

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    December 9, 2018

## Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: 1825 Donald James Rd	City, State, Zip: Blackshear, GA,31516
Telephone: 912-281-1525	Date of Facility Visit: November 15-16, 2018

## Agency Information

Name of Agency Ramsey County Community Corrections	Governing Authority or Parent Agency (If Applicable) Click or tap here to enter text.		
Physical Address:	City, State, Zip: Saint Paul, MN 55101		
Mailing Address: 121 7 <sup>th</sup> Place East	City, State, Zip: Saint Paul, MN 55101		
Telephone: 651-266-8500	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Building Safer Communities by Helping People Change, Offering Opportunity, Providing Accountability, and Ensuring Equity			
Agency Website with PREA Information: <a href="https://www.ramseycounty.us/your-governement/departments/health-and-wellness/communtiy-corrections">https://www.ramseycounty.us/your-governement/departments/health-and-wellness/communtiy-corrections</a>			

## Agency Chief Executive Officer

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

## Agency-Wide PREA Coordinator

Name: Marc Peterson	Title: PREA Coordinator
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<b>Email:</b> Marc.Peterson@co.ramsey.mn.us	<b>Telephone:</b> 651-266-5346
<b>4PREA Coordinator Reports to:</b> Deputy Director Chris Crutchfield	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 3

### Facility Information

<b>Name of Facility:</b> Boys Totem Town			
<b>Physical Address:</b> 398 Totem Road, Saint Paul MN. 55119			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> 651-266-5000			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other
<b>Facility Mission:</b> Building Safer Communities by Helping People Change, Offering Opportunity, Providing Accountability, and Ensuring Equity			
<b>Facility Website with PREA Information:</b> <a href="https://www.ramseycounty.us/residents/public-safety-law">https://www.ramseycounty.us/residents/public-safety-law</a>			
<b>Is this facility accredited by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### Facility Administrator/Superintendent

<b>Name</b> Keith Lattimore	<b>Title:</b> Superintendent
<b>Email:</b> keith.lattimore@co.ramsey.mn.us	<b>Telephone</b> 651-266-5013

### Facility PREA Compliance Manager

<b>Name:</b> Gwen Rouleau	<b>Title:</b> Assistant Superintendent
<b>Email:</b> gwen.rouleau@co.ramsey.mn.us	<b>Telephone</b> 651-266-5013

### Facility Health Service Administrator

<b>Name:</b> Marsha Nelson	<b>Title:</b> Public Health Nurse Clinician
<b>Email:</b> marsha.nelson@co.ramsey.mn.us	<b>Telephone</b> 651-266-1424

### Facility Characteristics

<b>Designated Facility Capacity:</b> 36	<b>Current Population of Facility</b> 13
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Number of residents admitted to facility during the past 12 months		34
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		31
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		32
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	14-18 Click or tap here to enter text.	
Average length of stay or time under supervision:		6 months
Facility Security Level:		Open
Resident Custody Levels:		
Number of staff currently employed by the facility who may have contact with residents:		69
Number of staff hired by the facility during the past 12 months who may have contact with residents:		20
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		15
<b>Physical Plant</b>		
Number of Buildings: TWO		Number of Single Cell Housing Units 26
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		3
Number of Segregation Cells (Administrative and Disciplinary):		6
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
The facility is equipped with more than 115 cameras as part of an advanced monitoring system by Avigilon.		
<b>Medical</b>		
Type of Medical Facility:		Hospitals
Forensic sexual assault medical exams are conducted at:		Regions Hospital and MCRC
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		15
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		7

# Audit Findings

## Audit Narrative

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

The on-site audit of the Boys Totem Town Program operated by the Ramsey County Community Corrections Department was conducted on November 15 through 16, 2018.

### Pre-Audit Activities

**Notice of PREA Audit:** The Notice of PREA Audit for the facility was posted in areas accessible to residents, staff, contractors, volunteers and visitors. The posting was documented on October 2, 2018 more than six weeks prior to the on-site audit. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence because of that posting. During the on-site portion of the PREA Audit, the auditor observed Notices of PREA Audit posted in every living unit and in common areas, accessible to staff, youth, contractors, volunteers and visitors.

**Pre-Audit Questionnaire/ Flash Drive Review:** The auditor received the Pre-Audit Questionnaire thirty days prior to the on-site audit. The PREA Coordinator and staff from the facility prepared one of the most informative Pre-Audit Questionnaires the auditor has ever seen. The Pre-Audit Questionnaire (PAQ) was included in the drive and embedded in the PAQ were multiple policies, procedures, and small samples evidencing practice. Each substandard was addressed and documentation embedded to support each substandard. Multiple Memoranda of Understanding were also included in the information, including MOUs with the Ramsey County Health Department, Ramsey County Sexual Violence Services Center (SOS), and the St. Paul Police Department. Reviewing this flash drive was both enjoyable and informative and enabled the auditor to understand the agency's policies and operations. It was evident from reviewing the flash drive that a lot of work and concern went into developing it.

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

### **Selection of Staff and Inmates:**

The facility has a rated capacity of 36 upon which the staffing plan is predicated. Because of the emphasis on placing lower level youth in alternatives to out of home placements, the population is low and on the first day of the on-site audit there were 11 youth on-site and on the day the auditor was scheduled for interviewing residents, there were 10 youth on site.

Likewise, staffing on each shift, while exceeding the required ratios of staff to youth, consisted of a limited number of custody staff available for interviews however the auditor not only interviewed most of the custody staff on duty on the day shift, the auditor interviewed custody staff from all shifts. Additionally, the auditor interviewed some non-custody staff to sample staff with limited contact with residents as well as those providing direct supervision. Selected staff included staff from each of the three shifts and these included both male and female staff, as well as a teacher, case managers, and a housekeeping staff.

### **Random Interviews: (14)**

The auditor interviewed most of the custody staff on duty because of the limited number of staff who were assigned on the days of the audit. The selection included a cross section of staff to ascertain the training levels of staff in various positions, including those with limited contact with residents.

### **Specialized Staff Interviews: (22)**

Specialized staff included the following:

- Agency Head (Previous interview; was scheduled but had another appointment to attend to)
- Deputy Agency Director
- PREA Coordinator
- Agency Contract Manager (Interviewed previously; the facility does not contract for the confinement of youth)
- Superintendent
- PREA Compliance Manager
- Human Resources Staff
- Investigator
- Staff conducting PREA Assessments (Victim/Aggressor; Vulnerability Screening) - 2
- Staff Conducting Intake
- Staff Conducting Orientation
- Staff Conducting Unannounced Rounds
- Retaliation Monitor
- Incident Review Team Member
- Nurse Supervisor
- Facility Based Nurse
- Mental Health Professional
- First Responder (Security)
- First Responder (Non-Security)
- Contractor
- Training Officer

- Staff from Sexual Violence Center (SOS)

### **Randomly Selected Residents: (9)**

Because there were ten youth on-site during the audit and one youth was out of control and in room restriction and too out of control to interview, the auditor interviewed all nine (9) of the available youth.

### **Targeted Inmates: (2)**

Targeted inmates included the following:

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

### **On-Site Audit Activities**

The auditor arrived at Boys Totem Town, located in an attractive more wooded area just outside of downtown St. Paul, MN, at 0800, November 15, 2018.

Following introductions, the auditor participated in an entrance briefing/meet and greet with the Department of Community Corrections PREA Coordinator, Superintendent, Assistant Superintendent/PREA Compliance Manager, Former Assistant Superintendent (now a manager at the Ramsey County Community Corrections Department's Adult Facility), and the PREA Compliance Manager from the Ramsey County Juvenile Detention Center. The Superintendent explained the history of the facility, a description of the youth the facility serves, how they are referred to the facility, and his commitment to Zero Tolerance. He related how the facility's culture has been changed over time to where his staff are trained in PREA, know their roles as first responders and that they are expected to report anything they see, become aware of as well as anything they suspect is going on and that they are also aware of the consequences for failing to report. He discussed his staffing that exceeds the required ratios required by the Minnesota Rule and the PREA Standards. To mitigate blind spots and to supplement staff supervision (not replace staff supervision) and to prevent potential sexual

misconduct or sexual abuse, he related how the facility advocated for and received numerous video cameras that are monitored in the control room. Videos are reportedly saved for six months.

Following that discussion, the auditor explained the PREA Audit process and decisions were made relative to conducting the interviews, following the complete on-site review (discussed following the section entitled Facility Characteristics.

The auditor was then escorted on a complete site review by the following: Former Assistant Superintendent, Assistant Superintendent/PREA Compliance Manager, Juvenile Detention Center PREA Compliance Manager and the Agency's PREA Coordinator.

Following the site review, the auditor began interviews of specialized staff followed by random staff. Youth were interviewed on day two of the on-site audit.

Additional documentation was requested and provided.

An exit briefing was conducted following the conclusion of the on-site portion of the PREA Audit. Attending were the Superintendent, Assistant Superintendent/PREA Compliance Manager, Juvenile Detention Center PREA Compliance Manager and the Ramsey County Community Corrections Department PREA Coordinator.

## Facility Characteristics

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

Boys Totem Town (BTT) is a residential program for up to 36 adolescent boys age 14-18 who have been committed by the court to treatment for committing offenses and demonstrating risky behavioral concerns in the community. Located in Saint Paul's Battle Creek neighborhood, Boys Totem Town has been serving the Ramsey County community for more than 100 years.

Boys Totem Town resident handbook says the facility provides a safe, secure and healthy environment for residents and helps facilitate community safety by providing specialized evidence-based services to youth and empowering families to prevent future out-of-home placements.

The handbook also indicates the facility encourages and invites families to engage in the rehabilitation process by attending staffings, parent skill streaming, visiting, family counseling, school conferences or just calling to inquire about the progress of their children.

Boys Totem Town residents attend school Monday-Friday. Teachers are licensed by the State of Minnesota, and the curriculum is monitored by Saint Paul Public Schools. The school is supported with Title I and parent involvement.

Students also have access to a guidance counselor, school social worker, para-professionals and a school principal. After students complete their stay at Boys Totem Town, school staff support their transition back to their home school or a new community. Credits will transfer when the student is reconnected with his new school.

Parent support and involvement is highly encouraged.

Boys Totem Town uses a Skill-Oriented Adolescent Rehabilitation (SOAR) programming model that is integrated into daily operations and education. SOAR is a six-month residential program that is licensed by the State of Minnesota and provides a safe, staff secure, and healthy environment for rehabilitation. SOAR focuses on helping residents develop pro-social decision-making skills by challenging current value systems, educating, and practicing healthy choices. All cognitive programming is facilitated by qualified staff with whom residents have developed relationships. The cognitive programs offered at BTT are listed below.

**SKILL STREAMING:** Skill Streaming is an intervention that involves systematically teaching social skills to address needs of aggression, immaturity, withdrawal, or other problem behaviors. The group focuses on problem solving.

Aggression Replacement Training (ART) is an intervention that helps residents cope with aggressive and sometimes violent behaviors. It has three components: social skills, anger control training, and moral reasoning.

Phoenix is an intervention that helps to reduce risk factors relating to negative peers. The group discusses topics including gang activity, bullying, peer pressure, substance abuse, anger aggression and violence.

Decision Points is a self-paced group that meets once a week and can be completed between 5-10 weeks. The group targets anti-social thoughts and skill deficits through an interactive cognitive-behavioral approach.

Mental Health Services include: individual, family, and group sessions. Psychiatric care and psychological and educational testing may be provided when needed. Youth at Boys Totem Town receive on average one hour of individual and/or family therapy each week with licensed mental health providers. Providers use a variety of therapy methods and a person-centered approach to create a treatment plan in collaboration with youth and their families

Spiritual Services are offered through volunteers and are scheduled several times a week.

Totem Town staff members teach, model and reinforce new skills and prosocial behavior.

Staff members also engage and work with the family to develop skills and prosocial behavior reinforcement. Families are encouraged to engage in the rehabilitation process by attending staffings, parent skill streaming, visiting, family counseling, school conferences or just calling to inquire about your child's progress. It is important that youth feel supported as they make changes and prepare to return to the community.

Medical services are provided

Boys Totem Town collaborates with numerous community organizations that provide treatment, resources and culturally-specific services to residents. These community partners include the following:

- Boys and Girls Clubs
- Circle of Peace (that facilitates culturally based group discussions)
- Clinic 565 conducts human sexuality classes and provides community resources



- Hired/Building Lives provides comprehensive training and employment services
- Hmong American Partnership weekly support groups for residents
- Ramsey County Public Health provides daily medical services and conducts health, hygiene and human sexuality classes
- Saint Paul Police Department takes residents on field trips and facility other on-site activities to promote positive relationships with law enforcement
- Save-Our-Sons provides ongoing educational content focused on youth engagement and development
- Salvation Army offers weekly volunteer opportunities for residents
- Sierra Club exposes youth to the outdoors through hiking, fishing, and other nature activities
- Volunteers in Corrections assists with programming in a variety of places including co-facilitating groups, tutoring residents and conducting spiritual programs.

There was one allegation during the past twelve months that met the criteria for sexual abuse or sexual harassment.

### **Site Review:**

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

The facility is located on a beautiful and sprawling wooded area outside of downtown St. Paul, Minnesota. A long elliptical drive leads up to the Main Building, which is a three-story brick structure. The main building houses the control room, offices for administrative and program staff, major program areas, food services, dining area, laundry, gym, intake, multipurpose room and living units (Dorms C-1, C-2 and C-3).

The control room staff control entrance into and egress from the facility. Visitors enter into the front lobby, go through a metal detector and sign in with the control room staff who is observing the entrance. The control room is a spacious glassed in open space enabling the control room staff to observe the lobby and visitors entering the facility. The control room is equipped with security related equipment typically found in secured control rooms. Facility cameras are strategically located throughout the facility and are monitored in the control room. The control room staff have the capability of zooming in with the camera for more detail as needed. Views of the cameras on the monitor were clearly focused. Facility cameras record and the recording last for six months according to the PREA Coordinator. This enables staff and investigators to download, save and view footage as needed in the conduct of investigations and for other purposes. Radio traffic is monitored in the control room. All staff supervising youth were observed with radios as well as non-custody staff.

The facility is not hardware secured as in a secure facility however you are required to be in direct view and supervision of staff. Too, exit doors are equipped with alarms in the event a youth did try to abscond.

The layout of the facility is complex and involves three floors, a basement, and a number of stairs. Floors were shined, and the facility was observed to be clean and orderly.

There are three open bay dorms in the main building. These are C-1 and C-2. Another dorm, C-3, is designed like the other two dorms but is not operational now because of the population of the facility. Each of the three dorms house a maximum of twelve (12) residents, sleeping on single beds arranged around the bedroom. Each dorm has a custody staff office. The offices contain a large windows enabling staff in the office to observe the open bay sleeping area in its entirety. There is also a day room in each of the dorms.

