reports to the student's next school and student's parents: progress, credit hours, and grades earned.

Programs & Services

- Detention, Court Detention, 72 Hour Hold, Waiting and Voluntary Placement
- Weekend Program
- 10/5 Program
- Short-term Program
- 28 Day Diagnostic Assessment Program

- Long Term Programs
- Outpatient Sex Specific Program

Detention, Court Detention, 72 Hour Hold, Waiting & Voluntary Placement

- Males or female, ages 10-18
- Programmed in the same living unit with same gender peers
- Attend school year long
- Complete daily job responsibilities
- Participate in groups: educational, recreational, behavioral
- Bible study, church service (voluntary)

Weekend Program

Two-day/48-hour program for males and females ages 12-18. Weekend program generally runs 7:00 pm Friday to 6:00 pm Sunday but may be scheduled at other periods of the week.

- Objective - short-term (low dose) consequence for residents to focus on individual risk factors relating to a pattern of negative choices or victimizing behavior. Focus is coordinated with the referring case manager
- Referring agents will coordinate specific time of admission and discharge. Confirm admission and discharge times with facility staff if you have questions. Entering or exiting earlier or later than scheduled is not allowed
- Please accompany your child into the facility to provide critical admission information, medication and insurance information. Weekend program residents do not need to their own clothing as they are provided facility clothing.

10/5 Program

- Short term program for males or females, ages 10-18.
- Committed to program for 10 days but may complete in 5 days based on positive behavior and successful completion.
- Attend school daily.
- Youth completes daily schoolwork, community service projects & assignments (identified by Probation Officer and primary counselor).
- Youth bring schoolwork from home school to complete.

Short Term Program

- Short term program for males or females, ages 10-18.
- Youth placed in the program for the maximum number of days but may complete in the minimum number of days based on positive behavior and successful completion of individualized program contract.
- Attend school daily.
- Attend group - present issues leading to placement.
- Youth are part of a peer group and wear their own clothing

28 Day Diagnostic Assessment Program

- For males and females, ages 12-18, with referral from Corrections or Social Services.
Starts and ends on a Thursday – 28-day program.
Assessments include psychological testing, educational testing, psychiatric (if needed), behavior, group living skills, family history, legal history, past placements, and health assessment.
Parents are asked to also complete psychological testing and interview.
Assessment staffing meeting on the fourth Thursday.
Coordinated by Program Coordinator.
Facilitated by Mental Health Assessment Coordinator

AUDIT FINDINGS**Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

| | |
|--------------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 43 |
| Number of standards not met: | 0 |

All corrective actions have been satisfied of 07/06/21.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

| | |
|---------|---|
| 115.311 | <p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections Department, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, regarding PREA Standard 115.311. The Auditor confirmed by examination that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>The Auditor confirmed by examination that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency employs a designated an agency wide PREA Coordinator.</p> <p>During his interview, the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. According to the organizational chart the position of PREA Coordinator is a member of upper management in the agency hierarchy. Anoka County Community Corrections Department operates more than one facility, and each facility designated a PREA Compliance Manager. During the onsite portion of this audit the Auditor interviewed (4) four PREA Compliance Managers. Each PREA Compliance Manager interviewed confirm having sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy Statement 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections Department, Organizational Chart • Interview with the Director • Interview with the PREA Coordinator/PREA Compliance Manager • Interview with the (4) PREA Compliance Manager |
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|----------------|--|
| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The agency does not contract with private agencies or other entities for the confinement of residents. Anoka met the requirements of Standard 115.312. |

| | |
|---------|---|
| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1445 365">Anoka County Community Corrections Department, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, and PS 115.313 Supervision and Monitoring, reviewed 2/22/2017 address Standard 115.313.</p> <p data-bbox="240 396 1485 557">The Anoka County Juvenile Center's staffing plan addresses the unique needs of each offender while maintaining the facility safety, state licensing and PREA staffing security requirements. The Anoka County Juvenile Center developed and implemented a plan to comply with Standard 115.313. Since 2017 the Auditor determined based on evidence that the agency/facility made a concerted effort to comply with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders from sexual abuse/sexual harassment.</p> <p data-bbox="240 589 1485 848">In 2017, the agency developed a long-term strategy to convert part time positions to full time positions to address staffing issues, provide an adequate relief factor, increase flexibility to allow for staff training, scheduled and unscheduled time off, offender transports, offender medical emergencies and meet PREA standard of supervision and monitoring. Since 2017 each living unit, NSP (2/2021), ACS (9/2020) and RJC (scheduled for 9/2021) were all audited by the Minnesota Department of Corrections for compliance with generally accepted juvenile detention and correctional/secure residential practices. Minnesota Department of Corrections conducts facility inspections every two years to maintain compliance with Minnesota State statutes. In early 2021, Anoka County Juvenile Center staffing plan met the requirements of Standard 115.313, 1:8 during programmatic and waking hours and 1:16 during sleeping hours, which exceeds state licensing requirements.</p> <p data-bbox="240 936 1450 1064">The Auditor interviewed the Acting Director/PREA Coordinator during the audit process. He confirmed that in the past 12 months, Anoka County Juvenile Center (ACJC) has in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to Standard 115.313 (a-d).</p> <p data-bbox="240 1095 1485 1223">Moreover, the Anoka County, Juvenile County Coordinators Minutes (JCCM), item number seven (7) on the agenda confirms the facility has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse as outlined in Standard 115.313 (a). The staffing plan includes the PREA Annual Staffing Plan Review which considers variables such as:</p> <p data-bbox="240 1252 619 1279">A. Prevailing Staffing Patterns:</p> <ul style="list-style-type: none"> <li data-bbox="240 1308 1182 1335">i. 1:8 ratio in all three programs on campus for waking hours; 1:16 during sleeping hours. <li data-bbox="240 1364 911 1391">ii. Staff gender compliment in dual gender licensed programs. <li data-bbox="240 1420 1485 1485">iii. Programs developing minimum staffing guidelines and composition of the resident population considerations for each specialized living unit by shift to meet the ratio and provide programming for the youth. <ul style="list-style-type: none"> <li data-bbox="240 1514 903 1541">1. Anoka County, Nonsecure Program (NSP): 4 staff per shift <li data-bbox="240 1570 863 1597">2. Anoka County, Secure Program (ACS): 5 staff per shift <li data-bbox="240 1626 1078 1653">3. Anoka County, East Central Regional Juvenile Center (RJC): 6 staff per shift <li data-bbox="240 1682 1445 1778">4. Each number is a starting point and can be adjusted across the overall combined juvenile population of offenders based on the individual or programmatic group size, or placement of high-risk youth which may require additional staffing resources. <p data-bbox="240 1809 603 1836">B. Camera/Video Monitoring:</p> <ul style="list-style-type: none"> <li data-bbox="240 1865 1126 1892">i. ACS/RJC: camera/control upgrade project underway. On-site work began 1/4/21. <li data-bbox="240 1921 1461 1986">ii. NSP- phase III finished 11/30/20. Coverage added to classrooms, school hallway, treatment room, intake, elevator exit in basement, staffing area in coordinator office. <p data-bbox="240 2016 691 2042">C. Resources to adhere to the staffing plan:</p> <ul style="list-style-type: none"> <li data-bbox="240 2072 1414 2136">i. Added six (6) additional full-time staff to the campus pool of grade level 10's or Assistant Probation Officers. In addition, the agency hired 12 temporary staff for emergency coverage across the campus. |

- ii. Campus culture of moving staff resources to program of need is ongoing.
- 1. 2021- Focus on cross-training more staff in other buildings.
- 2. Schedule staff in other buildings pre-scheduled.
- 3. Use the shift leader to coordinate staff movement.
- iii. Use of Anoka County Program Supervisors or Anoka County Program Coordinators in time limited situations to provide direct supervision of residents.

Anoka County Juvenile Center (ACJC) has a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The Auditor confirmed the process of unannounced rounds during interviews with four (4) PREA Compliance Managers. Evidence of the practice of having intermediate-level or higher-level supervisors conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment was evident. Problematic, the facility could not provide evidence of which locations were visited during unannounced rounds, but the Auditor confirmed that the practice of unannounced rounds included all shifts. The facility has a policy that prohibits staff from alerting other staff members that unannounced supervisory rounds are being conducted unless such announcement is related to the legitimate operational functions of the facility. After corrective action, Anoka County Juvenile Center met the requirements of Standard 115.313.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy Statement 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014
- Policy Statement 115.313, Supervision and Monitoring, reviewed 2/22/2017
- Anoka County Community Corrections Department, Organizational Chart
- Interview with the agency Superintendent
- Interview with (4) PREA Compliance Managers
- Facility tour
- Interview with the PREA Coordinator
- Staffing meeting minutes, dated January 11, 2021, regarding facility staffing plan
- Sample staffing levels, 2020 Juvenile Coordinator Master Audit Schedule
- 2021 Juvenile Coordinator Master Audit Schedule
- Anoka County Community Corrections 2021-2022 Comprehensive Plan (internet)
- Anoka County Community Corrections 2020 Interim Comprehensive Plan (internet)
- Anoka County Community Corrections 2019-2020 Comprehensive Plan (internet)
- Anoka County Community Corrections 2019 Annual Report (internet)

Corrective Action:

Anoka County Juvenile Center will improve documentation of unannounced rounds by specifically noting each location visited during unannounced rounds on all shifts. The PREA Coordinator will inform all intermediate-level or higher-level supervisors in writing when conducting and documenting unannounced rounds the revised process for recording unannounced rounds. All intermediate level or higher-level supervisors conducting and documenting unannounced rounds will sign an acknowledgement of changes in the documentation practice. Anoka will provide the Auditor with a copy of all signed acknowledgements. The acknowledgement forms will include the printed names and signatures of all applicable supervisors. The Auditor will monitor the recording process until the final report is complete.