Each dorm has three or four single occupancy showers as well as full length shower stalls and each shower has a shower door and a curtain for privacy while showering. Restrooms contain three to four toilets and each one is separated from the other by  $\frac{3}{4}$  walls. They also contain three-four urinals, also separated by  $\frac{1}{2}$  partitions. The dorms are monitored by staff and two cameras. None of the cameras focus on the shower/restroom areas. The dorms have PREA related posters on the walls and bulletin boards. Some of the posters enumerate multiple ways residents may report allegations of sexual abuse and sexual harassment. Dorm C-1 had four residents assigned while Dorm C-2 had seven residents assigned. Bulletin boards throughout the facility contained posters written the most prevalent languages in the area. C-3 has a capacity of twelve residents and equipped and furnished like the other dorms.

The facility has a large number of cameras strategically placed throughout the facility, including in the dorms. These supplement staff supervision and are not intended to replace staff supervision. Cameras are monitored in the control room and may also be viewed in the Superintendent's Office, Assistant Superintendent's Office, and the Shift Supervisor's Office.

There are multiple offices in this facility because the staffing levels serving the population not only meet but exceed the required ratios and because this is a treatment facility, the staffing includes medical staff, mental health staff, case managers, teachers, contractors, security, and others. Offices generally were observed to have windows in the doors facilitating viewing. Cameras were placed in those offices that contained a restroom in them.

Some of the solid doors, even if in view of a camera contained a posting prohibiting unauthorized access. Keys, according to staff are also restricted and the shift supervisor reportedly is the only one with a key to the solid doors.

Teachers from the local public-school system provide the educational program and burses from the Ramsey County Health Department provide the health care services to residents. The clinic area is small and staffed from 7AM to 3PM Monday through Friday.

The facility has another building, the Kohler Hall. Kohler Hall has a capacity of 20. There are two classrooms and single cells. There are two showers and each cell has a toilet. There is also a day room and an activity room. This building is not operational at this time but could be used in the event of an overflow in the Disciplinary Cells at the main building.

Staff and residents were observed interacting in a positive manner. No resident was observed moving without being in direct view of a staff or being escorted by a staff. Staff in classes were engaged.

The following areas were visited:

- Lobby
- Control Room
- Administrative and Program Staff Offices

- Intake Area (Residents are searched here and have a toilet with a door; residents do not shower in Intake)
- Halls containing offices
- Contractors office
- Laundry
- Kitchen
- Gym
- Kitchen
- Visitation/Cafeteria
- Intervention Room
- Education Classes
- Meeting Room
- Basement Classes (Cameras observed in the classrooms and windows in the doors)
- Library/Class
- Teachers Work Space
- Program Room (Two Cameras)
- Medical Clinic (Cameras)
- C-1, C-2, C-3 Units (Living units in open bay dorms, single beds, cameras in living units)
- Special Housing Unit (SHU); (Three rooms with cameras with the toilets blocked out)
- Mental Health Offices
- Administrative Conference Room
- Shift Supervisor's Office
- Case Managers Offices
- Canteen
- Kohler Hall

PREA Information is posted prominently throughout the facility. Often the posters are in the most prevalent languages in the Metro Area. Huge Posters tell residents multiple ways to report and include the outside Rape Crisis Center/Advocacy Center (SOS).

Cameras, as well, were observed strategically placed, throughout the facility including living units, halls, medical, kitchen and others and inside offices that have restrooms.

Exit doors had alarms notifying staff anytime the exit door is opened.

## **Documents and Files Reviewed**

- **Facility Staffing Plan Annual Review**
- **Shift Reports Documenting Unannounced PREA Rounds**
- **EXCEL Spreadsheet documenting Staff Training**
- **Orientation Sheets and Acknowledging the PREA Video**
- **MOU with Advocacy Center:** The reviewed MOU and an interview with staff from the local Sexual Offense Services under the auspices of the St. Paul-Ramsey County Public Health confirmed advocacy services and the hotline; MOU with the Regions Hospital for services to

victims of sexual assault; and the MOU with the Midwest Children’s Resource Center confirmed services including forensic examinations, tests, medications, and counseling as well as follow-up services.

- **Certificates of Specialized Training: National Institute of Corrections (NIC):** Mental Health and Health Care Staff.
- **Victimization/Aggressor Assessments**
- **Investigations:** One (1) representing 100% of the allegations made during the past 12 months.
- **Notifications to Inmates:** Documented on the Agency’s Excel Spreadsheet
- **Coordinated Response Plan:** Reviewed plan; Ramsey County Community Corrections First Response Policy.

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

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

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 4

115.311; 115.313; 115.315; 115.371

**Number of Standards Met:** 39

115.312; 115.316; 115.317; 115.318; 115.321; 115.322; 115.331; 115.332; 115.333; 115.334; 115.335; 115.341; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; 115.388; 115.389; 115.401; 115.403

**Number of Standards Not Met:** 0

N/A

### Summary of Corrective Action (if any)

**Issue:** The Excel Spreadsheet on the flash drive documented that some staff had not yet completed their PREA refresher training.

**Corrective Action:** The PREA Coordinator provided updated Excel documentation that the staff had completed their training. The completion date was November 17, 2018.

**Issue:** Staff indicated they would not rely on resident to translate for another resident but were unsure how to access interpretive services such as language line.

**Corrective Action:** Provide staff information on how to contact language line, should they ever need to access it. If the shift supervisor is the staff who will contact Language Line, train staff to understand who is responsible for making the contact. Inform staff where the dialing instructions for Language Line are located.

## PREVENTION PLANNING

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

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

#### 115.311 (a)

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

#### 115.311 (b)

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

### 115.311 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Reviewed documentation, observed posters throughout the facility, observed interactions between staff and residents, and interviews with both residents and staff indicated the facility staff take seriously, Zero Tolerance for all forms of sexual misconduct, sexual abuse, sexual harassment and retaliation for reporting. The interviews indicated a culture where staff know they are required to report all allegations of sexual abuse or sexual harassment that they observe, or that they hear about, know about, or suspect. They indicated in their interviews they would report "everything" including something they suspected. A reviewed report confirmed that a staff observing what she thought to be "suspicious" behavior reported it and it was investigated.

The agency has designated a qualified, intelligent, knowledgeable and articulate PREA Coordinator, who, although he heads up the agency's investigation unit as well, indicated he has time for this important function and that PREA takes priority. The PREA Coordinator is a Certified PREA Auditor. He is under the supervision of the Deputy Director of External Communications and Public Relations and has direct access to him when needed and receives his full support. The agency's Director and Deputy affirmed the agency's commitment to zero tolerance. They affirmed the PREA Coordinator has access to them when needed and to the executive team at least quarterly.

Reviewed investigations indicated that staff were taking even seemingly insignificant allegations seriously and reported them and they were investigated.

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

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

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

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

The agency has employed a higher-level employee to implement the PREA Standards throughout the agency. The agency's organizational chart reflects the position of PREA Coordinator within the organizational structure of the agency. The reviewed organizational chart reflects that the PREA Coordinator reports directly to the Deputy Director for External Communications and Community Relations, who reports to the Agency Director. The Agency Director reports directly to the Ramsey County Manager. A previous interview with the agency's Director of Community Corrections and Deputy Director confirmed not only that the agency has a zero tolerance for all forms of sexual abuse, sexual harassment, sexual misconduct, and retaliation but also that the PREA Coordinator has access to both of them and has their complete support in implementing and maintaining the PREA Standards. The Agency's Deputy Director for External Communications and Community Relations reaffirmed, in an interview during this audit confirmed that the PREA Coordinator has access to the executive team at least quarterly and to him and the Director at any time involving any PREA related issues. The PREA Coordinator is an articulate, knowledgeable upper level agency staff. In addition to his duties as PREA Coordinator he also heads up the agency's Investigative Unit. He also completed the training to become a Certified PREA Auditor and is currently a Certified PREA Auditor as well.

The Superintendent of the Boys Totem Town has designated an upper level staff to implement and oversee the PREA program for preventing, detecting, responding and reporting at the facility. The Assistant Superintendent has been designated as the PREA Compliance Manager (PCM) with the time and support to implement and maintain PREA on an "ongoing" basis. The PCM has unfettered access to the Superintendent and has his complete support in implementing and maintaining the PREA Standards in the facility.

Ramsey County PREA Policy, Client/Inmate Rights/Discipline/Rules, A. Staff Procedures delineates the responsibilities of the PREA Coordinator. A.1, specifically states the PREA Coordinator is responsible for the implementation of PREA policies and regulations and ensure the Department and Divisions are implementing PREA consistently and in compliance with federal statutes.

Zero Tolerance is communicated to staff and residents in multiple ways. The resident handbook for Boys Totem Town, in the Section entitled: Prison Rape Elimination Act (PREA) the first statement affirms and asserts that the BTT has a zero tolerance for sexual abuse or harassment. It also advises residents that the Ramsey County Community Corrections Department will not retaliate against any person making a report. The handbook provides information on how to report sexual abuse, including reporting to staff or to the Sexual Violence Center Services (SOS). The contact number and email address are provided in the handbook. Information is given on education, prevention, reporting, intervention and the last paragraph in the section addresses emotional support services available through the Sexual Violence Center Services (SOS). The contact information, including the 24/7 phone number and mailing address are provided. Posted Zero Tolerance Posters inform residents on a continuous basis of the Ramsey County Community Corrections zero tolerance for sexual abuse and sexual harassment. These posters include resident's right to report and how to report. Contact information for the Sexual Violent Center Services is posted on huge and attractive Posters informing residents of multiple ways to report allegations of sexual abuse and sexual harassment.

A staff brochure, Preventing and Reporting Sexual Misconduct with Residents affirms Ramsey County Correction's zero tolerance for incidents of sexual abuse, misconduct, and harassments.

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

The agency's website also provides an array of vital information related to PREA and asserts that the agency has a zero tolerance for sexual abuse and harassment.

**Interviews:** Agency Director; Agency Deputy Director; PREA Coordinator; Superintendent; PREA Compliance Manager; (14) Randomly Selected and (30) Specialized Staff; Random and (2) Targeted Residents

**Discussion of interviews:** The Agency Director informed the auditor, in a previous interview, that sexual safety is a top priority of the agency. Likewise, the agency's Deputy Director was very knowledgeable of the intricacies of PREA and assured the auditor of the agency's commitment to zero tolerance and PREA in each of their facilities. They both affirmed that the agency is committed to sexual safety in their facilities and that in working to that end they have appointed a qualified and capable upper level staff to serve as PREA Coordinator. They indicated the Coordinator has access to them and to the executive team to facilitate communications on PREA related issues.

The agency's PREA Coordinator is an articulate and knowledgeable individual who described how he coordinates the implementation and maintenance of PREA within the Ramsey County Community Corrections. The PREA Coordinator relates to three PREA Compliance Managers. These include the Adult Corrections Facility, the Juvenile Detention Center and Boys Totem Town. In addition to his PREA related responsibilities, the coordinator, who is a Certified Investigator, heads up the agency's investigating unit. Through at least monthly meetings with the PREA Compliance Managers the Coordinator can distribute information and keep abreast of what is going on with PREA in the county's facilities. He also described the agency's approach to prevention, detection, responding and reporting



sexual abuse. Interviews with the Agency Director and Deputy Director confirmed that these two very high-level officials are knowledgeable of specific details of PREA and that they are committed to PREA. This was indicated by their coming to the facility to be interviewed and their responses during their interviews confirming that the PREA Coordinator has access to both and that he is involved in Correctional Executive Team Meetings at least twice a year. The members of the executive team are the decision makers for the agency.

The PREA Coordinator and PREA Compliance Manager are both very knowledgeable of PREA and are committed to maintaining the standards and to the safety of all residents placed in the facility. An interview with the PREA Compliance Manager indicated that as Assistant Superintendent she has other duties but PREA takes priority. She is also in an upper level staff who has direct access to the Superintendent of the facility, who indicated in his interview that he fully supports the PREA Compliance Manager and that he expects and requires his staff to be pro-active and report anything they see or hear or suspect and to report it immediately. He indicated that failing to do so will result in disciplinary action, up to and including a recommendation for termination.

Interviewed staff indicated they understand there is a zero tolerance for any form of sexual misconduct or abuse or harassment and that they are mandated reporters and are required by agency policy to report any knowledge, suspicions or information they receive related to a PREA allegation and that are to report it immediately.

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

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

#### **115.312 (a)**

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

#### **115.312 (b)**

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

### **Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

A typical contract however would include the following PREA requirements:

#### 1.1. Prison Rape Elimination Act (PREA)

Contractor and staff will comply with the Prison Rape Elimination Act of 2003 (42 U.S.C. § 15601 *et seq.*), which establishes a zero-tolerance standard against sexual assault, and with all applicable PREA Standards including background checks, county policies related to PREA and county standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse with Facilities/Client Services owned, operated or contracted. Contractor acknowledges that, in addition to "self-monitoring requirements" the county will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and county PREA policies may result in termination of the Agreement.

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

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

## Standard 115.313: Supervision and monitoring

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

### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against

sexual abuse?  Yes  No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

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

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

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

### 115.313 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

All the Ramsey County Correctional Facilities must be licensed by the Minnesota Department of Corrections. Licensing is contingent upon meeting their standards. Staff to youth ratios are required by Minnesota Rule 2960.0240, Subp., 3E., which requires a one staff to twelve youth ratios during awake hours and one staff per 25 residents during normal sleeping hours. BTT exceeds that ration by requiring ratios of one staff per eight youth minimum during awake hours and one staff per sixteen residents during normal sleeping hours. (See discussion of staffing plan below) The agency (Ramsey County Community Corrections Department) requires each facility to develop a staffing plan that provides for adequate staffing levels, and video monitoring, where applicable to protect residents against sexual abuse and to implement the staffing plan, that includes the staff to youth ratios required by the Minnesota Department of Corrections and the PREA Standards for awake hours and sleeping hours. The staffing plan for the Boys Totem Town (BTT) is documented in a written plan approved by the Director of Community Corrections.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Ramsey County, Minnesota, Department of Community Corrections Policies and Procedure, Chapter 10, Client Rights/Discipline/Rules; Boys Totem Town PREA Staffing Plan 2018, Documentation of Staffing Levels; Unannounced Rounds.

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

The facility is licensed by the Minnesota Department of Corrections and must follow Minnesota Rule 2960.0240 and the Prison Rape Elimination Act (PREA) standard 115.313, Staffing Plan. The facility exceeds the Minnesota Rule by requiring, in compliance with the PREA Standards ratios as follows:

- One (1) Staff per Eight (8) Residents during awake hours
- One (1) Staff per Sixteen (16) Residents during normal sleeping hours

Staffing Levels are predicated on a maximum rated capacity of 36 male residents between the ages of 14-18, who committed to the program by the Juvenile Courts of Ramsey County to complete the required programming. This staffing is more than adequate for the average daily population for the twelve-month period identified on the Pre-Audit Questionnaire and reviewed daily population reports for the past two (2) years. The population has not exceeded 21 residents in the past 2 years and since June 10, 2018 has not exceeded 19 and most recently the population has been 10 residents on campus. There is a total of 69 staff employed by the BTT.