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| 115.315 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy Statement 212, Personal Inspection of Youth Placed in Detention, approved: 1/2015 supports PREA Standard 115.315.</p> <p>To ensure the safety and security of all residents and staff at Anoka, the juvenile center provides document written guidance regarding how to conduct a personal inspection/search of each resident brought into the facility for placement or a resident returning from an unsupervised off ground. Staff are directed to conduct each search in a respectful manner with consideration given to the resident's right to privacy and in accordance with PREA standards.</p> <p>According to staff (random) and resident (random and targeted) interviews conducted during the onsite audit, Anoka does not conduct cross gender pat-down searches or cross-gender strip or cross-gender visual body searches of residents. Further, the Auditor also interviewed the PREA Coordinator and each PREA Compliance Manager, all confirmed that the facility does not conduct cross-gender searches except in exigent circumstances. Moreover, in totally, interviews indicate were no exigent circumstances in the past 12-month period which required cross-gender searches.</p> <p>If a cross-gender pat-down search is completed it must be documented as exigent circumstances and justified by staff. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>The same policy enables 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. Anoka requires staff of the opposite gender to announce their presence when entering a resident housing unit. Interviews with staff (random and specialized) and residents (random and targeted) confirm (100%) that the facility requires staff of the opposite gender to announce their presence when entering a resident housing unit of the opposite gender.</p> <p>The Anoka policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, Anoka determines the 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 licensed medical provider. No such searches occurred in the past 12 months.</p> <p>Confirmed by examination of training records, Anoka educated and trains security staff in how to conduct cross-gender pat down searches of all residents to include searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Anoka staffing plan requires at least one same gender staff person assigned to each living unit, on every shift, days, nights, and weekends. Anoka met the requirements of standard 115.315.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy Statement 212, Personal Inspection of Youth Placed in Detention, approved: 1/2015 <p>Supports PREA Standard 115.315.</p> <ul style="list-style-type: none"> • Interview with the Acting Director/PREA Coordinator • Interview with (4) PREA Compliance Managers • Facility tour • Interview with residents (random and targeted) • Interview with staff (random and specialized) • Training records |

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy Statement, Youth with Disabilities and LEP, approved: 1/2015, supports PREA Standard 115.316.</p> <p>Anoka has established guidelines in the form of a policy statement to ensure any resident (e.g., deaf, blind, intellectual disabilities, or limited English proficiency) with a disability or special needs has equal opportunity and accessibility to the benefits of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Anoka staff are trained to take immediate measures to provide an effective communication platform for all residents. PREA Materials including student handbook, posters, brochures, and training shall be reviewed and if/as needed offered in different formats to educate youth with disabilities or special needs. Appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from PREA education and information include the following language delivery Foreign Language and American Sign Language Interpreter Services, extending from January 1, 2021 – December 31, 2022, platforms such as:</p> <ul style="list-style-type: none"> • A-Z Friendly Languages • All In One Translation (On-site Face to Face Non-Legal Interpretation) • Keystone Interpreting Solutions, Inc. Sign language Interpreter shall be offered for limited hearing or deaf youth. • Slavic Translation Services • For cognitively delayed youth staff can read the PREA Student Manual to the youth using terminology they understand and offer a verbal quiz. <p>By examination, the Auditor determined that Anoka takes 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. According to the PREA Coordinator, the steps taken by Anoka include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy Statement, Youth with Disabilities and LEP, approved: 1/2015, supports PREA Standard 115.316. • Interview with the PREA Coordinator • Interview with PREA Compliance Managers (4) • Review of Foreign Language and American Sign Language Interpreter Services • Department, Human Services, Administration, Interpreter Services at: https://share.co.anoka.mn.us/departments/HSAdmin/Pages/Interpreter-Services.aspx |

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1445 331">Anoka County Community Corrections Department, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014address 115.317.</p> <p data-bbox="242 421 1493 680">Anoka County Corrections has a policy that prohibits 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. The HRM resigned recently from this position. The Auditor interviewed the Acting Director/PREA Coordinator for this role. The Acting Director/PREA Coordinator confirmed that the agency prohibits the hiring or promotion of anyone who may have contact with inmates 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. The agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.</p> <p data-bbox="242 770 1493 927">The Acting Director/PREA Coordinator confirmed during his interview that the agency asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this standard. in any interviews or written self-evaluations conducted as part of performance reviews of current employee as described in paragraph (a) of this standard. Furthermore, the Acting Director/PREA Coordinator, and PREA Compliance Managers (4) all acknowledged that Anoka imposes upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p data-bbox="242 1016 1493 1240">The PREA Compliance Managers all confirmed that Anoka prohibits the enlistment of services of any contractor/volunteer/staff who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The PREA Coordinator confirmed that Anoka hired 50 employees and 4 contractors in the last 12 months who may have contact with inmates who completed criminal background checks. Volunteerism was suspended in early 2020 due to Covid-19 pandemic, with the number of volunteers who may have contact with residents at zero. The Auditor reviewed a copy of current employee background checks of staff sampled during the onsite portion of the audit. Anoka met the requirements of Standard 115.317.</p> <p data-bbox="242 1276 810 1303">Evidence relied upon to make Auditor determination:</p> <ul data-bbox="242 1335 1493 1738" style="list-style-type: none"> <li data-bbox="242 1335 574 1361">• Pre-Audit Questionnaire <li data-bbox="242 1393 1493 1453">• Policy Anoka County Community Corrections Department, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 <li data-bbox="242 1485 1015 1512">• Review of applicant questionnaire and signature of acknowledgement <li data-bbox="242 1543 606 1570">• Criminal background checks <li data-bbox="242 1601 778 1628">• Interviews with staff (random and specialized) <li data-bbox="242 1659 842 1686">• Interview with the Acting Director/PREA Coordinator <li data-bbox="242 1718 829 1744">• Interview with the PREA Compliance Managers (4) |

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The 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. The agency or facility has a contract to installed or upgrade door locking mechanism, the video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. The implementation process was delayed by several weeks according to the Acting Director/PREA Coordinator. Anoka met the requirements of Standard 115.318.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1469 331">Anoka County Community Corrections, Policy Statement (PS): 115.321 Evidence Protocol/Forensic Medical Examinations, approval date, 3/10/2015 address Standard 115.321.</p> <p data-bbox="240 360 1414 454">To ensure the victim of sexual abuse/assault is provided adequate services and to implement a uniformed system in obtaining, collecting, and protecting physical evidence in order to secure an administrative proceeding and/or criminal prosecution.</p> <p data-bbox="240 486 1481 645">Anoka County Community Corrections is responsible for conducting administrative sexual abuse investigations for the agency. According to the Acting Director/PREA Coordinator, Anoka County Sheriff's Office, Criminal Investigation Division (CID) is responsible for conducting criminal investigations for the facility. The agency has requested that the investigating agency follow the requirements of Standard 115.321, paragraphs (a) through (e). During interviews (2) investigators with the Anoka County Sheriff's Office, Criminal Investigation Division (CID).</p> <p data-bbox="240 676 1458 801">The agency employs a protocol that is developmentally appropriate for juvenile residents and 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.</p> <p data-bbox="240 833 1485 992">Anoka County Corrections Department, policy statement confirms that the agency offers all residents who experience sexual abuse a forensic medical examination, at an outside facility, identified as Mercy Hospital. The agency has a written memorandum of understanding (MOU) with Mercy Hospital. At the hospital, a forensic examination will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible or a qualified medical practitioner. Forensic medical examinations facilitated by Anoka will be completed at no cost to the victim.</p> <p data-bbox="240 1023 1473 1254">The PREA Coordinator confirmed that the agency will attempt to make available to the victim a victim advocate from a rape crisis center. More, during her interview, the Mental Health Coordinator, confirmed that in her role she would make every effort to provide information, make referrals, contact, and provide a sexual advocate via phone or in person from the Alexandra House or use a trained staff person to serve as a victim advocate. Anoka has a documented MOU with the Alexandra House, a qualified community-based organization. If requested by the resident, a staff victim advocate through Alexandra House may accompany the resident to Mercy Hospital for a forensic medical exam and the investigative process and offer free confidential and emotional support during the entire process.</p> <p data-bbox="240 1285 1490 1478">To meet the needs of victims in crisis, Alexandra House works in partnership with medical service providers within Anoka County to enhance service provision and support efforts within the community. Staff and volunteers are trained to provide 24-hour support and advocacy services to victims of both domestic and sexual violence who disclose abuse concerns to their healthcare provider. Healthcare advocacy services are provided to patients at Mercy Hospital, Allina Medical Clinic, Unity Hospital, and Coon Rapids Women's Health. Advocates meet with victims in any treatment care unit within the hospitals as well as any designated areas of the clinics. Anoka met the requirements of Standard 115.321.</p> <p data-bbox="240 1509 879 1536">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1568 1461 2141" style="list-style-type: none"> <li data-bbox="240 1568 560 1594">• Pre-Audit Questionnaire <li data-bbox="240 1626 1461 1686">• Anoka County Community Corrections Department, Policy Statement 115.321 Evidence Protocol/Forensic Medical Examinations, approval date, 3/10/2015 address Standard 115.321. <li data-bbox="240 1718 903 1744">• Interview with the Acting Director/PREA Coordinator <li data-bbox="240 1776 826 1803">• Interview with the Mental Health Coordinator <li data-bbox="240 1834 1262 1861">• Email communication: Alexandra House, Sue Redmond, Program Development Director <li data-bbox="240 1892 1102 1919">• Memorandum of agreement: Alexandra House dated February 15, 2017. <li data-bbox="240 1951 746 1977">• Examination of MOU Mercy Hospital <li data-bbox="240 2009 759 2036">• Internet web search Alexandra House <li data-bbox="240 2067 1315 2094">• Interview with Anoka County Sheriff's Office, Criminal Investigation Division (CID) Investigator <li data-bbox="240 2125 740 2152">• Anoka CID Agreement and Training |

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| 115.322 | <p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections, Policy Statement (PS): 115.321 Evidence Protocol/Forensic Medical Examinations, approval date, 3/10/2015 address Standard 115.322.</p> <p>The agency, Anoka County Community Corrections, ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Anoka County Juvenile Center. Allegations of sexual harassment are initially reviewed by the facility then forwarded to the county for administrative personnel action. The agency has a policy and practice in place to ensure that allegations of sexual abuse is referred for investigation to the Anoka County Sheriff's Office, CID. The Anoka County Sheriff's Office is an agency with the legal authority to conduct administrative and criminal investigations. The Auditor interviewed an investigator (2) from the Anoka County Sheriff's Office, CID to confirm that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Published on the agency's website, is the Anoka evidence protocol. The agency documents all referrals to the Anoka County Sheriff's Office, CID. The Auditor interviewed the Acting Director/PREA Coordinator for Anoka. He confirmed that the Anoka County Sheriff's Office, CID investigated PREA allegations.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections Office, Policy Statement 115.322 Evidence Protocol/Forensic Medical Examinations, approval date, 3/10/2015 address Standard 115.322. • Interview with the Acting Director/PREA Coordinator • Internet search: Anoka County Juvenile Center • Interview with Anoka County Sheriff's Office, Criminal Investigation Division (CID) Investigator <p>Corrective Action:</p> <p>Anoka will post policy on the agency website the publication will describe the responsibilities of both the agency and the investigating entity. The Auditor will verify the posting to the agency website. Anoka provided the Auditor with documentation to support the posting to the agency website. Anoka now meet this standard.</p> |
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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Anoka County Community Corrections, Policy Statement (PS) 177: Staff Training Requirements, approved: 1/2015, address Standard 115.331.</p> <p>Anoka trains all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment. Training is tailored to the unique needs and attributes of a juvenile facility. The Anoka County Juvenile Center provides in-service training to include but not limited to: Juvenile Corrections orientation; Diversity – Cultural; Blood Borne Pathogens; Mandated Reporter; Medication Delivery and Medical Refresher; Quarterly emergency procedures; Miscellaneous Unit in-service trainings per the annual training plan; CPR first-aid training; and Modality/Treatment delivery.</p> <p>The agency documents, through employee signature or electronic verification, that employees understand the training they have received. The Auditor interviewed specialized and random staff during the onsite portion of this audit. Every employee included in the sample pool confirmed completing PREA training at least every two-years. The Auditor examined training files relevant to the sample of participants interviewed during the audit and determined that 100% of staff participants completed PREA relayed training in the past 12-month period. The training documents also confirmed that the training curriculum met the requirements of this standard. Random and specialized staff sampled confirmed that 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 on-line or via memorandum.</p> <p>According to the Acting Director/PREA Coordinator, PREA training is provided to all staff at time of hire and refresher provided annually such as: Zero Tolerance regarding sexual abuse/sexual harassment; prevention, detection, reporting and responding responsibilities; resident and Staff rights to an abusive free environment and retaliation; dynamics/Implications of sexual abuse/harassment in a juvenile corrections; identification of victimization of sexual abuse/harassment; common reactions to abuse/harassment; professional boundaries; non-discrimination toward sexual orientation; mandatory reporting and confidentiality regarding PREA; relevant laws regarding age of consent – no residence are allowed to give consent at Anoka; professional communication with LGBTI residents; gender specific training as needed. Anoka met the requirements of Standard 115.331.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections Office, Policy Statement 177, Staff Training Requirements, approved: 1/2015, address Standard 115.331. • Interview with the Acting Director/PREA Coordinator • Examination of training files sample participants • Interviews with random and specialized staff |

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| 115.332 | Volunteer and contractor training |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1490 331">Anoka County Community Corrections, Policy Statement (PS), PREA Resident Education, approved: 9/14, address Standard 115.333.</p> <p data-bbox="242 362 1453 456">Anoka advises every resident upon intake of their right to remain free of sexual abuse, sexual harassment, and retaliation during placement. The intake process includes educating all youth about the agency's Zero Tolerance Policy for Sexual Abuse/Harassment and Retaliation in accordance with the Federal Prison Rape Elimination Act (PREA) and facility rules.</p> <p data-bbox="242 488 1477 714">Resident education takes place on the same day or next day but always within 10 days of placement. Education provided to all residents is age-appropriate, provided in person and using video platforms such as, "Keeping our Kids Safe," "Safeguarding Your Sexual Safety." PREA education includes understanding the right to be free of sexual abuse, sexual harassment, retaliation for reporting concerning sexual behavior. Anoka determines every resident's level of understanding upon admission or based on obtainable education records or court documents. In addition to providing such education, Anoka ensures that key information is continuously and readily available or visible to residents through posters, resident manual, or other written formats which was confirmed by the Auditor during the facility tour.</p> <p data-bbox="242 745 1485 1072">The Auditor interviewed 20 residents across three distinct programmatic living units: Anoka Non-Secure Program, East Central Residential Juvenile Center and Anoka Secure Program. Each resident interviewed confirmed and provided a detailed overview of materials covered during Anoka PREA education. Each resident confirmed that intake staff took time to individually read and answer questions regarding PREA educational material. Further, residents confirmed receiving PREA education explaining how to report an incident or suspicion of sexual abuse, sexual harassment, or retaliation. All residents sampled confirmed that PREA education was presented in a manner they understood. The sample participants indicated PREA education was presented by video, verbally, cartoon posters and booklets in formats accessible to all residents including those who are: Are limited English proficient, deaf, visually impaired, with limited reading skills or otherwise disable. Interpretation Services and numbers were noted at the workstations for staff to utilize, as necessary. Anoka provided the Auditor with documented evidence of a sample of 20 resident education participation forms and intake records.</p> <p data-bbox="242 1104 1466 1232">The PREA Coordinator indicated during his interview that Anoka would also provide PREA education to any resident who transfers to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. It should be mentioned, Anoka provides PREA education to any resident who transfers between program on the campus.</p> <p data-bbox="242 1263 879 1292">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1323 1436 2045" style="list-style-type: none"> <li data-bbox="242 1323 560 1352">• Pre-Audit Questionnaire <li data-bbox="242 1384 1433 1413">• Anoka County Juvenile Center, Prison Rape Elimination Act, Guide on Sexual Abuse Prevention and Response <li data-bbox="242 1444 1254 1473">• 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator <li data-bbox="242 1505 839 1534">• Interview with the Acting Director/PREA Coordinator <li data-bbox="242 1565 1374 1594">• Anoka County Community Corrections, Policy Statement (PS), PREA Resident Education, approved: 9/14 <li data-bbox="242 1626 1406 1686">• Anoka County Community Corrections, Policy Statement, Youth with Disabilities and LEP, approved: 1/2015, supports PREA Standard 115.316. <li data-bbox="242 1718 783 1747">• Interview with PREA Compliance Managers (4) <li data-bbox="242 1778 1107 1807">• Review of Foreign Language and American Sign Language Interpreter Services <li data-bbox="242 1839 1075 1868">• Department, Human Services, Administration, Interpreter Services at: https://share.co.anoka.mn.us/departments/HSAdmin/Pages/Interpreter-Services.asp <li data-bbox="242 1899 802 1928">• Interview (targeted and random) residents <li data-bbox="242 1960 639 1989">• Interview with intake staff |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1490 329">Anoka County Community Corrections, Policy Statement (PS), PREA Resident Education, approved: 9/14, address Standard 115.333.</p> <p data-bbox="240 421 1453 512">Anoka advises every resident upon intake of their right to remain free of sexual abuse, sexual harassment, and retaliation during placement. The intake process includes educating all youth about the agency's Zero Tolerance Policy for Sexual Abuse/Harassment and Retaliation in accordance with the Federal Prison Rape Elimination Act (PREA) and facility rules.</p> <p data-bbox="240 544 1477 770">Resident education takes place on the same day or next day but always within 10 days of placement. Education provided to all residents is age-appropriate, provided in person and using video platforms such as, "Keeping our Kids Safe," "Safeguarding Your Sexual Safety." PREA education includes understanding the right to be free of sexual abuse, sexual harassment, retaliation for reporting concerning sexual behavior. Anoka determines every resident's level of understanding upon admission or based on obtainable education records or court documents. In addition to providing such education, Anoka ensures that key information is continuously and readily available or visible to residents through posters, resident manual, or other written formats which was confirmed by the Auditor during the facility tour.</p> <p data-bbox="240 801 1485 1128">The Auditor interviewed 20 residents across three distinct programmatic living units: Anoka Non-Secure Program, East Central Residential Juvenile Center and Anoka Secure Program. Each resident interviewed confirmed and provided a detailed overview of materials covered during Anoka PREA education. Each resident confirmed that intake staff took time to individually read and answer questions regarding PREA educational material. Further, residents confirmed receiving PREA education explaining how to report an incident or suspicion of sexual abuse, sexual harassment, or retaliation. All residents sampled confirmed that PREA education was presented in a manner they understood. The sample participants indicated PREA education was presented by video, verbally, cartoon posters and booklets in formats accessible to all residents including those who are: Are limited English proficient, deaf, visually impaired, with limited reading skills or otherwise disable. Interpretation Services and numbers were noted at the workstations for staff to utilize, as necessary. Anoka provided the Auditor with documented evidence of a sample of 20 resident education participation forms and intake records.</p> <p data-bbox="240 1160 1466 1285">The PREA Coordinator indicated during his interview that Anoka would also provide PREA education to any resident that transfers to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. Likewise, Anoka provides PREA education to any resident who transfers between program on the campus.</p> <p data-bbox="240 1317 879 1344">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1375 1433 2157" style="list-style-type: none"> <li data-bbox="240 1375 560 1402">• Pre-Audit Questionnaire <li data-bbox="240 1433 1433 1460">• Anoka County Juvenile Center, Prison Rape Elimination Act, Guide on Sexual Abuse Prevention and Response <li data-bbox="240 1491 1254 1518">• 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator <li data-bbox="240 1550 839 1576">• Interview with the Acting Director/PREA Coordinator <li data-bbox="240 1608 1374 1635">• Anoka County Community Corrections, Policy Statement (PS), PREA Resident Education, approved: 9/14 <li data-bbox="240 1666 1402 1724">• Anoka County Community Corrections, Policy Statement, Youth with Disabilities and LEP, approved: 1/2015, supports PREA Standard 115.316. <li data-bbox="240 1756 791 1783">• Interview with PREA Compliance Managers (4) <li data-bbox="240 1814 1145 1841">• Review of Foreign Language and American Sign Language Interpreter Services <li data-bbox="240 1872 1074 1899">• Department, Human Services, Administration, Interpreter Services at: <a data-bbox="240 1930 954 1989" href="https://share.co.anoka.mn.us/departments/HSAdmin/Pages/Interpreter-Services.asp">https://share.co.anoka.mn.us/departments/HSAdmin/Pages/Interpreter-Services.asp <li data-bbox="240 2020 802 2047">• Interview (targeted and random) residents <li data-bbox="240 2078 636 2105">• Interview with intake staff <li data-bbox="240 2136 711 2163">• Interview with PREA Coordinator |