The staffing plan requires direct supervision staff to maintain line of sight supervision of residents at all times, except when they are locked in their individual sleeping rooms. Staff are required to carry two-way radios at all times. Staff are required to complete 40 hours of training annually, to include behavior modification training, crisis intervention, restraint/de-escalation training, suicide prevention, and training on preventing, detecting, and responding effectively to sexual abuse and sexual harassment of youth.

The plan requires at least one supervisory staff, including Administrators and Shift Supervisors to be on duty during waking hours and at least one supervisory level staff is required to always be on call.

Video monitoring is a part of the staffing plan. BTT, according to the plan, has installed a video monitoring system. The system is monitored by the front office staff throughout each shift. The system is a deterrent to sexual acting out and other safety violations and is used in post incident investigations. The system was installed in February 2016 to add enhanced digital video capability in designated areas and additional cameras were added to provide coverage in blind spots to address the areas in which residents do not typically have access to.

Supervisory staff are required, by the staffing plan, to conduct unannounced rounds to the facility to ensure safety and security. These rounds are also required to address concerns of sexual abuse and sexual harassment. They are to be conducted on a routine basis and cover all shifts. Supervisory staff document unannounced rounds on the Supervisor POST Log.

The plan considers applicable laws, regulations and findings. The facility is reviewed at least annually by the Minnesota Department of Corrections for adherence to all applicable laws, regulations and practices that must be met in a Juvenile Detention Institution, including staffing. Findings of inadequacy must be addressed and corrected in a timely fashion through a corrective action plan. The plan asserts that BTT is not subject to any state or federal judicial finding of inadequacy relative to staffing.

The reviewed documentation and observations made during the on-site portion of the audit as well as interviews with both staff and youth, indicated the facility exceeds the minimum ratios required by the PREA Standards and the Minnesota Department of Corrections. Too, youth are housed in single occupancy rooms/cells.

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

The staffing plan review documented considering the following:

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

Policy requires that Supervisors conduct unannounced rounds to identify and deter staff sexual abuse and harassment for day and night shifts. Policy also prohibits staff from alerting other staff that supervisory rounds are occurring, unless the announcement is related to the legitimate operational functions of the facility.

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

The Superintendent, and Shift Supervisors indicated the minimum staffing for each of the three shifts is the following:

- Shift Supervisor
- C-1 Dorm – Two custody Staff
- C-2 Dorm – Two custody Staff
- Rover

**Interviewed:** Superintendent; Assistant Superintendent/PREA Compliance Manager, two (2) Shift Supervisors; PREA Coordinator; fourteen (14) Random Staff; thirty (30) Specialized Staff; Nine (9) Residents

**Discussion of Interviews:** Interviews confirmed the staffing levels and the maintenance of the required ratios and exceeding them on a consistent basis. Shift Supervisors indicated they conduct at least one unannounced round per shift.

## **Standard 115.315: Limits to cross-gender viewing and searches**

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

### **115.315 (a)**

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

#### 115.315 (b)

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

#### 115.315 (c)

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

#### 115.315 (d)

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

#### 115.315 (e)

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

#### 115.315 (f)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This agency goes above and beyond to ensure residents are treated with dignity and are provided privacy while showering, changing clothing and using the restroom and with regard to searches, the facility does not conduct strip searches that require the removal of underwear. The Ramsey County Community Corrections prohibits cross gender strip or visual body cavity or cross gender pat searches, absent exigent circumstances that must be documented. The Pre-Audit Questionnaire documented there have been no cross-gender searches of any kind during the past 12 months.

Ramsey County Minnesota Department of Community Corrections, Boys Totem Town, Resident Searches and Viewing, Chapter 6 requires same gender searches. Policy prohibits cross gender pat searches absent exigent circumstances that are justified and documented.

Staff are required to be sensitive and consider of the juvenile's feelings of vulnerability and remain professional and respectful during the search procedures.

Staff are not to view a resident in a total state of undress when conducting the Standard Search. Residents are not naked in full view of staff while showering, performing bodily functions and changing clothing. The facility has three open bay dorms however only two are being used because populations are low. Showers in each dorm are single occupancy showers and are separated with full walls. Shower curtains provide additional privacy. Toilets are single occupancy toilet stalls separated by ¾ walls affording privacy.

There are no cameras in the shower/restroom areas in the dorms however there are cameras in the three segregation cells. The toilet view has been blocked out on the camera for privacy.

Staff are prohibited from conducting searches or physically examining transgender and intersex residents for the sole purpose of determining the resident's genital status. When the status is unknown it will be determined through conversation with the resident, review of medical records or as part of a broader medical exam conducted in private by a medical practitioner. Staff are trained to conduct cross-gender pat searches of transgender or intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Policy requires cross gender staff to announce their presence when entering the dorm. The facility provided a training roster documenting cross-gender search training dated January 20, 2018.

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

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

Paragraph B. Clothed or Pat-Down Search requires this search when residents are admitted, after a parental visit; at random times following or prior to movement within the facility; before a resident is placed in seclusion; and when a staff suspects a resident has contraband. Same gender staff is required to conduct all pat-down searches; except in exigent circumstances. 100% of the interviewed staff and residents confirmed that only same gender staff conduct pat searches of male and female youth.

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

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

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

BTT non-medical staff is prohibited from conducting searches or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. When the genital

status is unknown, staff will determine it through conversation with the resident, a review of medical records, or as part of a broader medical examination conducted in private by a medical practitioner.

Boys Totem Town staff, in compliance with policy, are required to receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff have been trained to conduct searches in a professional and respectful manner and to conduct cross-gender searches in exigent circumstances. This was confirmed through interviews with staff and reviewed training rosters. Training rosters were provided documenting 39 staff trained in PREA Standard 115.315 and Juvenile Detention Center Policy, Resident Searches and Viewing.

JC staff must provide residents with the opportunity to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. (PREA Standard 115.315(d)).

**Observations:** The auditor observed every shower and toilet area in the facility. Youth are provided privacy while showering. Showers are single occupancy, separated by full length walls and are furnished with shower curtains. Toilets were observed to be single occupancy toilets separated by  $\frac{3}{4}$  walls. Urinals, likewise, were separated by  $\frac{3}{4}$  walls. The intake search room has a  $\frac{1}{2}$  length door. Youth remove their clothing and hand the clothing articles over the door, so staff could search them.

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

**Interviews:** Superintendent, PREA Coordinator; PREA Compliance Manager; fourteen (14) Random Staff; thirty (30) Specialized Staff; nine (9) residents representing all the available residents

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

100% if the interviewed residents stated that they have never been searched by an opposite gender staff. When asked to describe a search in which the youth's clothing is to be removed, all of the interviewed youth described the standard search in which they remove clothing items except their underwear. They also described a search in which they are behind a door, where they strip off their undergarments and hand them over the wall to the staff who examine them and issue other clothing for dressing.

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

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

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

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

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

#### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

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

### 115.316 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency and facility provide for accommodations for clients, residents, and inmates with disabilities and limited English proficiency (LEP) and residents are provided access and the opportunity to participate in all aspects of PREA communications, training, services, and follow-up. Boys Totem Town Policy, Chapter 12, Resident Orientation, requires that information regarding PREA will be made available to deaf, heard of hearing, residents with disabilities, and residents who are unable to speak or understand English or with Limited English Proficiency. Statewide contracts provide 16 pages of vendors providing either on-site interpretive services, video interpretive services or telephone interpretive services. Contracts require accuracy and cultural competency in interpretive services. PREA Posters are printed in multiple languages and posted throughout the facility. Interviews with staff and residents confirmed there are no disabled residents at the facility requiring any form of interpretive services. The Pre-Audit Questionnaire documented that there were no incidents in the past 12 months in which another resident was used to provide any form of assistance, including interpreting, for another resident in making an allegation of sexual abuse or sexual harassment.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Ramsey County, Minnesota Department of Community Corrections, Boys Totem Town, Chapter 10, Interpreter Services; Elven (11) contracts for interpretive services; Ramsey County Department of Community Corrections, Client Admission/Orientation/Classification/Property/Release, Chapter 12, Resident Orientation;

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

Interpreter Services, requires the facility to provide interpreter services for all resident and visitors using staff or through contracted interpreter services. Policy requires if the need arises staff are to contact the Shift Supervisor and describe the situation and the need for an interpreter. The Shift Supervisor will determine which type of interpretive service to use.

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

The facility provided eleven contracts for interpretive services. The scope of those contracts requires interpreters are qualified individuals who provide accurate interpretation services in the form of pre-arranged on-site interpreting, video conferencing and sight interpretation of written text. To meet the needs of population, the vendor must ensure linguistic accuracy and cultural competence in its interpreter services. The vendor must provide skillful interpreting services that ensure linguistic accuracy and completeness, cultural competence in its interpreter services as well as confidentiality, impartiality, and professional demeanor.

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

The facility also receives referrals to the program enabling staff to determine prior to admission if there are any special accommodations required to meet the resident's needs and to determine if interpretive services or other accommodations may be required.

**Interviews:** Superintendent; PREA Compliance Manager; PREA Coordinator; fourteen (14) Randomly selected staff; thirty (30) Specialized Staff; and nine (9) Randomly selected and targeted residents.

**Discussion of interviews:** All but one of the fourteen randomly selected staff indicated they would use a resident to interpret for another resident in making an allegation of sexual abuse or sexual harassment. Most

of the staff stated they would use a professional interpreter from the outside or a bilingual staff. There were two mentally challenged youth and no Limited English Proficient youth during the audit period. This was confirmed through auditor interviews with all but one resident assigned to the program. That one resident was out of control and in segregation.

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

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

#### 115.317 (b)

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

#### 115.317 (c)

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

#### 115.317 (d)

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

#### 115.317 (e)

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

#### 115.317 (f)

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

#### 115.317 (g)

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

#### 115.317 (h)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency prohibits hiring any staff or contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other place of employment; anyone 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; who has been convicted in a civil court or administratively adjudicated to have engaged in the activity, or who has ever resigned from employment pending investigation for sexual misconduct. Professional reference checks attempt to ascertain if the prospective employee has ever had a substantiated allegation of engagement or attempting to engage in any form of sexual abuse in the employment setting; if the applicant has been the subject of an internal or administrative investigation for engaging in sexual assault, sexual abuse, or sexual harassment toward inmates/residents of the facility or with coworkers, resulting in a substantiated finding; or if the applicant is no longer employed did they leave the employment during an open investigation for allegations of sexual assault, sexual abuse, or sexual harassment. The Ramsey County Community Corrections Department chart entitled, "RCCD Criminal Background Check Levels" identifies four (4) tiers of checks required depending on the level of contact the employee or contractor will have with residents. Tier 1 includes all RCCD paid staff, interns and contract employees. The following checks are required for Tier 1 staff, interns and contract employees:

- Fingerprints
- Automated Fingerprint Index System
- Juvenile Department of Human Services Check (Sex Offender Registry)
- Minnesota Bureau of Criminal Apprehension Search
- Social Security Verification/Address Trace
- County Criminal Record Search (7 County search)

- County Civil Record Search
- National Sex Offender Registry
- USA Criminal Index
- Terrorist/Fugitive List
- Employment Verification
- Academic Verification

Background checks are conducted by a private vendor. The agency provided multiple pages of rosters documenting five-year background checks.

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

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

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

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

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

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

Paragraph 4, of that same policy, requires criminal record checks to be conducted every five years for all staff, volunteers, interns and non-escorted contractors and vendors or before every promotion of employees.

Paragraph 6 requires that current staff who have failed to disclose previous criminal history information may be subject to disciplinary action up to and including termination.

RCCCD prohibits hiring or promoting anyone who:

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

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

Omissions of information, as discussed in Paragraph 10., by candidates during the hiring process regarding incidents of sexual assault, sexual abuse or sexual harassment that resulted in investigations or providing false information shall be grounds for termination of the selection process, rescinding of the offer of employment or termination of employment if the employee has been hired.

The reviewed RCCCD Criminal Background Check Levels identifies four (4) Tiers of Job Classes and the level of criminal background check for each level.

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

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

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

No fingerprints are required for this Tier.

- Name query only (full run into the Criminal Justice Data Network)
- Internal record check
- PREA Background check

Tier 3 includes vendors, Department Internal Lateral Transfers/Promotions, as needed Religious Leaders, Guest Speakers who have unescorted access and the level of check is “no record check, based on court-ordered involvement.

Sampled background checks confirmed the process described in policy.

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

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

## Standard 115.318: Upgrades to facilities and technologies

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

### 115.318 (a)

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

### 115.318 (b)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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The facility enhanced the supervision of residents by adding multiple video cameras throughout the facility in an effort to mitigate blind spots and supplement supervision of the residents. The system is monitored by front office staff throughout each shift and can be viewed by the Shift Supervisor, Assistant Superintendent and Superintendent in their respective offices. The system has zoom capability. The observed video monitors were clear and focused. During the site review cameras were observed strategically placed throughout the facility.

The video monitoring system is considered a deterrent to sexual acting out and other safety violations and is used in post-incident investigations. The system was installed at Boys Totem Town in February 2016 to add enhanced digital video capability in designated areas and additional cameras were installed to provide coverage in blind spots to the areas in which residents do not typically have access to.

**Policy and Procedures Reviewed:** Ramsey County Boys Totem Town Staffing Plan 2018

**Discussion of Policies and Procedures Reviewed:** The facility has installed a video monitoring system. Video monitoring has been enhanced. BTT has installed a video monitoring system. The system is monitored by front office staff throughout each shift. The video monitoring system is considered a deterrent to sexual acting out and other safety violations and is used in post-incident investigations. The system was installed at Boys Totem Town in February 2016 to add enhanced digital video capability in designated areas and additional cameras were installed to provide coverage in blind spots to the areas in which residents do not typically have access to.

**Interviews:** Agency Director (previous interview), Agency Deputy Director, Superintendent, PREA Coordinator, PREA Compliance Manager

**Discussion of Interviews:** Interviews indicated that the facility, in 2016, enhanced video monitoring by adding multiple cameras throughout the facility. Video monitoring technology has enabled the facility to monitor in real time activities throughout the facility and to review camera footage related to any allegations of sexual misconduct, sexual abuse or sexual harassment. According to the PREA Coordinator, the cameras retain footage for up to six months.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

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

#### 115.321 (b)

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

#### 115.321 (c)

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

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

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

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

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

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

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



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

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

The facility's medical staff consists of nurses who are employees of the Ramsey County Public Health Office. Although these staff have completed the specialized training provided by the National Institute of Corrections. Forensic exams are not conducted at the facility but would be conducted at Regions Hospital and if the youth was between the ages of 10-13, at Hennepin County Medical Center. If a resident was the victim of sexual abuse, medical's role would be to assess the physical condition of the resident to determine only if there were life threatening injuries requiring treatment outside the facility. Apart from those issues, the nurse's roles are to protect the potential evidence.