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| 115.334 | <p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections, Policy Statement (PS), Volunteer, Contractor, MH staff, Medical staff, and Investigator PREA specific training, 115.332; 115.334; 115.335, approved: 1/2015 address Standard 115.334.</p> <p>The agency conducts administrative investigations. In addition to the general PREA training provided to all Anoka employees pursuant to §115.331. The agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The Anoka County Sheriff Office, CID, conducts criminal investigations.</p> <p>The Auditor interviewed 2 investigators from Anoka County Sheriff's Office, CID, who conduct criminal investigations for Anoka. The investigators confirmed completing specialized training including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The Auditor sampled specialized PREA training documents of 3 administrative investigators for the facility to confirmed compliance with Standard 115.334 (c). Anoka me the requirements of Standard 115.334.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections Office, Policy Statement 177, Staff Training Requirements, approved: 1/2015 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • Interview with the Acting Director/PREA Coordinator • Interview with the specialized staff (contractors) • Interviews with 2 Anoka County Sheriff's Office, CID investigators • Examination of 3 specialized training files |
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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Anoka County Community Corrections, Policy Statement (PS), Volunteer, Contractor, MH staff, Medical staff, and Investigator PREA specific training, 115.332; 115.334; 115.335, approved: 1/2015 address Standard 115.335.</p> <p>The agency ensures that all mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The agency does not employ medical staff. Medical services are provided in the community. Mental Health services are also provided in the community. Anoka has 1 Mental Health Coordinator. The Auditor interviewed the Mental Health Coordinator during the onsite portion of the audit. She confirmed completing the National Institute of Corrections, online course titled PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting on February 16, 2017. The Auditor confirmed completion of the NIC course by the Mental Health Coordinator. The Mental Health Coordinator was well-informed regarding how to assess residents for signs of sexual trauma. The agency does not have any full- or part-time medical or mental health care practitioners volunteering for the agency. Anoka met the requirements of Standard 115.335.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections Office, Policy Statement 177, Staff Training Requirements, approved: 1/2015 • Anoka County Community Corrections, Policy Statement (PS), Volunteer, Contractor, MH staff, Medical staff, and Investigator PREA specific training, 115.332; 115.334; 115.335 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • Interview with the Acting Director/PREA Coordinator • Interview with the specialized staff/Mental Health Coordinator |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1474 432">Anoka County Community Corrections, Policy Statement (PS), Screening for Risk of Sexual Victimization and Abusiveness, approved: 9/14, and Anoka County Community Corrections Office, Policy Statement, (PS) 242, Resident Classification (gender, building, room, EJJ), approved: 4/14, address Standard 115.341. The Sexual Violence Prevention Checklist is utilized as an objective instrument that allows Anoka to make operational management decisions regarding: Housing location, room assignment, program involvement, education, and work assignments.</p> <p data-bbox="240 461 1474 622">The policy statement mandates within 72 hours of a resident's arrival at the facility, Anoka will screen a resident using the Sexual Violence Prevention Checklist, to screen for risk of victimization or abusiveness to others. The Auditor examined 20 intake screening forms to confirm screening occurred within 72 hours within the past 12-month period. Throughout a resident's placement in the facility, the agency will review a resident's personal and behavioral history, and other risk factors to reduce the potential risk of sexual abusive behavior or victimization.</p> <p data-bbox="240 651 1490 913">An intake staff responsible for risk screening was interviewed during the onsite portion of the audit. The intake staff person detailed the admission process for the Auditor. During the audit zero placements occurred at Anoka. The Auditor interviewed 20 (random and targeted) residents of the facility. Each resident explained their intake experience and confirmed a face-to-face interview with intake staff. Zero residents indicated being forced to answer questions from the Sexual Violence Prevention Checklist. Zero residents indicated being subject to a disciplinary or negative performance rating for failing to answer any question from the Sexual Violence Prevention Checklist. Anoka ascertained information regarding the resident through conversation during the intake process, medical or mental health history, classification process, reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.</p> <p data-bbox="240 943 1474 1104">The Sexual Violence Prevention Checklist, PREA screening assessments, at a minimum, attempts to ascertain information about the eleven factors outlined in Standard 115.341 (c) such as: The appearance of gender nonconforming or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse, history of mental illness or mental disabilities, physical size, or stature. Problematic, the Sexual Violence Prevention Checklist omits age and current charges and offense history from the instrument.</p> <p data-bbox="240 1133 1474 1261">The agency and by extension Anoka have implemented appropriate protection controls to limit the dissemination of sensitive information such as the responses to certain questions asked pursuant to Standard 115. 341 (e). Protections were implemented in accordance with this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. After corrective action, Anoka met the requirements of Standard 115.341.</p> <p data-bbox="240 1290 879 1317">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1346 1490 1877" style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections Office, Policy Statement, (PS), Screening for Risk of Sexual Victimization and Abusiveness, approved: 9/14 and Anoka County Community Corrections Office, Policy Statement, (PS) 242, Resident Classification (gender, building, room, EJJ), approved: 4/14 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • Interview with the Acting Director/PREA Coordinator • Interview with the specialized staff/Mental Health Coordinator • Interview with intake staff • Interviews with (random and specialized) residents • Examination of 20 Sexual Violence Prevention Checklist, PREA screening assessments and Client Screening Forms <p data-bbox="240 1962 440 1989">Corrective Action:</p> <p data-bbox="240 2018 1474 2157">The Sexual Violence Prevention Checklist, PREA screening assessment does not include several key risk factors in the instrument such as age, current charges, and offense history. Anoka will update the Sexual Violence Prevention Checklist, PREA screening assessment to include the omitted risk factors as outlined in this standard. Anoka will provide the Auditor with an electronic copy of the Sexual Violence Prevention Checklist, PREA screening assessment to include the revisions to</p> |

the document.

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1490 432">Anoka County Community Corrections Office, Policy Statement, (PS) 242, Resident Classification (gender, building, room, EJJ), approved: 4/14, Anoka County Community Corrections Office, Policy Statement, (PS), Screening for Risk of Sexual Victimization and Abusiveness, approved: 9/14 address and Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, address PREA Standard 115.342.</p> <p data-bbox="240 463 1469 757">Anoka use all the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing assignments, bed, education, and programs. Anoka residents are generally assigned to a building and room with a specified criterion for placement. Court orders often define secure/non-secure and room assignment is decided by a resident's threat to harm self or others. Each living at Anoka has a specific mission. The mission coupled with criminogenic history, history of victimization, violence abusiveness or cognitive function are factors associated with a bed, program, education or living unit placement. A resident identified as high-risk of abusiveness or victimization is evaluated on a case-by case basis to determine whether they should be placed in a single room or a double room. Other considerations include: Sexual preference, gender identity, history of sexual activity in an institutional setting, history of sexual assaultive behavior, and the likelihood of being sexually abusive.</p> <p data-bbox="240 788 1490 1182">When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, Anoka considers, the placement 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. During the audit, zero residents identified as transgender or intersex. During his interview, the Acting Director/PREA Coordinator indicated that he would consider placement of a transgender or intersex resident on a case-by-case basis being ever mindful of security constraints, if applicable. Furthermore, placement and programming assignments for each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. Each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making a facility and housing placement decision and programming assignment. Transgender and intersex residents would be given the opportunity to shower separately from other residents. If a transgender or intersex were placed at Anoka the resident's own views with respect to his or her own safety would be given serious consideration when making facility and housing placement decisions and programming assignments.</p> <p data-bbox="240 1214 1469 1375">According to the Acting Director/PREA Coordinator, Anoka would use placement in isolation as a last resort or as is the current reason as Covid quarantine location for incoming residents or active infection. The Auditor also interviewed each PREA Compliance Manager for the facility. The PREA Compliance Managers all confirmed that Anoka would only place residents in isolation as a last resort when less restrictive measures are inadequate to keep a resident safe. Anoka met the requirements of Standard 115.342.</p> <p data-bbox="240 1406 879 1433">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1464 1490 2141" style="list-style-type: none"> <li data-bbox="240 1464 580 1491">• Pre-Audit Questionnaire <li data-bbox="240 1523 1490 1581">• Anoka County Community Corrections Office, Policy Statement, (PS), Screening for Risk of Sexual Victimization and Abusiveness, approved: 9/14 <li data-bbox="240 1612 1469 1671">• Anoka County Community Corrections Office, Policy Statement, (PS) 242, Resident Classification (gender, building, room, EJJ), approved: 4/14 <li data-bbox="240 1702 1458 1760">• Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 <li data-bbox="240 1792 1254 1818">• 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator <li data-bbox="240 1850 1086 1877">• Minnesota Statutes: 241.01, Creation of the Department of Corrections, <li data-bbox="240 1908 1445 1966">611A.20, Notice of Risk, 629.37, Private Person Making an Arrest and 629.39, Private Person delivering an arrestee to a Judge or Peace Officer <li data-bbox="240 1998 839 2024">• Interview with the Acting Director/PREA Coordinator <li data-bbox="240 2056 799 2083">• Interviews with (random and targeted) residents <li data-bbox="240 2114 1318 2141">• Examination of a sample of 20 Sexual Violence Prevention Checklist, PREA screening assessments |

- Examination of a sample of 20 Client Screening Forms
- Interview with intake staff
- Interview with PREA Compliance Managers (4)
- Examined transgender preference form

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1445 365">Anoka County Community Corrections Department, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement 748, Maltreatment of Minors, approved 4/14 and the PREA informational booklet address PREA Standard 115.351.</p> <p data-bbox="240 398 1490 723">Anoka by policy provides multiple internal ways for residents to privately report: Sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Anoka County Juvenile Corrections has a PREA information booklet for residents of the facility outlining important information regarding sexual assault and sexual misconduct. The booklet provides multiple options for reporting abuse, retaliation and staff neglect such as telling any staff member, telling family, reporting the incident to the JCPREA hotline telephone number: (651) 783-7502, Phone access is unrestricted by the facility. Inside any living unit a resident simply dials 7502 on the phone, More, residents can file a grievance using the PREA drop box located on the living unit or email the agency at LINOJCPREA@co.anoka.mn.us. Employing the internet family and friends can also utilize the agency's PREA email address to register a PREA report. During the facility tour the Auditor noted PREA information posted throughout each living unit and in common areas easily accessible to all residents of the facility.</p> <p data-bbox="240 757 1490 1048">The agency also provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Other reporting methods include to directly communicate the incident to law enforcement such as the Anoka County Sheriff's Office or an identified community-based agency, Alexandra House. The Auditor examined a memorandum from Alexandra House indicating, as a sexual violence service provider in Anoka County they serve as a reporting resource for residents of the facility specifically, Anoka County Non-Secure Program, Anoka County Secure Program and East Central Regional Juvenile Center. Alexandra House accepts anonymous reports upon request. Zero residents were detained during the audit solely for civil immigration purposes. Anoka does not detain residents for civil immigration violations.</p> <p data-bbox="240 1137 1490 1462">During the onsite portion of the audit the Auditor interviewed a sample of random and targeted residents (20) in placement at Anoka. Twenty random and targeted residents indicated a willingness to tell staff. Sample residents were also aware of other internal ways to privately report a PREA incident such as dropping a note in the PREA box or allowing their family or a friend to initiate a PREA report on their behalf. Zero residents reported sexual abuse at Anoka during the reporting period. Similarly, the Auditor interviewed random and specialized staff at Anoka. All staff sampled confirmed they understood their duty to report all allegations or suspicions of sexual abuse, sexual harassment, retaliation, or staff neglect that may have contributed to a PREA incident. Staff sampled indicated they would accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The preferred method for Anoka staff to communicate a PREA incident was face-to-face communication, or the telephone then promptly document the incident. In all material ways Anoka met the requirements of Standard 115.351.</p> <p data-bbox="240 1552 879 1579">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1612 1414 2134" style="list-style-type: none"> • Pre-Audit Questionnaire • JCPREA hotline telephone number: (651) 783-7502 • Internet search: LINOJCPREA@co.anoka.mn.us • Internet search: Alexandra House • Memorandum: Alexandra House, dated February 3, 2021, regarding public entity and third-party reporting • Internet search: Anoka County Sheriff's Office • Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14 • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator |

- Interviews with (random and specialized staff)
- Interviews with (random and specialized) residents
- Interview with PREA Compliance Managers (4)
- Facility tour

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1445 365">Anoka County Community Corrections Department, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement 748, Maltreatment of Minors, approved 4/14, the PREA informational booklet and the revised student handbook address PREA Standard 115.352.</p> <p data-bbox="242 396 1374 423">The PAQ indicates that Anoka was exempt from Standard 115.352. Anoka is not exempt from Standard 115.352.</p> <p data-bbox="242 430 1485 656">Problematic, the agency has a progressive history of permitting a resident to use the grievance process to report PREA issues. During the facility tour, the Auditor noted grievance drop boxes were situated on each living unit and accessible to all residents. Likewise, during resident interviews (random and targeted) (100%) of sample participants confirmed an understanding that filing a grievance was an option available to report sexual abuse or sexual harassment. Noteworthy, all residents sampled indicated their first method to report sexual abuse or sexual harassment would be to tell a trusted staff person. All residents could detail multiple methods of reporting sexual abuse or sexual harassment and acknowledged their right to be free from retaliation for reporting sexual abuse and sexual harassment allegations.</p> <p data-bbox="242 687 1477 813">After corrective action, Anoka acknowledges that the facility has an administrative remedy process that permits a resident to file a grievance regarding an allegation of sexual abuse without any type of time limits. The agency always refrains from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged PREA related incident of sexual abuse or sexual harassment.</p> <p data-bbox="242 844 1485 1005">The PREA Coordinator during his interview confirmed 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. A PREA related grievance is not referred to a staff member who is the subject of the complaint. The Auditor also found comparable language in the revised resident handbook to support this standard. The PREA Coordinator confirmed that Anoka issues 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.</p> <p data-bbox="242 1037 1461 1229">Further, if the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], Anoka will notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative remedy or grievance process, including the final level, if the Anoka resident does not receive a response within the time allotted for reply, including any properly noticed extension, a resident should consider the absence of a response to be a denial at that level, according to the PREA Coordinator.</p> <p data-bbox="242 1261 1469 1386">Anoka permits all third parties, including fellow residents, staff members, family members, attorneys, parent, guardian, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse on behalf of a resident. If the resident declines to have the request processed on his or her behalf, the PREA Coordinator confirmed that he would document the resident's decision.</p> <p data-bbox="242 1417 1485 1644">After corrective action, Anoka has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The revised resident handbook indicates that all emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse will be addressed immediately by the PREA Coordinator/Facility Director. Moreover, according to the PREA Coordinator/Facility Director, after receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards 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.</p> <p data-bbox="242 1675 1485 1800">After receiving an emergency grievance, the agency would provide an initial response within immediately but always within 48 hours with the issuance of a final determination on the merit of the emergency grievance within 5 days. If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, it does so ONLY where Anoka demonstrates that the resident filed the grievance in bad faith. After corrective action, Anoka met the requirements of Standard 115.352.</p> <p data-bbox="242 1832 879 1859">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1890 1445 2125" style="list-style-type: none"> <li data-bbox="242 1890 560 1917">• Pre-Audit Questionnaire <li data-bbox="242 1948 1390 1975">• Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14 <li data-bbox="242 2007 1445 2065">• Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 <li data-bbox="242 2096 1270 2123">• 28 CFR § 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator |

- Interviews with (random and targeted) residents
- Interview with PREA Coordinator
- Revised resident handbook with grievance language
- Facility tour

Corrective Action:

The PAQ indicated that Anoka was exempt from Standard 115.352. Problematic, during the facility tour the Auditor noted grievance drop boxes displayed on every living unit. PREA related literature issued to residents also listed filing a grievance as an option to report sexual abuse or sexual harassment. Residents interviewed during the onsite portion of this audit indicated filing a grievance as an option of reporting sexual abuse and sexual harassment. Anoka revised the resident handbook to alert residents how to file a PREA related grievance in accordance with Standard 115.352, to include filing timelines for an emergency grievance. All current residents were made aware of the changes to the handbook.

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1445 331">Anoka County Community Corrections Department, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, regarding PREA Standard 115.353.</p> <p data-bbox="240 360 1489 488">The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility never has persons detained solely for civil immigration purposes.</p> <p data-bbox="240 517 1489 846">The Auditor examined a memorandum of understanding with Alexandra House indicating, as a sexual violence service provider in Anoka County they serve as a reporting resource for residents of the facility specifically, Anoka County Non-Secure Program, Anoka County Secure Program and East Central Regional Juvenile Center. In addition to facilitating groups and educational presentations, Alexandra House serves as a resource for juvenile residents of each of these facilities who report having been a victim of sexual abuse/assault. Services may be provided by phone via our 24-hour crisis line (24-hour Line 763-780-2330), email, www.alexandrahouse.org, or in-person upon request/referral. In addition to providing confidential, emotional support and advocacy services related to sexual abuse/assault, Alexandra House will work with Anoka County Juvenile Corrections staff to coordinate other services that may be of benefit to the victim/resident, including but not limited to support groups, legal advocacy, and support during evidentiary exams. Physical address is 10065 3rd Street, Blaine, Mn. 55434.</p> <p data-bbox="240 875 1489 1173">Anoka enables reasonable communication between residents and the Alexandra House, a community victim advocacy organization, in as confidential a manner as possible. According to PREA Compliance Managers (4) they can facilitate private rooms for a resident to communicate with the Alexandra House. All residents interviewed (random and targeted) confirmed having access to telephones during waking hours. The facility informs 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. Calls are not monitored. Resident interviewed were aware that calls were not being recorded. During the facility tour the Auditor noted PREA contact information for the Alexandra House prominently displayed throughout each living unit. Information included on the display was a hotline number, address, telephone number and a brief discussion of purpose and services.</p> <p data-bbox="240 1202 1489 1397">The facility provides residents with reasonable and confidential access to their attorneys or other legal representative. Residents interviewed indicate a belief that they have access to an attorney. Some of the residents interviewed did not know if they had an attorney of record. Other residents interviewed from the same sample of participants indicated they were on probation and have access to their probation officer. All residents interviewed confirmed that they can communicate with a parent or guardian. During the facility tour the Auditor noted a resident being called to the control area for a call from a legal representative, parent, or guardian.</p> <p data-bbox="240 1426 879 1453">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1482 1453 2123" style="list-style-type: none"> • Pre-Audit Questionnaire • JCPREA hotline telephone number: (651) 783-7502 • Internet search: LINOJCPREA@co.anoka.mn.us • Internet search: Alexandra House • Memorandum: Alexandra House, dated February 3, 2021, regarding public entity and third-party reporting • Internet search: Anoka County Sheriff's Office • Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14 • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator • Interviews with (random and specialized staff) • Interviews with (random and targeted) residents |

- Interview with PREA Compliance Managers (4)
- Facility tour

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| 115.354 | Third-party reporting |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1445 331">Anoka County Community Corrections Department, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, regarding PREA Standard 115.354.</p> <p data-bbox="240 367 1485 524">The agency has established a method to receive third-party reports of sexual abuse and sexual harassment. Anoka has an agreement with the Alexandra House a community-based victim advocacy resource. The Auditor examined the memorandum of understanding to confirm compliance with this standard. The agency has distributed publicly on the internet information regarding how to report sexual abuse and sexual[SL1] harassment[SL2] on behalf of a resident in their facility such as:</p> <ul data-bbox="240 609 1137 810" style="list-style-type: none"> • PREA Hotline (763) 324-4887 • Reporting-inside the living units Dial 7502 • Email LINOJCPREA@co.anoka.mn.us • Alexandra House (Third-Party Entity) (763) 780-2330 <p data-bbox="240 846 1485 904">The Auditor confirmed through a search of the internet that Anoka publicly distributes[SL3] information for family and friends how to report any allegation or suspicion of sexual abuse or sexual harassment.</p> <p data-bbox="240 936 1485 1160">The Auditor interviewed residents of the facility. All residents sampled were knowledgeable about how a the third-party could report allegation or suspicion of sexual abuse or sexual harassment could be generated and by whom. Likewise, all resident sampled during the onsite portion of this audit were aware of services obtainable outside of the facility for dealing with sexual abuse, if needed. All residents sampled during the onsite portion of this audit acknowledged being provided the mailing address and telephone contact number of the Alexandra House. Zero residents sampled reported sexual abuse in a correctional institution. The Anoka Preaudit Questionnaire indicated zero residents reported sexual abuse in an institution in the past[SL4] 12-month period.</p> <p data-bbox="240 1249 1453 1406">During the facility tour the Auditor noted telephones located on each living unit. Telephoned tested were operable. Residents interviewed indicated that during waking hours they have access to telephones on the living of through the Program Manager. Interviews with random and specialized staff (MH Program Coordinator) confirm how resident gain access to outside support services in needed. Anoka does not monitor telephone calls at the facility therefore all calls are private..</p> <p data-bbox="240 1442 1469 1666">On the Anoka websites, concerned friends and families can hyperlink directly with Alexandra House. Alexandra House provides domestic, sexual, and relationship violence services to women, men, youth, and families. All services are free-of-charge and include 24-hour emergency shelter, legal advocacy, support groups, housing and supportive services, youth intervention and prevention services, elder abuse services, community education and professional training, and more. They are in the cities of Blaine and Anoka, but serve victims of domestic, sexual, and relationship violence across the state of Minnesota. Anoka does not detained solely residents for civil immigration purposes. Anoka met the requirements of Standard 115.354.</p> <p data-bbox="240 1697 879 1724">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1760 1374 2132" style="list-style-type: none"> • Pre-Audit Questionnaire • JCPREA hotline telephone number: (651) 783-7502 • Internet search: LINOJCPREA@co.anoka.mn.us • Internet search: Alexandra House • Memorandum: Alexandra House, dated February 3, 2021, regarding public entity and third-party reporting • Internet search: Anoka County Sheriff's Office • Email communication with Alexandra House regarding PREA audit |

- Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14
- Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014
- 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
- Interviews with (random and specialized staff)
- Interviews with (random and targeted) residents
- Interview with PREA Compliance Managers (4)
- Interview with the Acting Director/PREA Coordinator
- Facility tour

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 398">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14, and Policy Statement (PS) 49, Rules and Regulations, Code of Ethics, approved 9/14 address Standard 115.361.</p> <p data-bbox="240 432 1485 689">Anoka requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The Auditor sampled (random and specialized) staff at the facility during the onsite portion of this audit. All staff sampled indicated and understanding of their role and responsibility to prevent, detect, report, and respond to any suspicion or allegation of sexual abuse or sexual harassment. More, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment to include staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.</p> <p data-bbox="240 723 1398 815">The agency requires all staff to comply with any applicable mandatory child abuse reporting laws such as the Policy Statement 748, Maltreatment of Minors, approved 4/14. The policy identifies a category of mandated reporter of the following:</p> <p data-bbox="240 848 999 875">Child in need of protective services: (CHIPS) a child with this designation is:</p> <ol data-bbox="240 909 1485 1330" style="list-style-type: none"> a. Abandoned or without parent, guardian, or custodian. b. Victim of physical or sexual abuse. c. Resides with or would reside with a perpetrator who has engaged in prior assaults, prostitution, criminal sexual conduct, malicious punishment, child neglect, child endangerment, or use of a minor in sexual performance. d. Child without necessary food, clothing, shelter, education, or other required care for the child's physical or mental health or morals because of child's parent, guardian or custodian are unable or unwilling to provide it. e. Child without special care made necessary by physical, mental, or emotional condition because of the parent, guardian or custodian is unwilling to provide it. f. Child is medically neglected. g. Child without proper parental care because of emotional, mental, or physical ability, or state of parent, guardian, or custodian. h. Child whose behavior, condition, or environment is injurious or dangerous to child or others. It includes exposure of child to criminal activity within the home. <p data-bbox="240 1364 1474 1491">Anoka County Corrections employees who are considered mandated reporters shall, upon receiving information leading them to know or have reason to believe that a child is being neglected or physically or sexually abused within the preceding three years, report this information to the local social service agency, police department, and/or county sheriff. Failure to report suspected child abuse is a criminal offense.</p> <p data-bbox="240 1525 1485 1951">Medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to this standard are also required to report to all designated State or local services agency where required by mandatory Minnesota reporting laws. Specifically, under Minnesota statute 626.556: Persons mandated to report; persons voluntarily reporting, (p. 6) (c) A person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the agency responsible for licensing the facility under sections 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 245D; or a non-licensed personal care provider organization as defined in section 256B.0625, subsection 19. A health or corrections agency receiving a report may request the local welfare agency to provide assistance pursuant to subsections 10, 10a, and 10b. Aboard or other entity whose licensees perform work within a school facility, upon receiving a complaint of alleged maltreatment, shall provide information about the circumstances of the alleged maltreatment to the commissioner of education. Section 13.03, subdivision 4, applies to data received by the commissioner of education from a licensing entity. Mental health practitioners (2) interviewed during the onsite portion of this audit confirmed their understanding of mandatory reporting laws, the standing duty to inform a resident of their duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="240 1984 1485 2112">During separate interviews with the agency Superintendent and the Acting Director/PREA Coordinator each detailed the process upon receiving any allegation of sexual abuse. Anoka reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The process includes involving law enforcement, custody authorities, the PREA Compliance Manager (4), the MH Coordinator, from an agency perspective.</p> <p data-bbox="240 2145 1485 2161">The Acting Director/PREA Coordinator indicated that on a case-by-case basis and the jurisdictional custody over the alleged</p> |