There have been no allegations of any form of sexual penetration reported during the past twelve months. The only allegations revolved around what appeared to be horse playing but involving inappropriate touching.

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

**Discussion of Interviews:** The auditor interviewed the Nurse Supervisor and Facility Nurse. They confirmed what their roles would be in the event of a sexual assault. They indicated residents would be transported to either Regions Hospital or Hennepin County Medical Center for a forensic exam conducted by a SANE. The auditor interviewed staff from Regions who confirmed the forensic services they would provide as well as an advocate being provided from the SOS.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

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

#### 115.322 (a)

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

#### 115.322 (b)

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

#### 115.322 (c)

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

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Agency's PREA Coordinator directs the agency's investigative unit. All the investigators have completed specialized training, and this is documented through certificates of training. The Ramsey County Community Corrections Department ensures that investigations are conducted for all allegations of sexual abuse and sexual harassment (Ramsey County, Minnesota Department of Community Corrections, Chapter 10, PREA Investigations) and that any allegation that appears criminal in nature is referred to the St. Paul Police Department. The facility has a Memorandum of

Understanding with the St. Paul Police Department in which both parties agree that the St. Paul Police Department will investigate allegations that are or appear to be criminal in nature. The St. Paul Police Department has the legal authority to conduct criminal investigations in the City of St. Paul. The Ramsey County Corrections Department Website provides viewers with the Investigation policy and information on how to report allegations of sexual abuse and sexual harassment ([www.ramseycounty.us](http://www.ramseycounty.us)) Reviewed documentation, including the Pre-Audit Questionnaire and interviews with staff indicated there have been no allegations of either sexual abuse or sexual harassment during the past 12 months that appeared to be or were criminal in nature. The reviewed investigation reports involved allegations of inappropriate touching that appeared to be horse playing and one report of a suspicion regarding seeing a staff and resident talking in the hallway of the facility. That incident was reported as a suspicion and was, after a thorough investigation, to be unfounded.

**Policy and Documents Review:** Ramsey County DOCC Policy, RDR, 10.1d, PREA Investigations; Three (3) Investigation Reports.

**Discussion of Policy and Documents:** The agency ensures that all allegations of sexual abuse or sexual harassment are investigated by the agency with the legal authority to conduct the investigations. The Ramsey County Community Corrections Department PREA Coordinator is in charge of the investigation unit for the agency. He or his staff conduct administrative investigations and refer all allegations that appear criminal to the St. Paul Police Department for investigation. The agency has a Memorandum of Understanding with the St. Paul Police Department to conduct investigations of allegations or incidents that appear or are criminal in nature.

Agency Policy, Chapter 10, PREA Investigations, requires the Ramsey County Community Corrections Department to vigorously investigate all matters of sexual assault, sexual harassment, and sexual misconduct through the agency's PREA Coordinator and outside law enforcement, when applicable, and according to the PREA Standards and DOCC policy. Policy affirms the RCCC complies annual DOJ reporting requirements of all incidents of sexual violence.

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

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

The agency's website provides information about the agency's zero tolerance policy and provides information regarding making reports of allegations of sexual abuse, misconduct or sexual harassment. The website asserts that Ramsey County has zero tolerance for incidents of sexual abuse, misconduct and harassment. All threats, allegations, incidents, suspicions, and complaints of sexual misconduct will be investigated. The website provides ways for any viewer to make a report. These included the phone number and email address for the agency's PREA Coordinator as well as a phone number. Viewers are instructed to call 911 as well to make reports. They are also provided an incident report form which may be filled out with details regarding allegations of abuse. Once the form is completed, it will be sent to the Department's PREA Coordinator.

The agency provides multiple ways for staff and residents to make reports of sexual abuse or sexual harassment. These include ways to report both internally and externally. These ways to report were observed on posters located throughout the facility.

Reviewed investigation reports confirmed that even allegations that appeared, on the surface to be mere horse playing, were taken seriously and fully investigated. Staff in some cases received grievances alleging resident on resident inappropriate touching the buttocks. They reported them as required and these were thoroughly investigated.

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

**Discussion of Interviews:** The Superintendent was adamant that he expects his staff to report everything related to sexual abuse, sexual misconduct, sexual harassment and retaliation. He stated he also has the expectation that even if something is suspected, he expects it to be reported and indicated there will be consequences for staff who fail to report. Interviews with random and specialized staff also indicated that staff would be required to report any information, allegation, report, knowledge or something they suspected to their shift supervisor. They also affirmed they understood there would be serious consequences for failing to report and probably they would be terminated.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

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

#### 115.331 (c)

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

#### 115.331 (d)

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

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

**Policy and Document Review: Ramsey County Community Corrections Policy, Chapter 10, Prison Rape Elimination Act (PREA);** Thirty-Four (34) pages of training rosters documenting PREA training and Two Pages with 80 staff on another PREA Training Roster, January 2018.

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

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

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

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

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

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

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

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

**Interviews:** Superintendent; PREA Coordinator; PREA Compliance Manager; Facility Based Training Officer; Randomly selected and Specialized Staff.

**Interviews:** Interviews with fourteen (14) random staff and thirty (30) specialized staff indicated they are trained as newly hired employees and part of that training includes PREA. They also indicated then that they receive PREA training in some form annually. All the interviewed staff affirmed they were trained in each of the topics identified in the PREA Standards. They indicated their refresher training this year was refresher training in first responding. Staff also showed the auditor the first responder cards they carry as part of the uniform. Staff were knowledgeable of the first responder duties and correctly addressed the other questions asked. Specialized staff affirmed they are required to attend all the PREA training required of all other staff in addition to the specialized training they were required to complete.

## Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

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

#### 115.332 (b)

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

#### 115.332 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



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

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

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

That same policy requires the following related to training requires that all contractors and volunteers who have direct and/or incidental contact with residents are required to receive documented PREA training during orientation and annually thereafter.

Policy requires that the training will include:

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

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

The agency provided multiple computerized training rosters confirming training.

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

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

## Standard 115.333: Resident education

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

#### 115.333 (a)

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

#### 115.333 (b)

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

#### 115.333 (c)

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

#### 115.333 (d)

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

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

### 115.333 (e)

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

### 115.333 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This facility provides the residents the PREA education during the admission process. In addition to being provided a resident handbook and a PREA Brochure, residents watch the PREA Video after which they sign an acknowledgment that they have viewed the PREA Orientation Video and understand that Ramsey County Boys Totem Town has zero tolerance for sexual abuse, misconduct, and harassment. They also acknowledge that they understand they can report any abuse immediately and all reports of sexual abuse will be investigated. Once the orientation is completed, staff enter the information into the PREA database and into Rite Track. The auditor reviewed twenty (20) acknowledgment statements signed by the resident, staff and documented entry into the database and into Rite Track. Interviews with nine (9) residents representing all residents in house except one who was out of control and in segregation acting out, confirmed that upon admission they were provided the facility's rules against sexual abuse and that they were informed they have the right not to be sexually abused, sexually harassed or retaliated against; that they have the right to report it; and that they have the right not to be punished if they report it or cooperate with an investigation into an allegation of sexual abuse or sexual harassment. Residents consistently reported the information was given to them

in the resident handbook, the PREA Brochure (which all said they received on admission), through the PREA Video. All but one of the residents said they were given information orally as well and asked if they had any questions. Residents also reminded the auditor that there were posters talking about PREA all around the facility.

**Policy and Documents Reviewed:** Ramsey County Community Corrections PREA Policy; Reviewed PREA Video; Reviewed PREA Brochures; Reviewed Orientation Acknowledgment Statements; Resident Handbook; Acknowledgment of Resident PREA Orientation Video; Observed PREA related posters

**Discussion of Policy and Documents Reviewed:** The agency's PREA policy requires that residents are provided information related to the agency's zero tolerance policy and how to report during the intake process.

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

- Review of the RCCCD PREA brochure
- Department zero tolerance stance
- Self-protection methods
- Procedures for using the telephone hotline
- Prevention and Intervention
- Treatment and counseling
- Reporting incidents
- Protection against retaliation
- Consequences for false allegations

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

**Observations:** PREA Related posters are located throughout the facility and displayed on walls and bulletin boards professionally and often in frames. One PREA Poster clearly identifies the multiple ways residents can report allegations of sexual abuse or sexual harassment. Contact information is provided on this poster as well. End the Silence Posters are posted virtually in every hall and posted in multiple languages, including those languages most common to the area.

**Interviewed:** Superintendent; PREA Coordinator; PREA Compliance Manager; (14) Randomly selected staff; (30) Specialized Staff; and (09) residents, including those randomly selected as well as those who were in a targeted group.

**Discussion of interviews:** Interviewed staff who conduct intake, orientation and PREA Assessments stated, during an interview, that residents, during the intake process, are given a PREA related Brochure on admission and that this is read to the residents. He related that then the resident watches the PREA Video, still as part of the admissions and intake process and following the viewing he stated residents are asked if they have any questions. 100% of the interviewed residents stated they were

given a PREA Brochure. Some said it was read, some said it was explained and some said they were given the brochure and that it was talked about following the PREA Video. 100% of the residents stated they watched the PREA video. Most said they had seen the video multiple times but were required to watch it again. They also consistently related they were given the opportunity to discuss or ask questions about PREA or the PREA Video. Another staff who conducts intake and orientation stated that all residents view the PREA Video as part of the intake process and within 4 hours of admission.

## Standard 115.334: Specialized training: Investigations

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

### 115.334 (a)

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

### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  
 Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Ramsey County Community Corrections Department conducts administrative investigations. Any allegations that appear to be criminal in nature are referred to the St. Paul Police Department. The agency has a memorandum of agreement with the police department confirming the police department will conduct investigations of apparent criminal activity at the facility. In addition to the general training provided to all 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. Department of Community Corrections investigators have completed specialized training. That training was provided by either the Minnesota Department of Corrections or the Moss Group and is documented in training rosters and certificates of completion. Training included Conducting Investigations in Confinement Settings; the Use of Miranda and Garrity; Tennyson Advisory; Collecting Evidence; and determining whether a case is substantiated, unsubstantiated or unfounded based on a preponderance of the evidence.

**Policy and Documents Reviewed:** Ramsey County Community Corrections Department Policy, Chapter 10, PREA, D. Staff Training, Training Certificates (3) for Department Level Investigators.

**Discussion of Policies and Documents:** The Agency's PREA Coordinator, in addition to his duties as PREA Coordinator, also serves as the Supervisor for the investigation unit for the department. He is a knowledgeable staff and supervises two additional staff. All three investigators have completed specialized training in conducting sexual abuse investigations in confinement settings. This was confirmed through reviewed certificates of training and interviews with the investigators. Reviews of previous investigations conducted in the agency documented a comprehensive, thorough and professional process.

RCCCD Policy requires the agency to provide specialized training for staff that respond to and/or investigate allegations of sexual misconduct, to include crime scene management and investigation, victim sensitivity and crisis intervention.

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

In addition to the training rosters four facility-based investigators, confirmed their training by providing training rosters documenting having received specialized training

Reviewed investigation packages were professionally documented and are discussed more fully in 115.371.

**Interviews:** Agency Head (Previous Interview); Deputy Agency Head (Previous and Current Interviews); PREA Coordinator (Previous and Current Interview); PREA Compliance Manager

**Discussion of Interviews:** An interview with an investigator from the agency’s investigation unit indicated that she is an intelligent and well-trained investigator. She stated she has completed at least three different specialized investigation trainings, some two days and one four days. She indicated the training covered topics like Miranda and Garrity; Conducting Interviews; Tennyson Advisory; Evidence Collection. When asked if it covered the criteria to substantiate an allegation of sexual abuse or sexual harassment, she stated the criteria is the preponderance of the evidence.

confirmed that she completed several specialized trainings regarding conducting sexual abuse investigations in confinement settings, one of which included forensic interviewing and training conducted by the Moss Group. She also confirmed that she is required to attend and complete all other required PREA training just as any other employee. The facility-based investigator also has completed the specialized training provided by the Moss Group and the training related to PREA required of all other employees.

## Standard 115.335: Specialized training: Medical and mental health care

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

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No

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

#### 115.335 (b)

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

#### 115.335 (c)

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

#### 115.335 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Ramsey County Community Corrections Department requires and ensures 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 and that they are trained in



the importance of and how to preserve physical evidence of sexual abuse. Additionally, medical and mental health practitioners were trained in how to respond professionally and effectively to incidents of sexual abuse and how and to whom to report allegations. Medical Staff at this facility are employees of the Ramsey County Health Department but are required, as contractors, to complete the training required of all employees and the specialized training required by the PREA Standards. This was confirmed through review of policy and procedures, interviewing medical and mental health staff; and reviewing Certificates of Training documenting the specialized training for medical and mental health practitioners provided by the National Institute of Corrections. Forensic exams are not conducted at this facility however staff, both first responders who are non-medical and medical and mental health practitioners understand their respective roles in responding the incidents of sexual abuse. Training is documented on a master training roster maintained by the facility's training officer and the agency.

**Policy and Documents Reviewed:** Ramsey County Community Corrections Department Policy, Chapter 10, PREA; Training Rosters documenting required agency training for all staff and specialized training for medical and mental health practitioners.

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

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

Reviewed certificates documenting specialized training for both medical and mental health staff, full, part time and contracted staff, and interviewed staff, medical and mental health confirmed that they have completed specialized training in their respective fields and that training included all the requirements of the PREA Standards.

**Interviews:** Nurse Supervisor (Contracted); Facility Based Nurse (Contracted); Mental Health Professional

**Discussion of Interviews:** The Nurse Supervisor and the facility nurse, both of whom are contracted through the Ramsey County Health Department, in their interviews, confirmed that although sexual abuse forensic exams are not conducted at the facility, they explained their roles in responding to those incidents. They indicated that they would ask minimal questions of the alleged victim, conduct an assessment to determine any injuries that may need first aid or that are more extensive and require transporting the resident to the hospital. In either event, they related they would take every precaution to attempt to preserve and protect any potential evidence. They affirmed, as well, that they have completed the specialized training provided by the National Institute of Corrections for medical providers. They also affirmed they are required to and do attend all the training required of all employees at the facility related to PREA. The mental health professional is a licensed staff and has receive multiple classes and training in responding to sexual abuse and trauma. She also articulated her role in responding to sexual abuse in the facility. She also said she would conduct a mental health assessment as well and work with the victim with regard to any trauma to assist them.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.341: Screening for risk of victimization and abusiveness

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

### 115.341 (a)

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

### 115.341 (b)

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

### 115.341 (c)

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

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

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

#### 115.341 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

This facility conducts the extremely comprehensive victim/aggressor (PREA) Assessment, the “Sexual Violence Prevention Checklist” during the intake and admissions process. The reviewed assessments (20) were completed within 3 hours and 20 minutes of admission. The instrument consists of 48 questions, observation, and consideration of collateral information. The questions include the following questions related to sexual activity:

- Have you ever been accused of inappropriate sexual behavior?
- Have you ever touched someone sexually against their will?
- Have you ever forced anyone into sexual activity?
- Have you ever been accused or threatened anyone with sexual abuse or sexual harassment?
- Have you ever been known to expose yourself?
- Have you been accused of inappropriate sexual behavior in an out of home placement?