victim, the alleged victim's parents, or legal guardians are notified of the report of sexual abuse, unless the facility has official documentation showing the parents or legal guardians should not be notified. If an alleged victim is under the guardianship of the Minnesota child welfare system, Anoka would promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians. Further, if a juvenile court retains jurisdiction over the alleged victim, the facility also reports the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. Anoka met the requirements of Standard 115.361.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Interview with the agency Superintendent
- 2020 Minnesota Statute 626.556, Mandatory Reporting, Chapter 626
- Internet search: Anoka County Sheriff's Office
- Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14
- Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014
- 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
- Interviews with (specialized staff)
- Interview with PREA Compliance Managers (4)
- Interview with the Acting Director/PREA Coordinator
- Interview with (random and specialized) staff

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| 115.362 | <p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14, and Policy Statement (PS) 49, Rules and Regulations, Code of Ethics, approved 9/14 address Standard 115.362.</p> <p>When Anoka learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident according to the agency head, Acting Director/PREA Coordinator, and a random sample of staff during the audit. Anoka met the requirements of Standard 115.362.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the agency Superintendent • 2020 Minnesota Statute 626.556, Mandatory Reporting, Chapter 626 • Internet search: Anoka County Sheriff's Office • Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14 • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator • Interviews with (specialized staff) • Interview with PREA Compliance Managers (4) • Interview with the Acting Director/PREA Coordinator • Interview with (random and specialized) staff |
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| 115.363 | <p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14, and Policy Statement (PS) 49, Rules and Regulations, Code of Ethics, approved 9/14 address Standard 115.363.</p> <p>During separate interviews with the agency Superintendent and the Acting Director/PREA Coordinator each confirmed that upon receiving an allegation that a resident was sexually abused while confined at another facility, Acting Director/PREA Coordinator would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred to relay the allegations, notify the appropriate investigative agency, and document the incident. Notification would take place as soon as possible, but no later than 72 hours after receiving the allegation. The Acting Director/PREA Coordinator receiving such notification would ensure that the allegation is investigated in accordance applicable PREA standards. The Acting Director/PREA Coordinator confirmed that zero incidents occurred where a resident reported being sexually abused while confined at another facility. Anoka met the requirements of Standard 115.363.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the agency Superintendent • 2020 Minnesota Statute 626.556, Mandatory Reporting, Chapter 626 • Internet search: Anoka County Sheriff's Office • Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14 • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator • Interview with the Acting Director/PREA Coordinator |
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| 115.364 | Staff first responder duties |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 333">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 address Standard 115.364.</p> <p data-bbox="242 362 1481 723">Random and specialized staff sampled during the audit confirmed that on learning of an allegation that a resident was sexually abused, the first responder is required to: Separate the alleged victim and abuser, preserve, and protect any crime scene until appropriate steps can be taken to collect any evidence. More, request that the alleged victim not take any action 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 that would still allow for the collection of physical evidence. Similarly, security staff first responders confirmed when responding to a report of abuse they would also ensure that the alleged abuser does not take any action 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 that still allows for the collection of physical evidence. Non-security first responders confirmed during interviews that they are required to request that the alleged victim not take any action that could destroy any physical evidence, and then notify the PREA Coordinator or a PREA Compliance Manager.</p> <p data-bbox="242 754 1485 848">In the past 12 months, the number of allegations that a resident was sexually abused was three (3). In the past 12 months, the number of allegations where staff were notified within a timeframe that would allow for the collection of physical evidence was zero, according to the Acting Director/PREA Coordinator. Anoka met the requirements of Standard 115.364.</p> <p data-bbox="242 880 879 909">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 938 1452 1514" style="list-style-type: none"> <li data-bbox="242 938 560 967">• Pre-Audit Questionnaire <li data-bbox="242 996 735 1025">• Interview with the agency Superintendent <li data-bbox="242 1055 1007 1084">• 2020 Minnesota Statute 626.556, Mandatory Reporting, Chapter 626 <li data-bbox="242 1113 783 1142">• Internet search: Anoka County Sheriff's' Office <li data-bbox="242 1171 1394 1200">• Anoka County Community Corrections Office, Policy Statement 748, Maltreatment of Minors, approved 4/14 <li data-bbox="242 1229 1452 1288">• Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 <li data-bbox="242 1317 1259 1346">• 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator <li data-bbox="242 1375 783 1404">• Interview with (random and specialized staff) <li data-bbox="242 1433 810 1462">• Interview with PREA Compliance Managers (4) <li data-bbox="242 1491 842 1520">• Interview with the Acting Director/PREA Coordinator |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1485 365">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 and Policy Statement (PS) 49, Rules and Regulations, Code of Ethics, approved 9/14, and, Policy Statement 748, Maltreatment of Minors, approved 4/14 address Standard 115.365.</p> <p data-bbox="242 398 1477 555">By examination, the Auditor confirmed that the facility has 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. Random and specialized staff sampled during the onsite portion of the audit explained in detail their role, responsibility and actions that should be taken based on the facility's written coordinated plan to a PREA related incident.</p> <p data-bbox="242 589 1485 779">The agency Superintendent and Acting Director/PREA Coordinator both confirmed that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, staff neglect, retaliation or violation of responsibilities that may have contributed to an incident that occurred at Anoka, whether it is part of the agency. The agency also requires all staff to comply with any applicable mandatory Minnesota child abuse reporting laws or maltreatment of minors which includes. Anoka met the requirements of Standard 115.365.</p> <p data-bbox="242 813 879 837">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 871 1437 1406" style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the agency Superintendent • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator • Interview with (random and specialized staff) • Interview with PREA Compliance Managers (4) • Interview with the Acting Director/PREA Coordinator |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 434">According to the Acting Director/PREA Coordinator, Anoka the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit. The agreement does not limit the ability of the agency to remove alleged sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Anoka met the requirements of Standard 115.366.</p> <p data-bbox="229 524 1509 546">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="229 568 1509 658" style="list-style-type: none"> <li data-bbox="229 568 1509 602">• Pre-Audit Questionnaire <li data-bbox="229 636 1509 658">• Interview with the agency Superintendent <p data-bbox="229 680 1509 748">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014</p> <ul data-bbox="229 770 1509 972" style="list-style-type: none"> <li data-bbox="229 770 1509 804">• Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics <li data-bbox="229 837 1509 860">• Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 <li data-bbox="229 882 1509 916">• Labor contracts in negotiation <li data-bbox="229 949 1509 972">• 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 365">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 address Standard 115.367.</p> <p data-bbox="240 398 1477 456">Anoka has 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.</p> <p data-bbox="240 490 1490 580">The agency and by extension Anoka identified and designated two (2) facility staff members to serve in the role of Retaliation Monitor for residents and staff. The Retaliation Monitor reports to the PREA Coordinator. The Acting Director/PREA Coordinator confirmed that Anoka has designated two PREA Retaliation Monitors.</p> <p data-bbox="240 613 1490 1005">The Auditor interviewed a Retaliation Monitor for Anoka during the audit. The Retaliation Monitor detailed the responsibility of that role. The monitor indicated the agency has 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. The monitor discussed that in the role as monitor it requires being abreast of negative changes in a victim's disciplinary history, housing or program changes or negative performance ratings or reassignment of staff. The role also requires the monitor to act promptly to remedy any forms of retaliation. Monitoring for retaliation includes a face-to-face periodic status checks with the victim for at least 90 days following a report of sexual abuse. Furthermore, the Retaliation Monitor explained that monitoring is required for all substantiated and unsubstantiated incidents of sexual abuse except in instances where the agency determines that a report of sexual abuse is unfounded. The monitoring period would continue for at least 90 days or longer if justified. Further, the number of times an incident of retaliation occurred in the past 12 months at Anoka was zero. Zero residents were in isolation for risk of sexual victimization during the audit. Zero residents reported sexual abuse in an institution during the audit period. Anoka met the requirement of Standard 115.367.</p> <p data-bbox="240 1039 879 1066">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1095 735 1178" style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the agency Superintendent <p data-bbox="240 1211 1485 1270">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014</p> <ul data-bbox="240 1303 1374 1554" style="list-style-type: none"> • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • Interview with a Retaliation Monitor • Interview with the Acting Director/PREA Coordinator • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator |

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 address Standard 115.368.</p> <p>According to the Acting Director/PREA Coordinator, if Anoka used segregated housing to protect a resident who is alleged to have suffered sexual abuse it would be subject to the requirements of § 115.342. Anoka refrains from use of segregated housing. In contrast to the use of segregation, Anoka would explore a change in living units or consider a facility change to avoid the use of segregation to protect a resident who is alleged to have suffered sexual abuse. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: Zero. Likewise, the Auditor confirmed by examination of incidents in the past 12-month period that zero residents were placed in isolation/segregation in the past 12-month period.</p> <p>The Auditor interviewed the Mental Health Coordinator and medical staff (2) at Anoka during the audit. Each deny any knowledge of any resident being placed in isolation/segregation in the past 12-month period to protect a resident who is alleged to have suffered sexual abuse or for risk of victimization. Anoka met the requirements of Standard 115.368.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the agency Superintendent • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • Interview with a Retaliation Monitor • Interview with the Mental Health Coordinator and medical staff (2) • Interview with the Acting Director/PREA Coordinator • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment |

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| 115.371 | Criminal and administrative agency investigations |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 365">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 address Standard 115.371.</p> <p data-bbox="240 454 1485 712">When Anoka conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively, according to the Acting Director/PREA Coordinator. The agency retains all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. The agency ensures 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. When Anoka County Sheriff's Office, CID, investigates sexual abuse, Anoka fully cooperates with the outside investigators and endeavor to remain informed about the progress via email or telephone communication on the status of the investigation.</p> <p data-bbox="240 801 1441 927">The Auditor interviewed the Acting Director/PREA Coordinator who is also responsible for conducting administrative investigations for Anoka. The Acting Director/PREA Coordinator explained the administrative review process in detail. Anoka would also conduct investigations for all allegations, to include a report received from a third party or anonymous report.</p> <p data-bbox="240 1016 1485 1209">Further, the Acting Director/PREA Coordinator also explained that the agency and by extension Anoka always refrains from terminating an investigation solely because the source of the allegation recants the allegation. As an agency administrative investigator, the Acting Director/PREA Coordinator indicated that he assesses the credibility of an alleged victim, suspect, or witness on an individual basis, based on facts of the case, and evidence and not based on that individual's status as resident or staff. Anoka sexual abuse investigation excludes requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding.</p> <p data-bbox="240 1240 1485 1366">The Auditor found that administrative investigations were documented in writing, the reports included a description of any physical evidence, the investigators reasoning behind credibility determination, a discussion of the fact of the case and concluded with the findings of the case. More, the investigative report also included an effort by the investigator to determine whether staff actions or failures to act contributed to the abuse.</p> <p data-bbox="240 1397 1485 1523">The Auditor also examined investigative reports completed by the Acting Director/PREA Coordinator and found them to meet the requirements of Standard 115.371, including completion of general and specialized training course requirements for investigators involving juvenile victims as required by 115.334. The completion of specialized training course was accomplished through the National Institute of Corrections (NIC).</p> <p data-bbox="240 1554 1485 2011">Sexual abuse investigations of a criminal nature are conducted by the Anoka County Sheriff's Office, CID. The Auditor interviewed two (2) PREA investigators from the Anoka County Sheriff's Office, CID, during separate interviews. Each investigator chronicled the investigative process in detail. Both investigators confirmed that the investigative process includes gathering and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with the alleged victims, suspected perpetrators, and witnesses, a review of any prior reports or complaints of sexual abuse involving the suspected perpetrator. Both investigators confirmed that criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence if feasible. Anoka County Sheriff's Office, CID, sexual abuse investigation excludes requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding. When the quality of evidence appears to support criminal prosecution, Anoka County Sheriff's Office, CID would conduct compelled interviews only after consulting with Anoka County prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Anoka met the requirements of Standard 115.371.</p> <p data-bbox="240 2042 879 2069">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 2101 560 2128" style="list-style-type: none"> • Pre-Audit Questionnaire |

- Interview with the agency Superintendent
- Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014
- Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations[SL2] , Code of Ethics
- Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14
- Interview with Anoka County Sheriff's Office, CID (2)
- Sampled investigative reports for last 12-month period.
- Interview with the Acting Director/PREA Coordinator/administrative investigator
- 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment

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| 115.372 | <p data-bbox="231 71 1508 1323">Evidentiary standard for administrative investigations</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 280 1508 369">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748 address Standard 115.372.</p> <p data-bbox="231 392 1508 593">The Auditor interviewed the agency Superintendent, Acting Director/PREA Coordinator/administrative investigator. During each interview Anoka staff confirmed that the agency does not impose a standard of proof higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment is substantiated. In addition, the Auditor interviewed investigators from the Anoka County Sheriff's Office, CID individually. Both investigators confirmed during their interview that the threshold for burden of proof for an allegation of sexual abuse or sexual harassment is the preponderance of evidence.</p> <p data-bbox="231 616 1508 683">The Auditor examined investigative reports from Anoka for the past 12-month period to confirm documented evidence for the proper application of this standard. Anoka met the requirement for Standard 115.372.</p> <p data-bbox="231 705 1508 750">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="231 772 1508 1310" style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the agency Superintendent • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • Interview with Anoka County Sheriff's Office, CID (2) • Sampled investigative reports for last 12-month period. • Interview with the Acting Director/PREA Coordinator/administrative investigator • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment |
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| 115.373 | Reporting to residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 365">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748 address Standard 115.373</p> <p data-bbox="240 400 1477 557">Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, Anoka informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. To date one resident was verbally informed by Anoka of the outcome of an investigation as the resident departed the facility before the closure of the investigation. The incident did not involve Anoka staff. The incident was a resident-on-resident report of sexual abuse. The Anoka County Attorney's Office declined to prosecute. Two other investigations are ongoing.</p> <p data-bbox="240 593 1490 815">The Auditor interviewed the Acting Director/PREA Coordinator/administrative investigator for Anoka. He indicated during this interview that following a resident's allegation that a staff member has committed sexual abuse against the resident, unless Anoka has determined that the allegation is unfounded, or unless the resident has been released from custody, the agency informs the resident when the agency learns that: The staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the staff member has been indicted on a charge related to sexual abuse in the facility or the staff member has been convicted on a charge related to sexual abuse within the facility. All such notification met the Standard 115.373, as outlined. Anoka met the requirements of Standard 115.373.</p> <p data-bbox="240 846 879 873">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 904 735 987" style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the agency Superintendent <p data-bbox="240 1019 1485 1077">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014</p> <ul data-bbox="240 1108 1469 1570" style="list-style-type: none"> • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • Interview with Anoka County Sheriff's Office, CID (2) • Sampled investigative reports for last 12-month period. • Interview with the Acting Director/PREA Coordinator/administrative investigator • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the Acting Director/PREA Coordinator/administrative investigator • Interview with the PREA Compliance Manager and sample notification document for the investigation Interview with the local police PREA investigator |

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 365">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748 address Standard 115.376.</p> <p data-bbox="240 398 1497 591">By policy Anoka staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Further, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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, according to the agency Superintendent and the Acting Director/PREA Coordinator. Anoka met the requirements of Standard 115.376.</p> <p data-bbox="240 622 879 649">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 680 1477 1084" style="list-style-type: none"> <li data-bbox="240 680 560 707">• Pre-Audit Questionnaire <li data-bbox="240 736 1477 799">• Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 <li data-bbox="240 828 1366 855">• Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics <li data-bbox="240 884 1374 911">• Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 <li data-bbox="240 940 1062 967">• 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment <li data-bbox="240 996 735 1023">• Interview with the agency Superintendent <li data-bbox="240 1052 839 1079">• Interview with the Acting Director/PREA Coordinator |

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| 115.377 | <p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748 address Standard 115.377.</p> <p>Anoka has a zero-tolerance policy for staff, residents, contractors, and volunteers. The agency Superintendent and the Acting Director/PREA Coordinator were interviewed during separate interviews. Both managers confirmed that any contractor or volunteer who engages in sexual abuse prohibited from contact with residents.</p> <p>Any contractor or volunteer who engages in sexual abuse would be reported to the Anoka County Sheriff's Office, CID, unless the activity was clearly not criminal. Further, any contractor or volunteer who engages in sexual abuse would be reported to any relevant licensing body. Any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, Anoka would take appropriate remedial measures, and consider whether to prohibit further contact with residents, according to the agency Superintendent and the Acting Director/PREA Coordinator. 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 was zero. Anoka met the requirement of Standard 115.377.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the agency Superintendent • Interview with the Acting Director/PREA Coordinator |
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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1489 398">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748, Maltreatment of Minors, Non-Secure Program[SL1] Orientation Resident Manual, and Policy Statement (PS) 281, Grievance Procedure address Standard 115.378.</p> <p data-bbox="240 488 1465 748">A resident is informed at intake of the agency's zero tolerance policy and the consequences 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. A resident would be subject to disciplinary sanctions only pursuant to a formal disciplinary process. First-degree criminal sexual conduct (Minn. Stat. § 609.342) is the most severe charge for a criminal sexual conduct crime. Disciplinary sanctions would be imposed commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary[SL2] history, and the sanctions levied for a comparable offense by other residents with similar histories. Residents are cautioned during intake that any violation committed that is criminal in nature may be referred to the court for prosecution.</p> <p data-bbox="240 779 1489 1003">The Anoka policy prohibits denying a youth large muscle exercise, daily visits, educational programming, and access to other programs as a disciplinary sanction. Anoka policy prohibits denying a resident access to any legally required educational programming or special education services as a disciplinary sanction. If a disciplinary sanction results in room restriction, the agency ensures that the resident receives daily visits from a medical or mental health care practitioners. The Auditor interviewed two medical practitioners and a Mental Health Coordinator during the audit. The Mental Health Coordinator indicated that during the disciplinary process Anoka would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior. The resident would also continue with treatment and educational programming.</p> <p data-bbox="240 1034 1489 1162">Anoka offers therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for sexual abuse. Likewise, the same services are offered to an offending resident. The Acting Director/PREA Coordinator indicated that the agency would discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1193 1477 1453">A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not represent making a false PREA report or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Anoka prohibits all sexual activity between residents, the agency refrains from considering non-coercive sexual activity between residents to be sexual abuse unless under penalty based on the Minnesota State Statute, first-degree criminal sexual conduct (Minn. Stat. § 609.342) which is the most severe charge for a criminal sexual conduct crime. This level of conduct applies the following criminal activity: Having made sexual contact or having sex with a person who is under the age of 13, and the actor is more than 36 months older than the victim who engages in sexual contact with another person.</p> <p data-bbox="240 1485 1489 1680">In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services was zero. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities was zero. Anoka met the requirement of Standard 115.378.</p> <p data-bbox="240 1711 879 1738">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1769 1449 2114" style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the agency Superintendent |

- Interview with the Acting Director/PREA Coordinator
- Interview with medical practitioners (2)
- Interview with the Mental Health Coordinator
- Internet research: Minnesota Statute § 609.342

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1485 360">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748, Maltreatment of Minors, Non-Secure Program Orientation Resident Manual address Standard 115.381.</p> <p data-bbox="240 396 1485 620">If during intake screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, Anoka ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Auditor interviewed 2 medical practitioners and a Mental Health Coordinator regarding this standard. Both confirmed that a resident with a history of prior sexual victimization would be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Auditor examined a roster of victimization follow-ups. The follow-ups took place within 14 days of arrival.</p> <p data-bbox="240 656 1485 913">If during intake screening pursuant to § 115.341 indicates that a resident, has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, Anoka ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner offered within 14 days of the intake screening. The Auditor interviewed 2 medical practitioners and a Mental Health Coordinator regarding this standard. All confirmed that a resident with a history of previously perpetrating sexual abuse would be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Auditor examined a roster of victim and perpetrators who disclose a history of victimization or abusiveness during intake all were offered follow up services. Follow-ups took place within 14 days of arrival. In some instances, the resident declined follow up services or departed the facility within the 14-day allotted for follow up.</p> <p data-bbox="240 949 1485 1137">In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner was 100%. In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during[SL1] screening, who were offered a follow up meeting with a mental health practitioner was 100%. The Mental Health Coordinator provided the Auditor with a copy of request and referrals for follow up for residents who disclosed during intake a history of victimization or a history of abusiveness.</p> <p data-bbox="240 1173 1485 1563">Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to Anoka staff with a need to know for treatment or management purposes which includes medical and mental health practitioners. Anoka is a small facility with limited resources. An Associate Probation Officer, a Probation Officer or the Program Manager may initiate the intake of a resident. When processing a resident, they have access to sensitive information regarding a resident like court records which include criminal history, family medical and mental health histories and histories of victimizations and abusiveness. Anoka staff are bound to confidentiality through oath of office and Anoka policies such as Policy Statement (PS) 49, Rules and Regulations, Code of Ethics. Moreover, access to sensitive information is limited as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners interviewed confirmed that they obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18. Anoka met the requirements of Standard 115.381.</p> <p data-bbox="240 1599 879 1626">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1653 1485 2123" style="list-style-type: none"> <li data-bbox="240 1653 560 1680">• Pre-Audit Questionnaire <li data-bbox="240 1715 1485 1769">• Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 <li data-bbox="240 1805 1366 1832">• Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics <li data-bbox="240 1868 1374 1895">• Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 <li data-bbox="240 1921 1062 1948">• 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment <li data-bbox="240 1975 735 2002">• Interview with the agency Superintendent <li data-bbox="240 2029 839 2056">• Interview with the Acting Director/PREA Coordinator <li data-bbox="240 2092 703 2119">• Interview with medical practitioners (2) |