If the resident answers yes to any of the questions numbered 6-11 staff are required to offer a follow-up with mental health and if so, the follow-up must be delivered within 14 calendar days.

Other questions include:

- Asks the resident how he identifies; gay, bisexual, intersex, gender non-conforming, transgender or lesbian
- Ask the resident if has any concerns that he could be sexually abused or sexually harassed while here.
- Ask the resident has been touched sexually in a way that made them feel uncomfortable and if yes, ask when and if it was reported. This section says Mandated Reporting Required.
- Have you ever been forced to do something of a sexual nature? Mandated Reporting Required.
- Has the resident been a victim of or been threatened with sexual abuse or sexual harassment? Mandated Reporting Required.
- Have you ever been sexually active with any professional or staff? Mandated Reporting Required.

The instrument requires if any questions 29-32 are answered “yes” the resident is asked if he wants a follow-up with medical.

The instrument goes on to ask:

- Does the client have a history of past sexual victimization?
- Is the resident at risk to be sexually assaultive?
- Is the resident at risk to be sexually assaultive?
- Is follow-up with mental health is recommended?

- Are there other housing recommendations?

The instrument is reviewed by the Shift Supervisor and includes the date of review.

Residents, according to the mental health professional also receive a mental health assessment (Mental Status Assessment) within three working days after admission. Case Managers also administer the MAYSI.

According to the mental health professional and case manager, the PREA Assessment is entered into Right Track that generates emails to mental health and supervisors.

**Policy and Documents Reviewed:** Ramsey County Department of Community Corrections Policy, 12.3b-BTT, Resident Classification; Boys Totem Town PREA Screening Form;

**Discussion of Policy and Document Review:** Agency Policy 12.3.b, Resident Classification, requires staff to consider the resident's age, gender identity, sexual orientation, mental and emotional condition, escape risk, history of assaultive and/or sexually abusive behavior, risk for sexual victimization or assault, physical size, medical status, disabilities, and enemies of record when assigning a resident to a pod. Lesbian, gay, bisexual, transgender, or intersex identification or status will not be used as an indicator or predictor of sexually abusive behavior (to determine his housing status).

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

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

In determining the resident's classification at the facility, staff complete the PREA Resident Intake Screening form within 72 hours of admittance. In this process, staff are required to review the resident's file for documentation of gender identity, sexual orientation, sexually assaultive and/or sexually abusive behaviors, incidents of self-harm, gang affiliations, and/or medical issues if the resident has previously been at the BTT.

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

Additional preparation for the screening involves a requirement to review the case data section of the CSTS and calling the Probation Officer/Social Worker to obtain background information on assaultive and/or sexually abusive behaviors, incidents of self-harm, gang affiliations, and/or medical issues.

Reassessments are required when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that is relevant to an individuals' risk level and within 30 days of arrival at the facility. The review is to determine if any additional, relevant information was received by the facility that would change the individual's risk level. PREA reassessment is required if the review indicates a change in risk level.

**Interviews:** Interviews with two case managers who conduct the PREA Assessment described a process consistent with policies. They related they use the Standardized Computer Instrument in Right Track, score it and forward it to the Shift Supervisor to review. They stated the assessment is conducted in the privacy of an office/room with no one else present. They indicated, if a resident has a history of prior victimization, the resident is offered a mental health follow-up and mental health is automatically notified in the email generated through Right Track.

## Standard 115.342: Use of screening information

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

### 115.342 (a)

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

### 115.342 (b)

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

#### 115.342 (c)

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

#### 115.342 (d)

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

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

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

#### 115.342 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



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

Information from the PREA Assessment is used to inform housing, bed, and program assignments, including education. The facility currently has two housing units operational. C-1 Dorm generally houses older residents while C-2 houses the younger residents. If a resident is a potential victim, he would be placed closer to the staff, however there are few options for other housing assignments because of the limited number of dorms operational. However, the dorms only house a maximum of 12 residents in an open bay type arrangement. Two staff are assigned to each unit. According to staff, the information is also used to determine seating arrangements.

There are no “special” dorms for housing residents who are potential victims or aggressors or who are transgender, intersex or LGB. The facility has not had any transgender residents but indicated they would not place a transgender or intersex resident in any special housing but would assign them based on the PREA Assessment and a consideration of the resident’s concerns for his safety.

Segregated housing, according to interviews with the Superintendent, Assistant Superintendent, and other staff indicated residents at risk of victimization are not placed in segregated housing except as a last resort when there are no other options available for keeping the resident safe. They also indicated if a resident was in protective custody the resident would receive education either brought to the room or in the class if that could be accomplished safely, attend or receive programming, have daily exercise, and receive medical contact daily and mental health services. Staff stated the resident would still receive visitation, mail and would be able to call his parent(s)/legal guardian(s).

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

**Discussion of Policies and Documents Reviewed:**

The agency/facility uses information from the risk screening required by 115.341 to inform housing, bed, work, education and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The agency’s classification policy goes into detail about the placement process and the criteria for assessing a youth.

In determining the resident’s classification at the facility, staff complete the PREA Resident Intake Screening form within 72 hours of admittance. The reviewed assessments were completed within 3 hours and 20 minutes of admission.

In this process, staff are required to review the resident’s file for documentation of gender identity, sexual orientation, sexually assaultive and/or sexually abusive behaviors, incidents of self-harm, gang affiliations, and/or medical issues if the resident has previously been at the BTT and to contact the Probation Officer or Social Worker to obtain background information on sexually abusive behaviors, incidents of self-harm, gang affiliations, and/or medical issues.

Procedures, A. Determining Resident Classification, requires the resident to complete a battery of tests and admission screening tools, including the PREA Resident Screening Form. The following factors/criteria assist in determining dorm placement:

- Age
- Developmental/Cognitive Disability
- Delinquent Sophistication
- Gender Identity
- Sexual Orientation
- Run Risk
- Screening Information
- Sexual Vulnerability
- Current Placement of a Co-Defendant
- Current Placement of a Sibling
- Current Dorm Milieu
- Gang Membership
- Medical History
- Physical Disability
- Risk for Sexual Victimization or assault (PREA Assessment)
- Current Placement of Prior Victim
- Tests and Admission Screening Tools including PREA Assessment
- Placement/Referral Information
- Behavioral Observations by Staff Members

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

Additional preparation for the screening involves a requirement to review the case data section of the CSTS and calling the Probation Officer/Social Worker to obtain background information on assaultive and/or sexually abusive behaviors, incidents of self-harm, gang affiliations, and/or medical issues.

Prior to placement staff, according to policy, consult with the Superintendent to determine the appropriate placement.

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents, safe can be arranged. During any period of isolation, BTT shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall have access to other programs and work opportunities to the extent possible. (PREA Standard 115.342).

Agency policy 6.2h, BTT, Safety and Emergency Procedures, Special Housing Unit Rules, requires that juvenile institutions are prohibited from placing residents in the Special Housing Unit based on prior sexual victimization, gender identify or sexual orientation, whether they are perceived to be gay, lesbian, transgender, intersex or gender nonconforming, their level of emotional and cognitive development, disability status, mental or physical illness, or any other specific information that may indicate heightened needs for supervision unless there is documented concern for the resident's safety, and there is no alternative means of separation available.

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

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

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

## REPORTING

### Standard 115.351: Resident reporting

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

##### 115.351 (a)

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

##### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

### 115.351 (c)

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

### 115.351 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Ramsey County Department of

Community Corrections Policy, 10.1c, PREA First Response; Ramsey County Department of Community Corrections Policy, 10.1d., PREA Policy; Sexual Assault Awareness Brochure, A Guide for Residents”; Resident PREA Orientation Video Acknowledgment; Zero Tolerance Poster; Break the Chains of Silence Posters; Speak Out Posters; Resident Handbook; MOU between Ramsey County Community Corrections and St. Paul-Ramsey County Public Health

**Discussion of Policy and Procedures:** Residents at the Ramsey County Boys Totem Town are provided multiple ways to report allegations of sexual abuse, sexual harassment and retaliation. These include ways to report externally as well as internally.

Ramsey County Department of Community Corrections Policy, 10.1c, PREA, First Response, in paragraph 3, asserts that RCCC provides multiple ways for residents to report allegations of sexual assault, sexual harassment and sexual misconduct.

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

Residents are provided an orientation in which they watch the PREA Video. The PREA Video is shown during the admission process to ensure residents have received PREA Education as soon as possible. After watching the video, they acknowledge they have watched the video and understand they can report any abuse immediately and all reports of sexual abuse will be investigated.

The reviewed MOU with the Ramsey County Public Health’s Sexual Violence Services, (SOS), indicated residents may call the SOS hotline 24/7 and that SOS will accept reports of sexual abuse and sexual harassment.

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

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

- Submit a report on someone’s behalf, or someone at the facility or someone at this facility can report for the resident using the ways listed here.

Break the Silence Posters and Speak Out also provide ways for residents to report. These are posted in the most common languages in the area.

The auditor reviewed three investigation reports however only one was within the past twelve months. One report was made by a staff based on observation and the other two were reported via the grievance process.

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

**Discussion of Interviews:** 100% of the interviewed staff were aware they are mandated reporters. Staff related they will report anything, including reports made by the resident to the staff, anything they have knowledge of, or suspect and anything reported to the them through staff, residents, third parties and anonymously. Staff consistently stated, as well, that residents may report verbally, in writing, through third parties and anonymously.

Interviews with nine (9) of (9) residents indicated they have multiple ways to report allegations of sexual abuse, sexual harassment and retaliation for reporting or cooperating with an investigation. Residents stated they could report to any staff they felt comfortable with, write a grievance, and tell their parents. When asked if there was someone outside the facility they could report to, invariably they identified their parents. When asked about contacting their parents they indicated they can call them daily if they have the points and about three times a week free. They said their parents can visit three times a week as well.

## Standard 115.352: Exhaustion of administrative remedies

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

### 115.352 (a)

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

### 115.352 (b)

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

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

#### 115.352 (c)

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

#### 115.352 (d)

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

#### 115.352 (e)

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

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

### 115.352 (f)

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

### 115.352 (g)

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

### Auditor Overall Compliance Determination

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



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

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

### **Instructions for Overall Compliance Determination Narrative**

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

**Discussion of Policies and Documents Reviewed:** The BTT's Grievance Policy provides residents with an internal grievance process that grants them the right to register a complaint regarding incidents, disciplinary actions, administrative policies and procedures, or other legitimate concerns and to seek administrative or judicial redress without fear, reprisal, or punitive disciplinary action. Policy also asserts that residents have the right to receive a prompt and immediate response to a grievance of an emergency nature that threatens health or welfare, including sexual assault, sexual abuse, or sexual harassment.

There are no time limits for filing a grievance regarding an allegation of sexual abuse.

Policy also affirms that the youth may submit a grievance without submitting it to a staff member who is the subject of the complaint, and without such grievance being referred to this staff member.

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

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

Procedures, Paragraph B. Any Grievances Alleging Sexual Abuse or Sexual Harassment requires all staff to take a verbal or written report of sexual abuse or sexual harassment. Addressing third party assistance in filing the grievance and having it submitted on behalf of the resident, procedures provided for the following in compliance with the PREA Standards:

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file the requests on behalf of residents.
- If the third party is someone other than a parent or legal guardian, files a request on behalf of a resident, the facility may require as a condition of processing that the alleged victim agree to

have the request filed on his or her behalf and. may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

- Parents or Legal guardians are permitted to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of the juvenile. This grievance is not conditioned on the approval of the juvenile to file the grievance.
- If the resident declines to have the request processed on his/her behalf, staff are required to document the resident's decision on an incident report.
- The resident is not required to attempt to resolve with staff an alleged incident of sexual abuse or harassment and the grievance should not be referred to the staff who is the subject of the complaint.

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

Procedures require an initial response within 48 hours from the time the grievance was submitted.

The grievance is then forwarded to the PREA Compliance manager and Superintendent.

A youth filing a grievance in bad faith, and only when it can be demonstrated it was filed in bad faith, may be disciplined.

The PREA Compliance Manager may immediately start and complete an investigation when the grievance involves harassment between residents only.

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

Policy RDR 10.4b, Parent/Guardian Grievances Policy allows a resident's parent or legal representative, guardian, or a concerned person in the resident's life to make a formal complaint, suggestions or express concern about any aspect of the resident's care during the resident's stay at the BTT through a formal grievance process.

Procedures to implement that policy in paragraph A.3, requires if the complaint involved an allegation of sexual abuse or sexual assault, staff are to follow the BTT Policy, PREA First Response.

Reviewed investigation packages indicated that two of the three investigations were the result of allegations made using the grievance process.

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

**Discussion of Interviews:** Interviews with nine (9) residents confirmed they understand the grievance process. They explained to the auditor that they can file a grievance at any time, place it in the grievance box or medical box and that staff pick them up and respond to them. Youth named filing a grievance as one of the ways they could file a report of sexual abuse or sexual harassment.

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

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

**115.353 (a)**

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

**115.353 (b)**

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

**115.353 (c)**

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

**115.353 (d)**

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

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

The Ramsey County Community Corrections Department s provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessible mailing addresses and telephone numbers, including toll-free hotline numbers. These numbers are prominently posted on multiple PREA related posters throughout the facility. Youth wishing to use the hotline request a phone from the staff and are provided privacy while contacting and talking with the organization.

The facility will not take any youth detained soley for civil immigration purposes. The facility is a treatment facility and youth who meet the criteria for this program are committed by the juvenile court.

The facility has a Memorandum of Understanding between the Ramsey County Public Health Department, Sexual Violence Services (SOS). That MOU affirms the agency will provide outside advocacy services to any resident victim of sexual abuse. Advocates will meet the resident and accompany them through the forensic exam process and provide emotional support. The organization also operates a 24/7 hotline enabling residents to contact the organization to talk with an advocate or to make a report of sexual abuse or sexual harassment. Services are provided at no cost to the victim.

Residents have ample access to their parent(s)/legal guardian(s). Residents may call their parents/guardians daily if they have enough points earned through the incentive program. If they do not have enough points for daily calls, the facility provides three free calls per week, according to the residents of the facility. Visitation is also provided three times a week. As a resident progresses through the level system at the facility, they become eligible for home passes of different increments of time, up to 24 hours.

None of the interviewed residents had attorney's but said if they did, the facility would allow them to talk with them, have them visit at the center and that they could write them.

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

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

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

The reviewed MOU with the Sexual Violence Services, confirmed that the Sexual Violence Services would provide an advocate to meet and accompany the youth through the forensic exam and beyond if requested by the resident. The SOS provides a 24/7 hot line on which reports of sexual abuse may be made. The agency also provides counseling services for victims as well as victim support. The SOS agreed to immediately forward reports of sexual abuse and sexual harassment involving residents to Corrections allowing the resident to remain anonymous upon request.

Contact information for the Sexual Violence Services is provided to the residents on the Zero Tolerance Posters as well as on the PREA Brochure, A Guide for Residents. The Zero Tolerance Poster provides both the phone number and mailing address for the Victim Support Services. The same contact information is provided on the PREA brochure for residents. An additional contact is identified. That is the Regions Hospital and a number for the emergency room and crisis program is provided.

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

Visitation is provided 2-3 times a week and special visitation may be approved as well.

Attorneys and Probation Officers are accessible and may be called, may visit and may receive letters from residents.

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

**Discussion of Interviews:** 100% of the interviewed residents confirmed they may call their families daily if they had the points to purchase them. If they did not have the points for daily calls, they said they could place free phone calls three times per week. They also indicated they can call their "probation" officers at anytime and that they could visit the youth at any time. None of the residents had attorney's but said if they did, they could call them at any time and the attorney could visit them at any time. Parents may visit the resident three times per week according to the youth. Interviewed staff confirmed the resident's access to the outside advocacy organization and that residents have a lot of access to their parent(s)/legal guardian(s), court workers, and attorneys if they have them.

## Standard 115.354: Third-party reporting

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

### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

**Policy and Documents Reviewed:** Ramsey County Department of Community Corrections Policy, 10.1c., PREA First Response, D.3; Ramsey County Department of Community Corrections Policy, Resident Grievances; PREA Brochure, "A Guide for Residents".

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

Resident Grievances, Policy 10.4a, states all staff may take a verbal or written report of sexual abuse or harassment and that third parties, including fellow residents, staff, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will be permitted to file those requests on behalf of residents. Procedures for dealing with third party grievances is thoroughly described in this section.

The First Response Policy requires employees, contractors, visitors, volunteers, interns, medical and mental health practitioners, and school personnel must immediately report any knowledge, suspicion, or information regarding an incident of sexual assault, sexual harassment, or sexual misconduct that occurs at the facility, to his/her direct supervisor or the PREA Coordinator.

The resident brochure provides multiple ways to report, both internally and externally and through third parties. Numbers are provided for the Sexual Offense Services of Ramsey County, Regions Hospital, PREA Coordinator; Reporting Hotline.

The agency's website <https://www.ramseycounty.us/residents/public-safety-law/prison-rape-elimination-act> informs viewers that the agency has a zero tolerance for sexual abuse and sexual harassment and that anyone who knows of an incident at the facility are provided ways to report it. These included: 1) Filling out an on-line report form; 2) Calling the PREA Coordinator; and 3) emailing the PREA Coordinator. Viewers are advised that all reports will be investigated.

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

**Discussion of Interviews:** The Superintendent was adamant that he expects and requires his staff to be alert and attuned to what is going on around them and to report everything, including any

knowledge, information, reports, allegations and even anything that seems suspicious or out of the ordinary. Interviews confirmed staff will accept any report, including third party reports and that they would report it to their immediate supervisor and follow-up with a written report as soon as possible after becoming aware of an incident or potential incident but always prior to the end of the shift. When asked if residents could report verbally, in writing, from a third party and anonymously, 100% of those interviewed said they could. Residents, when interviewed, did not name "third party" as a "third party" but when asked if another resident could make a report for them or if a relative could make the report for them so they did not have to be named, all of them (100%) said they knew they could. An interview with an agency investigator confirmed third party reports would be investigated just as any other report or allegation.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (a)

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

#### 115.361 (b)

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

#### 115.361 (c)

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

### 115.361 (d)

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

### 115.361 (e)

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

### 115.361 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative



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

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

**Discussion of Policy and Documents Reviewed:**

Ramsey County Department of Community Corrections Policy, PREA First Response, A. First Response, Paragraph 1 requires that staff who have knowledge or suspicions of or who have received a report of sexual assault, sexual abuse or sexual harassment of an inmate, client, or resident must immediately separate the victim from the alleged assailant to protect the victim and prevent further violence. The first responder is required, in paragraph 2., to follow the Sexual Assault First Responder Checklist, complete an incident report and submit it to the on-duty supervisor, the Division PREA Compliance Manager and PREA Coordinator within two hours or by the end of the shift, whichever comes first. Paragraph D., Inmate, Resident and Client Incident Reporting, subparagraph 3., asserts that staff may receive reports of sexual assault, sexual abuse and/or sexual harassment through a third party.

The same policy, in Paragraph 6, page two, affirms that any employee, volunteer, or intern who fails to report an allegation or who coerces or threatens another person to submit inaccurate, incomplete, or false information with the intent to alter a report, may face disciplinary action. Staff will be subject to disciplinary sanctions up to and including termination for violating RCCC sexual abuse or sexual harassment policies.

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

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

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

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

PREA Investigations Policy, RDR 10.1d, requires on page 2, paragraph 3, that agency investigations will include an effort to determine whether staff actions or failures contributed to the abuse. Too, the departure or the alleged abuser or victim from the employment or supervision of RCCC will not be used as a basis for terminating an investigation.

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

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

**Discussion of Interviews:** Fourteen (14) of (14) random staff and Thirty (30) of (30) specialized staff confirmed that they understand they are mandated reporters and required not only by policy to report, but also by law. Interviews confirmed they would report not only information, reports or allegations of sexual abuse, sexual harassment or retaliation, but also anything they suspected. Staff related they would report these allegations/incidents immediately to their immediate supervisor and would follow-up with a written report as soon as possible but not later than the end of the shift. At the initiation of services, medical and mental health staff reported they are required to inform the resident of their duty to report. All reported allegations are assessed and/or investigated, whether victims cooperate with the investigations.

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Discussion of Policy and Documents Reviewed:** The agency reported, and it was confirmed through interviews that there have been no residents placed in any form of restricted housing as a result of being at risk of imminent sexual abuse.

Agency policy regarding Special Management outlines the procedures for accessing Special Management when absolutely needed to protect the resident, other residents, as well as staff, contractors, volunteers and interns.

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

If a resident is placed in seclusion, whether in the Special Housing Unit or other housing arrangement as determine by the Shift Supervisor or higher authority staff must document the reason for the facility's concern for the resident's safety and the reason why no alternatives may be arranged.

Policy prohibits placing residents in Special Housing based solely on their identification as being lesbian, gay, bisexual, transgender, intersex, or gender non-conforming. Again, if anyone is placed in the SHU, it must be documented why no other appropriate housing was available.

Residents placed in special housing have access to daily visits from medical or mental health and have access to programs and work opportunities to the extent possible.

Housing assignments are required to be reviewed every seven days and if special housing continues, the reasons why no alternative housing is available must be documented.

An emergency grievance may be filed by a parent or legal guardian on behalf of a resident when there is an allegation that a resident is subject to a substantial risk of sexual abuse. This is confirmed in the agency's grievance policy.

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

**Discussion of Interviews:** The Superintendent indicated that if a resident was at risk of imminent sexual abuse he would try to determine if separation could be safely arranged. He indicated the youth could be placed in another unit if that could be done safely or the resident could be placed in an individual cell, with the door even unlocked. If placed in segregated housing (Protective Custody) the Superintendent said the reasons would be documented as well as the reason there were no other available safe alternatives to house the resident. Staff, when asked what they would do if they became aware that a resident was at risk of imminent sexual abuse, stated they would separate the resident from the threat and that they would take the allegations seriously and would respond immediately and not wait. They also were consistent in saying the residents would remain with them until a decision was made about where best to safely house the resident. Most of them said the resident would either be placed in another dorm or in the Special Housing Unit.

## Standard 115.363: Reporting to other confinement facilities

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

### 115.363 (a)

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

### 115.363 (b)

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

### 115.363 (c)

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

### 115.363 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

There have been no allegations received by the Boys Totem Town that a resident was sexually abused while at another facility nor have there been any allegations from another facility that a resident there was sexually abused while at Boys Totem Town. This was confirmed through interviews with the Superintendent and Assistant Superintendent/PREA Compliance Manager, the reviewed Pre-Audit Questionnaire, and the reviewed investigation packages for the past twelve months. The Superintendent understands Ramsey County Community Corrections Policy and explained his role if allegations from other facilities were received. He indicated that he would notify the head of the other facility and ascertain that an investigation was initiated and if not, he would ensure the investigation is initiated. He also affirmed his facility will assist and cooperate with any investigation of reports of sexual abuse of a resident while at his facility and provide any requested assistance or information to help with the investigation.

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

#### Reviewed Policy and Documents Reviewed:

Paragraph A.11, Agency Policy, Prison Rape Elimination Act, requires that if a resident was sexual assaulted, sexually abused, or sexually harassed at another facility, the PREA Coordinator is responsible for notifying the head of that facility within 72 hours or receiving notice of the allegation. Policy requires notification using the Outside Incident Reporting form. The facility head or agency office that receives the notification is required to ensure that the allegation is investigated in compliance with the PREA Standards.

The reviewed Pre-Audit Questionnaire documented that there were no allegations received either from another facility reporting a youth alleged sexual abuse at the BTT nor an allegation from a youth that an incident of sexual abuse or sexual harassment occurred while at another facility. This was also

confirmed through interviews with the PREA Compliance Manager, PREA Coordinator and Agency Director and Deputy Director.

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

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

## Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

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

#### 115.364 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Agency policy and facility practices require that 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 potential victim from the alleged aggressor.
- Preserve and protect the crime scene
  - Request the victim 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.
  - 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.

Staff carry a first responder card and each staff interviewed showed the auditor their card. The First Responder Card on one side has a series of six questions to ask the alleged victim. The questions are just simple questions necessary to help the resident and to get the facts to report to the Shift Supervisor. The other side of the card outlines the responsive steps to take regarding not doing anything to jeopardize potential evidence.

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

- Immediately separate the victim and alleged perpetrator
- Render first aid
- Ensure the victim receives emergency or prompt medical and mental health assistance as appropriate to his/her needs and the circumstances of the alleged offense.
- Secure the crime scene
- Contact the nearest Supervisor or Shift Lieutenant
- Follow the Sexual Assault First Responder Checklist

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

**Discussion of Policies and Documents Reviewed:**

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

Paragraph C. Coordinated Response, of the policy, gives specific instructions for staff first responders; contractors/interns/and volunteers; Shift Supervisor; Health Services and Mental Health Staff; Facility Management; Shift Supervisor; and PREA Investigators.

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

- Immediately separate the victim and alleged perpetrator
- Render first aid
- Ensure the victim receives emergency or prompt medical and mental health assistance as appropriate to his/her needs and the circumstances of the alleged offense.
- Secure the crime scene
- Contact the nearest Supervisor or Shift Lieutenant
- Follow the Sexual Assault First Responder Checklist

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

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

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

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

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

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



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

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

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

## Standard 115.365: Coordinated response

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

### 115.365 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Discussion of Policies and Documents Reviewed:** The agency's PREA First Response Policy is comprehensive and provides details guiding all staff in responding to allegations of sexual abuse. After providing policy statements regarding reporting, confidentiality regarding sexual abuse allegations, failure to report, and retaliation, the policy provides instructions for the First Responder, the Shift Supervisor and the PREA Coordinator/PREA Compliance Manager.

Paragraph C. Coordinated Response, of the policy, gives specific instructions for staff first responders; contractors/interns/and volunteers; Shift Supervisor; Health Services and Mental Health Staff; Facility Management; Shift Supervisor; and PREA Investigators.

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

- Immediately separate the victim and alleged perpetrator
- Render first aid
- Ensure the victim receives emergency or prompt medical and mental health assistance as appropriate to his/her needs and the circumstances of the alleged offense.
- Secure the crime scene
- Contact the nearest Supervisor or Shift Lieutenant
- Follow the Sexual Assault First Responder Checklist

The Coordinated Response Plan for Boys Totem Town includes the following:

**First Responder:**

- If volunteer/intern/contractor: Alert Shift Supervisor immediately
- If staff member: Separate alleged victim and alleged perpetrator. Secure crime scene if applicable and contact the Shift Supervisor.

**Victim Process:**

- Victim will be taken to Health Services, if deemed necessary and if nursing staff available.
- SOS will be called by victim or the Shift Lieutenant if victim would like an advocate.
- Facility nursing staff will contact the Shift Supervisor to coordinate transport to Regions Hospital if necessary.
- Nursing staff, or Shift Supervisor, will notify Regions Hospital of transport to the hospital and the reason.

**Perpetrator Process:**

- **If resident**, will be separated from victim and not placed in location with access to bathroom; depending on circumstances; i.e. length of time since alleged incident.
- Will be transported to Regions Hospital if necessary. for evidence collection (directive will come from PREA Compliance Manager or St. Paul Police Department (SPPD).
- **If staff/volunteer**, will be separated from alleged victim and SPPD will conduct subsequent steps.

**Potential Crime Scene Process:**

- Area will be secured, no one should be allowed in area until SPPD arrives. Any questions contact the BTT PREA Compliance Manager.
- All individuals in area at time of incident will be documented by the Shift Supervisor or designee.
- Any staff who attempt access to area will be documented by the Shift Supervisor or designee.

**Investigation Process:**

- PREA Compliance Manager will contact St. Paul Police Department and the PREA Coordinator.
- PREA Compliance Manager will begin initial administrative investigation, not interfering with criminal investigation.

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

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

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

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

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

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

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

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

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

### 115.366 (a)

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

### 115.366 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

Discussion of Policy and Documents Reviewed: The reviewed agreements did not appear to contain any language preventing the agency from taking appropriate disciplinary action for any violations of the agency's sexual abuse or sexual harassment policies and no language was observed preventing the agency from removing a staff from contact with a youth while an investigation is being conducted.

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

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

## Standard 115.367: Agency protection against retaliation

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

### 115.367 (a)

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

### 115.367 (b)

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

### 115.367 (c)

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

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

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Discussion of Policy and Documents Reviewed:** Ramsey County Department of Community Corrections Policy, 10.1b, Prison Rape Elimination Act, Paragraph 7, requires that staff, volunteers and contractors are

prohibited from any form of retaliation against a resident or fellow staff member who makes an allegation of sexual abuse, sexual assault, or sexual harassment. This includes lesbian, bisexual, gay, transgender, intersex, and gender non-conforming residents.

Policy requires that retaliatory behavior will result in disciplinary action up to and including dismissal.

Department of Community Corrections Investigations policy, A. Retaliation Prevention requires the following:

Protect inmates, residents, clients, and staff who report sexual assault, sexual abuse, and sexual harassment from retaliation by other inmates, residents, clients, and staff.

Measures that may be taken include the following:

- Separate victims and abusers by changing housing.
- Remove alleged staff or resident/inmate abusers from contact with victims.
- Offer to provide mental health and/or emotional support services and document these efforts.
- In consultation with the PREA Coordinator, designate the staff member responsible for monitoring for retaliation to follow up with the inmate, client or resident.
- Immediately report any retaliation against staff, inmates, clients or residents to the PREA Compliance Manager.

For incidents that are substantiated or unsubstantiated, if the victim or any individual who cooperates with an investigation expresses a fear of retaliation, collaborate with PREA Coordinator and Division management to take appropriate measures to protect the individual.

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

Retaliation monitoring will begin when the investigation has been completed. The Retaliation Monitor meets with the resident, explains her role as retaliation monitor, and advises the resident to let her know if they are experiencing any retaliation.

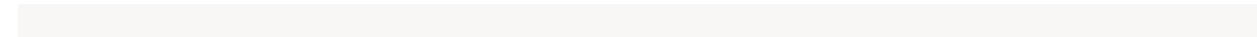
Retaliation is documented on the Ramsey County Community Corrections Form, "Monitoring of Retaliation and Report of Sexual Harassment/Abuse. This form documents basic information related to the reason for monitoring, with dates. It also addresses any Protective Measures Needed, Status Checks, Monitoring End Date, and an Additional Information that needed to be documented as relevant to the issue.

There was one allegation of sexual abuse in 2018 that resulted in monitoring. In that case a resident alleged that while playing basketball, another resident slapped him on the butt and another resident "pinched" his butt.

Staff first responders separated the residents and moved the alleged perpetrators to the Segregated Housing Unit (SHU) and moved the alleged victim into another dorm.

A retaliation monitor was assigned. The retaliation monitor documented that she met with the resident on the next day following the allegation to explain her role and to assess his status. She related she tells the resident to contact her any time the resident may be bullied or targeted. She also related because the facility is small, she sees the residents on a daily basis and they can stop and tell her anything they need to report. The form documented moving the resident to another dorm as a Protective Measure. Status checks were documented March 19, 26; April 2, 9, 16, 23 and 30<sup>th</sup>; May 7, 14, 21, 28 and June 4, 2018. The monitor also documented on the retaliation form that the retaliation monitor checked with the resident every Monday during the 90-day period. She documented the progress of the resident while on monitoring status. The resident stated he had no issues with retaliation and that the incident was never even brought up by his peers.

When staff are involved the retaliation monitor would be the Assistant Director. The same protections measures would be used as needed. There were no allegations involving a staff in the past twelve months. Staff would be placed on no contact, assigned a different job and/or brought, or potentially be transferred temporarily to another facility.





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

**Discussion of Interviews:** The BTT retaliation monitor discussed the facility's zero tolerance for retaliation and the processes used to monitor retaliation. Following an allegation, the monitor related stated the resident would most likely be moved to another dorm, if possible. If a staff was involved, the staff will most likely be placed on no contact and reassigned to another post or will be transferred to another facility if required. Monitors would monitor write-ups, watching to see if they were being treated differently in terms of showering last, feeling singled out etc. Staff indicated they would have daily face to face contacts with the resident to ensure everything was OK with them. Monitoring would be documented on the Agency Retaliation Form. If a staff was involved, they could be immediately pulled from their post, sent home for the day/night, reassigned, placed on paid administrative leave and referred for investigation to the ST Paul Police Department.

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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This facility has three cells designated to serve as the Special Housing Unit (SHU). The SHU is used for out of control residents but may serve as an alternative housing arrangement for anyone at risk of sexual victimization. There have been no residents placed in SHU as the result of being a victim, because of a high potential for victimization, or for involuntary protective custody during the past twelve (12) months. This was confirmed by the reviewed Pre-Audit Questionnaire, reviewed investigation reports, and interviews with both staff and youth. There was one allegation of sexual abuse in the past 12 months. In this case the two alleged aggressors were placed in SHU and the alleged victim housed in another dorm. Staff supervising segregation indicated that a resident placed in SHU as a result of having a high potential for sexual abuse or for being a victim, indicated that if SHU is used, staff will have to document there were no other alternative means of separation and the placement would be only until a safe place could be identified.

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

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

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

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

**Discussion of Interviews:** Almost 100% of the interviewed line staff indicated, in their interviews, that placing a resident at risk in SHU would not be the first choice. They indicated that typically residents having a conflict are moved to another dorm and they indicated, if possible, the resident victim or potential victim would be placed in another dorm. If there were no other places to safely house the resident would be placed in SHU and the reasons would have to be documented. Residents in segregated housing would receive access to programs, including medical, education, mental health, exercise, access to telephones to call families, access to attorneys and visitation. Staff said they may even come out of the cell, if safe, to participate in educational services. The Superintendent indicated that even if a youth is placed in SHU there are different levels in SHU and the resident might possibly be able to have his door left open. The goal is to keep residents safe.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

**115.371 (a)**

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

**115.371 (b)**

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

**115.371 (c)**

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

**115.371 (d)**

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

**115.371 (e)**

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

**115.371 (f)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

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

#### 115.371 (h)

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

#### 115.371 (i)

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

#### 115.371 (j)

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

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The agency requires all allegations of sexual abuse or sexual harassment to be promptly and thoroughly investigated and to be investigated by the agency having the authority to conduct those investigations. For example, if the allegation appears to be criminal in nature the case would be referred to the St. Paul Police Department. Allegations from all sources, including those reported by third parties or anonymous reports are investigated promptly and thoroughly.

The agency has an investigation unit supervised by the Agency's PREA Coordinator. Agency investigators are responsible for conducting administrative investigations while all allegations appearing to involve criminal behavior are referred to the St. Paul Police Department for investigation. Facility-based investigators may also conduct investigations if authorized to do so by the Agency Investigation Unit. All the RCCD Investigators have completed specialized training in conducting investigations.

The facility reported and the PREA Coordinator, who also heads up the RCCD Investigations Unit confirmed there was one allegation of sexual abuse in the past 12 months and two more that were prior to the past 12 months. The reviewed investigation packages documented the following allegations:

- Potential Staff Misconduct
- Resident on Resident Inappropriate touching
- Resident on Resident Inappropriate touching

One allegation was made by a staff and two allegations were reported via the grievance process.

When allegations are received at the Investigation Unit, they are triaged by the PREA Coordinator and assigned to an investigator.

The allegation of suspected staff misconduct was received, and the investigation initiated the next day, while the other two appeared to be horse playing were initiated either the following or next day after receiving the allegation.

Allegations were reported in the following ways:

- Staff reporting suspected inappropriate staff conduct
- Grievance

- Grievance

The investigations were completed in the following time frames:

1. #17-13 Initiated: 3/28/2018 Completed: 4/20/2018
2. #18-11 Initiated: 3/20/2018 Completed 4/20/2018
3. #17-13 Initiated 3/20/2018 Completed 4/20/2018

Interviews and policy review confirmed that regardless of the source of the allegation, the allegation will be investigated.

Investigations continue regardless of whether the alleged victim recants, the staff terminates employment prior to the completed investigation, or whether the resident victim or abuser departs the facility prior to the end of the investigation.

The credibility of an alleged victim, abuser or perpetrator, and witnesses are, according to policy and interviews, determined based solely on where the evidence leads and not on some preconceived notion about any of the parties allegedly involved.

Because the St. Paul Police Department investigates allegations that appear criminal in nature, the police department is the agency responsible for working the prosecutors to determine if the case will be referred for criminal prosecution. When the outside agency conducts the investigation, the facility's role as well as the agency investigators would be to support the police as requested by them.

The formats for the investigative reports are as follows:

- Title Page with Case Number
- Table of Contents that included:
  - a. Rationale for Investigation
  - b. Methodology for the Investigation
  - c. Complaint Statement
  - d. Witness Statement (s)
  - e. Focus Statements
  - f. Additional Evidence
  - g. Document Review
  - h. Credibility of All Parties
  - i. Investigator's Findings
  - j. Review
  - k. Authorization

The content of the reports was professional and documented in a thorough and detailed manner. Where camera footage was available, it was reviewed.

Quality Control is accomplished through review by the PREA Coordinator and approved by the Deputy Director of Community Relations and Internal Affairs.

Interviewed staff acknowledged that they are required to report any allegation and anything suspicious as well. One of the investigations documented the referral was made by another staff who thought that

a staff talking with a youth in the hall (and under the coverage of a camera) looked like it may be inappropriate. The allegation was thoroughly investigated and determined to be unfounded.

There were no allegations that were criminal in nature. These cases would have been referred to the St. Paul Police Department. The agency has a MOU with the St. Paul Police Department for conducting investigations of sexual abuse in Boys Totem Town.

**Reviewed Policies and Documents:** Ramsey County Department of Community Corrections Policy, RDR 10/1d, PREA Investigations; Three (3) reviewed investigations representing all the allegations made including and beyond the past 12 months.

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

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

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

Procedures for this policy, as stated in Paragraph 3, states that in collaboration with the PREA Coordinator and PREA Compliance Managers, Investigators conduct investigations of allegations of sexual abuse and/or sexual harassment are required to be conducted in accordance with the PREA Standards and Agency Policy within 48 hours of notification.

Their role includes, according to policy, collecting and reviewing all physical evidence, including camera evidence following the Chain of Custody; Evidence/Property Form and ensure physical evidence is stored in a secure location. Additionally, it includes completing and documenting interviews of the alleged victim, alleged assailant, collateral and witness interviews. Statements are recorded. Investigators complete the reporting in accordance with the PREA Standards, including victim, assailant and crime data and action taken.

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

The investigation format included the following:

- A title page "Investigations Unit Administrative Investigation Report" with case number
- Table of Contents
- Rationale for Investigation
- Methodology of Investigation
- Complainant Statement

- Witness Statement
- Document Review
- Credibility Assessment of All Parties
- Investigative Finding

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

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

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

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

Discussion of Interviews: All the interviewed staff affirmed that all allegations of sexual abuse, sexual harassment or sexual assault are reported immediately to their immediate supervisor and followed up with a written report or statement prior to the end of the shift. Staff were aware that the PREA Coordinator and his staff conducted PREA investigations. The PREA Coordinator and a Division Investigator described a thorough process as well as the kinds of evidence they would be collecting as a part of their administrative investigation. If a staff is involved, facility-based investigators cannot conduct the investigation. It is referred to the Investigations Supervisor who also serves as the Agency’s PREA Coordinator. Investigations begin promptly, involve interviewing complainants, alleged aggressors or perpetrators, and witnesses. If video footage is available, it is reviewed. Investigators treat all allegations the same regardless of the source. Staff who terminate their employment prior to a completed investigation do not stop the investigation. Neither does a victim departing the facility terminate the investigation.

## **Standard 115.372: Evidentiary standard for administrative investigations**

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

### **115.372 (a)**



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

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

#### 115.373 (c)

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

#### 115.373 (d)

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

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Discussion of Policies and Documents Reviewed:** The Agency has a policy (10.1d, PREA Investigations) that requires that any resident who makes an allegation he/she suffered sexual abuse in an agency facility is informed, verbally or in writing, at the end of the investigation, whether the allegation was substantiated, unsubstantiated, or unfounded.

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

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

Staff are required to notify the resident, following an allegation that a staff member committed sexual abuse against the resident, the facility and agency inform the resident, unless the allegation is determined to be unfounded:

- When the staff is no longer posted within the resident's unit
- When the employee is no longer employed
- When the agency learns the staff has been indicted on a charge related to sexual abuse
- When the facility/agency learns the staff has been convicted of the sexual abuse alleged by the resident.

The PAQ and interviews with staff indicated there was one (1) allegation of sexual abuse made against any staff during the past 12 months.

The Excel Spread Sheet used to track allegations through the investigation process, notification, and incident reviews etc. documented that the resident was notified.

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

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

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

#### 115.376 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy requires that staff, alleged to have committed sexual abuse or sexual harassment are prohibited from contact with the individual making the allegation.

Interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager confirmed there have been no staff at the BTT who have been alleged to have violated any of the agency's sexual abuse or sexual harassment policies.

The reviewed Pre-Audit Questionnaire and interviews with the Superintendent and PREA Coordinator confirmed there have been no staff who were terminated as a result of any violation of the agency's sexual abuse or sexual harassment; nor were there any staff referred for prosecutions as the result of violating any agency sexual abuse or sexual harassment policy.

The facility however has not had any problems terminating employees for violations.

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

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

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

## Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.377 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Discussion of Policy and Documents Reviewed:** Policy requires that any contractor or volunteer who fails to address and comply with the zero-tolerance policy and who violate any sexual abuse or sexual harassment policies will be prohibited from contract with the victim and/or reporter pending an investigation. Too, they are subject to disciplinary action up to and including dismissal.

There have been no allegations at the BTT involving a contractor or volunteer during the past twelve months. However, in 2016 the agency terminated the services of a contractor, referred the case to local law enforcement and the contractor was referred for prosecution and was prosecuted as the result of sexual misconduct.

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

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

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

### 115.378 (a)

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

### 115.378 (b)

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

### 115.378 (c)

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

### 115.378 (d)

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

always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

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

#### 115.378 (f)

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

#### 115.378 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Discussion of Policies and Documents Reviewed:

Following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process. That process is described in RDR 10.3e, Resident Discipline Hearing.



Policy requires that residents charged with major rule violations that call for room restriction of more than 24 hours will have a disciplinary hearing within 24 hours of the alleged rule violation, excluding weekends and holidays.

Procedures allow for consideration of aggravating and mitigating circumstances. The resident's violation history is considered as well as emotional/mental conditions that may limit the capacity or ability of the resident to comprehend or handle the situation. Sanctions will be commensurate with the severity of the offense/violation.

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

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

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

**Discussion of Interviews:** Interviews indicated that a resident violating an agency sexual abuse, sexual harassment or sexual misconduct policy will be subject to sanctions up to and including filing criminal charges if the police deem that to be appropriate. None of the interviewed youth had ever been charged with a PREA violation.

## MEDICAL AND MENTAL CARE

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

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

#### 115.381 (a)

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

#### 115.381 (b)

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

#### 115.381 (c)

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

#### 115.381 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The BTT requires that is the PREA assessment or other assessments such as Mental Health or Medical, indicates that a resident has experienced prior sexual victimization or prior perpetration, whether it occurred in an institutional setting or in the community staff are required to ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During the PREA Assessment, which is done in Right Track (the computer-based program), if a resident indicates either prior victimization or prior perpetration, Right Track, notifies mental health and medical via email.

Interviews with medical staff, staff who conduct PREA Assessments and Mental Health Staff stated if a resident discloses prior victimization, or has perpetrated prior sexual abuse, the computer-based program, Right Track, notifies mental health and medical. The Mental Health Staff provided the auditor with a computer-generated email, dated September 28, 2017, stating simply, perpetrator follow-up mental health services requested. The email also provided a date and time the follow-up must be completed, and that date was October 12, 2017. It further states when services have been delivered the Perpetrator Mental Health Follow-Up Date field from the Referral Follow-Up Screen in Rite Track must be populated. An individual therapy progress note was provided documenting the follow-up dated October 3, 2017.

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

**Discussion of Policies and Documents Reviewed:** Policy requires that a resident who alleges that he/she has been the victim of sexual assault or sexual misconduct in a confinement institution shall be offered emergency medical and mental health services. It also requires medical and mental health practitioners to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Procedures require upon receiving information indicating a resident has experienced sexual assault or abuse, staff are to notify health services staff and if the assault occurred within the past 120 hours, staff are required to follow the Protocol for Juveniles.

Procedures also require if the report of sexual assault, sexual abuse or sexual assault is received during resident screening, staff are required to offer a follow-up with medical and mental health services staff within 14 days and document whether the resident is a victim or perpetrator.

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

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

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

**Discussion of Interviews:** Staff conducting the initial PREA assessment stated if a resident discloses prior victimization, a referral is made to medical and mental health for follow-up. The referral is made, according to staff via Rite Track, a computer-based program that generates an email to mental health and medical when a resident discloses prior victimization and/or prior abuse. Mental Health affirmed that they receive an email notification when a resident needs a follow-up with mental health. Staff related that information regarding prior sexual abuse or prior abuse is kept confidential with only those with a need to know having access to that information.

## **Standard 115.382: Access to emergency medical and mental health services**

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

### **115.382 (a)**

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

### **115.382 (b)**

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

### 115.382 (c)

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

### 115.382 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the nature and scope of the services are determined by medical and mental health practitioners according to their professional judgment. Policy provides for responding to allegations of sexual abuse and if medical or mental health staff are not on duty, staff, both custody and non-custody staff, who are trained as first responders, respond to the alleged victim and initiate the steps they take to protect the resident victim, getting the resident to medical services, either on or off site.

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

Ramsey County Community Corrections; MOU between Ramsey County Community Corrections and St. Paul-Ramsey County Public Health

**Discussion of Policies and Procedures Reviewed:** Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This is confirmed through the reviewed policies and procedures, reviewed MOUs with the Children’s Hospital, Regions Hospital and the St. Paul-Ramsey County Public Health, and interviews with staff who serve as first responders and medical and mental health professionals.

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

Procedures, in paragraph A., Medical and Mental Health Care for Victims, 1., requires upon receiving information indicating a resident has experienced sexual assault or sexual abuse or has perpetrated sexual assault or sexual abuse, staff must notify health services staff and if the sexual assault occurred within the past 120 hours, staff follow the Protocol for Juveniles.

Health services staff are required to complete a patient history and conduct an examination to document the extent of physical injury to determine whether referral to another medical facility is indicated.

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

Health Services Staff, in paragraph 4.f, are required to arrange an evaluation by a qualified mental health professional for crisis intervention and long-term follow-up.

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

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

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

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

A MOU with the Midwest Children’s Resource Center (Children’s Hospital) documents agreement to provide services to residents 10 and older who are transported to the Children’s Hospital for treatment of sexual

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

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

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

There were no allegations of sexual assault made with any form of sexual penetration at BTT during the past 12 months.

There is no cost to the resident for the forensic exam.

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

**Discussion of Interviews:** Interviews with the Nurse Supervisor and Regional Nurse confirmed the process for providing emergency services for resident victims of sexual abuse. They stated if the assault occurred while medical staff is on duty (M-F 7-3PM) medical staff would, they said, conduct an initial assessment to determine injuries and forensic examination and services at either the Children's Hospital or Regions Hospital. They indicated that Sexual Assault Forensic Exams are provided at Regions Hospital if the victim is 14 and over and to the Hennepin County Medical Center if the resident is between the ages 10-13. They stated they would provide services within the scope of their license and their professional judgment.

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

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

### **115.383 (a)**

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

### **115.383 (b)**

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

#### 115.383 (c)

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

#### 115.383 (d)

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

#### 115.383 (e)

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

#### 115.383 (f)

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

#### 115.383 (g)

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

#### 115.383 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility is staffed with three mental health professionals. These include a Supervisor, who has a Master's Degree in Social Work and is a licensed independent social worker. Additionally, the facility has one full time mental health staff who is a Licensed Professional Counselor, and a part time staff, who possess a Master's Degree in Social Work, and is a Licensed Mental Health Professional as well. Mental Health Professionals conduct mental health assessments of all newly arriving detainees as well as any resident who has reported or disclosed prior victimization or prior abusing. Mental Health Staff will also conduct an assessment/mental status exam of any victim of sexual abuse and provide whatever trauma related services, including support and counseling she can give. She indicated, in an interview that the facility does not offer sex offender treatment but does offer individual counseling and group counseling, as well as family counseling. Services to the victim and perpetrator can be provided by the mental health counselors, all of whom are Licensed Professionals.

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

**Discussion of Policies and Documents Reviewed:** Procedures, in paragraph A., Medical and Mental Health Care for Victims, 1., requires upon receiving information indicating a resident has experienced sexual assault or sexual abuse or has perpetrated sexual assault or sexual abuse, staff must notify health services staff and if the sexual assault occurred within the past 120 hours, staff follow the Protocol for Juveniles.

Health services staff are required to complete a patient history and conduct an examination to document the extent of physical injury to determine whether referral to another medical facility is indicated.

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

Health Services Staff, in paragraph 4.f, are required to arrange an evaluation by a qualified mental health professional for crisis intervention and long-term follow-up.

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

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

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

- Initial assessment and medical screening
- Medical care for injuries and emotional trauma (emotional support/crisis management)



- Evidence collection up to 240 hours after a sexual assault
- Advocacy for every patient who presents with being sexually assaulted
- Exam for injury
- Photography for evidence collection
- Access risk and offer prophylaxis, STI, HIV, and pregnancy
- Offer and provide detailed instructions for follow-up

A MOU with the Midwest Children’s Resource Center (Children’s Hospital) documents agreement to provide services to residents 10 and older who are transported to the Children’s Hospital for treatment of sexual abuse or sexual assault. Forensic exams are provided at no cost to the resident. The following services are offered:

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

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

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

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

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

**Discussion of Interviews:** Interviews with the Nurse Supervisor and Nurse at BTT confirmed the process for providing emergency services including initial assessments to determine injuries and forensic examination and services at either the Children’s Hospital or Regions Hospital. Residents who allege or disclose prior victimization as well as any who may make an allegation of sexual abuse at the facility are offered a follow-up with mental health and crisis intervention as indicated. A mental health professional, a licensed professional counselor and MSW, discussed her role in providing mental health counseling and support on an ongoing basis.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

### 115.386 (a)

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

### 115.386 (b)

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

### 115.386 (c)

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

### 115.386 (d)

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

### 115.386 (e)

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

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

Policy requires that the PREA Investigator complete the PREA Sexual Abuse Incident Review form and along with all evidence collected, including interview reports, documents, witness statements, physical evidence, telephone and camera evidence, and email messages.

Paragraph C., Sexual Abuse Incident Review, requires following a PREA investigation that results in a finding of substantiated or unsubstantiated incident, administrators and the PREA Coordinator are required to conduct a Sexual Abuse Incident Review with the Deputy Director or Superintendent, PREA Compliance Manager, Deputy Director of Community Relations and External Communications, and Supervisor.

Procedures require, in collaboration with the Investigator and Sexual Assault Review Team, discuss and review Sexual Abuse Incident Review reports within 30 days following the close of the investigation.

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

- Recommendations to change policy when applicable
- Whether incidents or allegations were motivated by race, ethnicity, gender identify; lesbian, gay, bisexual, or transgender, or intersex identification, status or perceived status, or gang affiliation; of was motivated or otherwise caused by other group dynamics at the facility.
- Whether physical barriers in the area where the incident occurred may enable abuse;
- Assessment of the adequacy of staffing during different shifts'
- And whether monitoring technology should be deployed or augmented to supplement staff supervision

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

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

- Whether the allegation/investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- The motivation of the incident
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels in that area during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Signatures and dates were also documented on the reviews.

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

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

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

## Standard 115.387: Data collection

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

### 115.387 (a)

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

### 115.387 (b)

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

### 115.387 (c)

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

#### 115.387 (d)

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

#### 115.387 (e)

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

#### 115.387 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency collects from each of the three facilities, information regarding all allegations of sexual abuse and sexual harassment. This information is reported to the PREA Coordinator who also operates the Investigation Office for all PREA Allegations. The information collected is uniform for every allegation and the data reported is consistent with the definitions. The information submitted by each facility is aggregated annually and included in reports as required and in the Annual Report for the Agency. The auditor reviewed the Annual Reports for 2016 and 2017.

**Policies and Documents Reviewed:** Ramsey County Community Corrections, AD 1.6e, PREA Documentation and Data Storage; Reviewed Sexual Assault Incident Reviews; Ramsey County Community Corrections Prison Rape Elimination Act Annual Reports for 2016 and 2017

**Discussion of Policies and Documents Reviewed:** Policy requires that in collaboration with the PREA Coordinator and PREA Compliance Managers, The Department and Division staff collect data concerning every allegation of sexual harassment, sexual assault, and sexual misconduct at facilities and confinement settings.

Each facility is required to report annual statistics and corrective action to the PREA Coordinator. The PREA Coordinator is responsible for and required to create and publish an agency-wide annual report which presents the data and identifies corrective actions to address the problems. The Department Director approves the report.

Data pertaining to sexual assault, sexual harassment, and/or sexual misconduct must be retained for a minimum of ten (10) years following the date of the initial collections. Exceptions may be directed by federal, state or local laws or rules.

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

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

## Standard 115.388: Data review for corrective action

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

#### 115.388 (a)

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

#### 115.388 (b)

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

### 115.388 (c)

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

### 115.388 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency collects uniform data based on uniform definitions and reviews the data collected. That data is aggregated annually, and it is reviewed for the purpose of assessing the effectiveness of the agency's efforts to prevent, detect, respond and report sexual abuse and sexual harassment. All data and reports are forwarded to the PREA Coordinator who also heads up the agency's investigation unit.

The aggregated data, along with the agency's corrective actions and achievements, are included in a report prepared by the PREA Coordinator and reviewed and approved by the Agency Director and Deputy Director and PREA Coordinator. The annual report compares the data for each year and attempts to determine what corrective actions are needed to improve the program in an ongoing program of continuous improvement.

The annual report does not contain personal identifiers. The report is posted on the agency's website for review by the public.

The reviewed annual reports for 2016 and 2017 were neatly packaged into a report containing the purpose of the report, the agency's mission statement, information about each of the RCCD's facilities, achievements for each year (actions taken to improve the sexual safety of residents and inmates), data for each of the facilities, corrective actions and definitions. The data for each facility is documented for the years 2015, 2016 and 2017. The following categories were documented for each facility:

- Staff Sexual Misconduct on Inmate
- Inmate on Inmate Sexual Harassment
- Staff Sexual Misconduct Staff on Youth
- Youth on Youth Sexual Harassment
- Sexual Harassment- Staff on Inmates
- Youth on Youth Sexual Abuse
- Inmate on Inmate Nonconsensual Sexual Abuse
- Staff Sexual Harassment – Staff on Youth

**Policies and Documents Reviewed:** Ramsey County Community Corrections Policy, AO 1.6e, PREA Documentation and Data Storage; B. Data Review, Paragraphs 1 and 2; Agency’s 2016 and 2017 Annual Report.

**Discussion of Policies and Documents Reviewed:** Agency Policy, A) 1.6e, PREA Documentation and Data Storage, B., Data Review requires the Division Leadership, PREA Coordinator and PREA Compliance Managers to identify problem areas using the collected data and then to study the data to improve the safety of residents and assess the effectiveness of the Agency’s sexual assault prevention, detection, and response policies, practices and training and to identify responses to problems.

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

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

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

Corrective Actions identified for 2017 include”

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

## Standard 115.389: Data storage, publication, and destruction

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

### 115.389 (a)

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



### 115.389 (b)

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

### 115.389 (c)

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

### 115.389 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Discussion of Policies and Documents Reviewed:** Agency Policy, PREA Documentation and Data Storage, Paragraph 4, requires data collection, storage, retention, access, publication, and description of reports and data must be implemented according to statute, rules and policies. Exceptions would occur when the release of information would present a threat to the safety and security to a division.

The policy also requires data pertaining to sexual assault, sexual harassment and/or sexual misconduct must be retained for a minimum of ten (10) years following the date of the initial collection. Exceptions would occur when the release of information would present a threat to the safety and security to a division.

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

An interview with the Agency's PREA Coordinator indicated the Annual Report shows trends for 2015, 2016, and 2017. Additionally, it identifies corrective actions that have been taken to reduce and enhance the effectiveness of the Agency's prevention, detection, responding and reporting program related to PREA. Any personally identifying information is redacted from the report and the report is reviewed by the County Attorney prior to posting.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency began having their facilities audited in 2017. The first facility audited was the Community Corrections Facility. In the year 2018 the Juvenile Detention Center was audited in June 2018 and the last facility; Boys Totem Town audited in October 2018. All three facilities will then have been audited.

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

The auditor conducted a complete site review. Details are written in the Site Review Section of this report. That review is detailed. The auditor was provided unfettered access to all areas of the facility and to all residents and staff. The facility staff were very professional during the audit and were responsive to the any request the auditor made. There was never one minute of hesitation in providing requested information.

Staff interviews and resident interviews were conducted in private in a small conference room. The room afforded complete privacy.

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

The Agency's Director was scheduled to come for an interview. He had been interviewed during the audit of the Juvenile Detention Center in May 2018 but had to participate in a planning function and was unable to be present however his Deputy Director, who also was previously interviewed in May 2018, came to the facility again to participate in the audit process. Their visit and willingness to give the auditor as long as needed with them, indicated to the auditor the Agency's commitment to the process and to sexual safety of their residents. The Deputy Director stated affirmatively that PREA is front and center with the Administration. He related the PREA Coordinator comes to the Senior Staff Meetings quarterly to present any PREA related issues, including making recommendations, to discuss policy changes, camera placements and under consideration now are whether the agency could benefit from body cameras. He related he also reviews all investigations and is part of the Incident Review Process.

Following the on-site audit, the auditor made multiple requests of the Superintendent of Boys Totem Town and the PREA Coordinator. They responded expeditiously and professionally to all requests.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

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

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier

December 9, 2018

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.