- Interview with the Mental Health Coordinator
- Interview with intake staff (Associate Probation Officer, Probation Officer, Program Manager)
- Client Screening Form
- 2020 PREA Follow Up Log

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748, Maltreatment of Minors, Non-Secure Program Orientation Resident Manual address Standard 115.382.</p> <p data-bbox="229 367 1509 815">Anoka has a policy that mandates 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. In a coordinated response, and no qualified medical or mental health practitioners is on duty at the time a report of recent sexual abuse is made, Anoka first responders would take preliminary steps to protect the victim pursuant to § 115.362 such as move the victim to a safe place, separate the victim from the aggressor, notify a supervisor, medical and mental health practitioners and protect the crime scene. The Auditor interviewed Anoka staff (random, specialized, first responders) all confirmed an understanding of their role and responsibility as a first responder. Medical practitioners (2) interviewed confirmed during their interviews that victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Further, medical practitioners (2) interviewed also confirmed that the nature and scope services provided to a victim of sexual abuse would be determined by according to their professional judgment.</p> <p data-bbox="229 815 1509 927">According to the Acting Director/PREA Coordinator, 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. Anoka met the requirements of Standard 115. 382.</p> <p data-bbox="229 927 1509 972">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="229 972 1509 1706" style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the agency Superintendent • Interview with the Acting Director/PREA Coordinator • Interview with medical practitioners (2) • Interview with the Mental Health Coordinator • Interview with intake staff (Associate Probation Officer, Probation Officer, Program Manager) • Examination of an investigation of a resident who reported a sexual abuse • 2020 PREA Follow Up Log |

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748, Maltreatment of Minors, Non-Secure Program Orientation Resident Manual address Standard 115.383.</p> <p>Anoka offers 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. According to the Mental Health Coordinator, 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. The Auditor interviewed two medical practitioners and the Mental Health Coordinator during the onsite portion of the audit. Both medical practitioners and the Mental Health Coordinator confirmed that services provided by Anoka to victims by medical and mental health practitioners parallels the community level of care.</p> <p>Anoka housed male and female juvenile residents. Both medical practitioners indicated during their respective interviews that a resident victim of sexually abusive vaginal penetration while detained at Anoka would be offered a pregnancy test and offered tests for sexually transmitted infections as medically indicated. If pregnancy results from a sexual victimization as described in paragraph § 115.383(d), Anoka will provide the victim timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Treatment services provided by Anoka to the victim would be without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. According to the Mental Health Coordinator as confirmed by the 2020 Follow up log, Anoka attempts 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. Anoka met the requirements of Standard 115. 383.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the Acting Director/PREA Coordinator • Interview with medical practitioners (2) • Interview with the Mental Health Coordinator • Examination of an investigation of a resident who reported sexual abuse • 2020 PREA Follow Up Log |

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| 115.386 | Sexual abuse incident reviews |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 331">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014.</p> <p data-bbox="242 362 1485 555">Anoka conducts 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. A sexual abuse incident review ordinarily occurs within 30 days of the conclusion of the investigation. Incident Review Team members are composed of the Superintendent, Acting Director/PREA Coordinator, PREA Compliance Managers all serve as upper-level management officials, with input from line supervisors, Anoka Sheriff Office investigators, medical practitioners, and a Mental Health Coordinator.</p> <p data-bbox="242 586 1485 880">The Auditor interviewed members of the incident review committee (2). Each member indicated that as a committee the team would consider each factor outlined in Standard 115.386 (d). Furthermore, the committee would prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and note any recommended improvements in the report. The Acting Director/PREA Coordinator confirmed that the said report where applicable would note facility implementation timelines identified in the recommendations for improvement or document its reasons for not doing so. The Auditor requested the incident review for the singular incident notated occurring in the past 12-month period. Problematic, Anoka could not locate the review team minutes report. This standard requires corrective action. The PREA Coordinator will complete a review of the incident and provide the Auditor with document evident of the completion of the incident review on the one incident.</p> <p data-bbox="242 911 879 940">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 969 1449 1489" style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the Superintendent • Interview with the Acting Director/PREA Coordinator • Interview with medical practitioners (2) • Interview with the Mental Health Coordinator • Examination of an investigation of a resident who reported sexual abuse • 2020 PREA Follow Up Log <p data-bbox="242 1520 440 1550">Corrective Action:</p> <p data-bbox="242 1579 1485 1671">Anoka will reconvene the incident review committee. The committee will review the incident in accordance with this standard. Anoka will develop a backup system of accountability to ensure the critical information is retained as dictated by applicable PREA standards. Anoka will provide the Auditor with a copy of the incident review team minutes.</p> |

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| 115.387 | <p>Data collection</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014.</p> <p>Anoka collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The Auditor verified the aggregation of data by examination. The incident-based data includes, 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 according to the Superintendent and the Acting Director/PREA Coordinator in separate interviews. While the agency maintains, review, and collect data as needed from all available incident-based documents, including reports and investigation files, problematic sexual abuse incident review could not be located. As mentioned in 115.387, Anoka incident review committee will review any incident substantiated or unsubstantiated in the prior 12-month period and submit the incident review minutes to the Auditor to satisfy this standard. After corrective action, Anoka met the requirements of Standard 115.387.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the Superintendent • Interview with the Acting Director/PREA Coordinator • Survey of Sexual Victimization, 2019 Anoka Juvenile Center, ASC • Survey of Sexual Victimization, 2019 Anoka Juvenile Center, RJC <p>Corrective Action:</p> <p>Anoka will reconvene the incident review committee. The committee reviewed the incident in accordance with this standard. Anoka will develop a backup system of accountability to ensure the critical information is retained as dictated by applicable PREA standards. Anoka will provide the Auditor with a copy of the incident review team minutes. During the past 12-month period Anoka indicated 1 allegation of sexual abuse/sexual harassment.</p> |
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| 115.388 | <p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 address Standard 115.388.</p> <p>The agency reviews data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas, and takes corrective action on an ongoing basis. Anoka prepares an annual report of its findings and documents corrective actions.</p> <p>Problematic, the agency's annual report approved by the agency head was not readily available to the public through its website or through other means. Anoka corrected the problem by making readily available to the public the agency's annual report through its website. The report includes the ability of a reader to compare current year's data and corrective actions with those from prior years and review the agency's progress in addressing sexual abuse. Further, Anoka identified staffing as an issue for the agency and took decisive measures to increase custody staff positions to address staffing ratios of 1:8 and 1:16 as required in PREA standards for juveniles. The enhancement of custody staffing enhances the sexual safety of all residents. After corrective action, Anoka met the requirements of Standard 115.387.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the Superintendent • Interview with the Acting Director/PREA Coordinator <p>Corrective Action:</p> <p>The agency's annual report approved by the agency head was not readily available to the public through its website or through other means. Anoka corrected this problem by making the annual report available through its website.</p> |
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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 address Standard 115.389.</p> <p>The agency ensure that data collected pursuant to § 115.387 are securely retained. The agency makes 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. Anoka removes all personal identifiers before making aggregated sexual abuse data publicly available. Anoka maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the Superintendent • Interview with the Acting Director/PREA Coordinator |

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| 115.401 | <p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics and Policy Statement (PS) 748</p> <p>Anoka ensured 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. The Auditor had access to, and the ability to observe, all areas of the audited facility. The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The Auditor was permitted to conduct private interviews with residents. Residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Anoka posted notices of the PREA audit six weeks prior to the audit. Anoka provided the Auditor with a time stamped photocopies of the posted notices.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 • Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics • Anoka County Community Corrections Policy Statement (PS) 748, Maltreatment of Minors, approved 4/14 • 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment • Interview with the Acting Director/PREA Coordinator • Interview with the agency Superintendent • Examination of time stamped posted notice of PREA audit |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 331">Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014.</p> <p data-bbox="244 360 1481 421">The agency has published on its agency website all PREA final audit reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT.</p> <p data-bbox="244 452 879 479">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="244 510 1449 853" style="list-style-type: none"> <li data-bbox="244 510 1449 571">• Anoka County Community Corrections, Policy Statement (PS) 802, Sexual Abuse/Harassment of Offenders: Zero Tolerance, Prevention, and Response, approved 11/2014 <li data-bbox="244 600 1366 627">• Anoka County Community Corrections, Policy Statement (PS) 49, Rules and Regulations, Code of Ethics <li data-bbox="244 656 1062 683">• 28 CFR § 115.11 - Zero tolerance of sexual abuse and sexual harassment <li data-bbox="244 712 839 739">• Interview with the Acting Director/PREA Coordinator <li data-bbox="244 768 735 795">• Interview with the agency Superintendent <li data-bbox="244 824 1043 851">• Internet: Examination of 2017 PREA report published on agency website |

| Appendix: Provision Findings | | |
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| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.312 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.312 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | na |

| 115.313 (a) | Supervision and monitoring | |
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| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

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| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.313 (c) | Supervision and monitoring | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |
| 115.313 (d) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.313 (e) | Supervision and monitoring | |
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) | yes |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

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| 115.315 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| 115.315 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| 115.315 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility 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 |
| 115.315 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |
| 115.317 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.317 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| 115.317 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.317 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |

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| 115.317 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.317 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.317 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.317 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.321 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.321 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.321 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |
| 115.321 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | na |

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| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |
| 115.331 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

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| 115.331 (b) | Employee training | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.331 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.331 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.332 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.332 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |

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| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.333 (f) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.334 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

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| 115.334 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.335 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.341 (c) | Obtaining information from residents | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |

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| 115.341 (d) | Obtaining information from residents | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| 115.341 (e) | Obtaining information from residents | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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 |
| 115.342 (a) | Placement of residents | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| 115.342 (b) | Placement of residents | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

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| 115.342 (c) | Placement of residents | |
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |
| 115.342 (d) | Placement of residents | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.342 (e) | Placement of residents | |
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |
| 115.342 (f) | Placement of residents | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.342 (g) | Placement of residents | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.342 (h) | Placement of residents | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | na |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | na |
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

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| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.352 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |

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| 115.352 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |

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| 115.352 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

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| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| 115.361 (c) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.361 (d) | Staff and agency reporting duties | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

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| 115.361 (e) | Staff and agency reporting duties | |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.364 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.364 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.365 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

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| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.367 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.368 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |

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| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.371 (f) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

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| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.373 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.373 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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 |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 115.376 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.376 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.376 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.376 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.377 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.377 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |

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| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |
| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

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| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |
| 115.382 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | yes |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | yes |

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| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | yes |
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.388 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.388 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.389 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

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| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | 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 |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |