

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

Interim Final

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

If no Interim Audit Report, select N/A

Date of Final Audit Report: September 2, 2021

Auditor Information

Name: Darnel Carlson **Email:** dmcarlson16@gmail.com

Company Name: Click or tap here to enter text.

Mailing Address: PO Box 1201 **City, State, Zip:** Brainerd, MN

Telephone: 218-831-9636 **-Date of Facility Visit:** July 21, 2021

Agency Information

Name of Agency: Volunteers of America Residential Reentry Center

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 2825 Lake Street **City, State, Zip:** Minneapolis, MN 55406

Mailing Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: <https://www.voamnwi.org/prea>

Agency Chief Executive Officer

Name: Chris Doege

Email: chris.doege@voamn.org **Telephone:** 612-255-4459

Agency-Wide PREA Coordinator

Name: Ashley Sykora-Whitehead

Email: Ashley.sykora@voamn.org **Telephone:** 651-255-4459

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**
Chris Doege 0

Facility Information

Name of Facility: Volunteers of America Residential Reentry Center

Physical Address: 2825 E. Lake Street

City, State, Zip: Minneapolis, MN 55406

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.voamnwi.org/prea>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Director

Name: Chris Doege

Email: chris.doege@voamn.org

Telephone: 612-877-4252

Facility PREA Compliance Manager

Name: Ashley Sykora-Whitehead

Email: Ashley.sykora@voamn.org

Telephone: 651-255-4459

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

58

Current Population of Facility:

29

Average daily population for the past 12 months:	33	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-70	
Average length of stay or time under supervision	3 months	
Facility security levels/resident custody levels	community confinement	
Number of residents admitted to facility during the past 12 months	189	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	189	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	189	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	20	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	24
<p>Number of single resident cells, rooms, or other enclosures:</p>	1
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	23
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>1</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) onsite audit of Volunteers of America located in Minneapolis, Minnesota, was conducted on July 21, 2021. Pre-Audit preparation included a thorough review of the Pre-Audit Questionnaire and all documentation and materials submitted by the Agency. The documentation included Agency policies, procedures, forms, and volunteer and resident handbooks. The Program Manager provided a copy of the staff schedule and resident roster on the first day of the onsite audit. There were 29 residents in custody on the first day of the onsite audit. Continuing concerns over the spread of the Coronavirus have reduced the number of residents residing at the facility and increased residents on home confinement.

The audit notices were posted in visible areas throughout the facility six weeks before the audit and during the onsite audit. I did not receive any resident or staff correspondence throughout the audit process.

During the onsite audit on July 21, 2021, the auditor was given a conference room to work in and conduct confidential interviews with staff. Four formal personal interviews were conducted with facility staff. They included two random staff, a case manager responsible for conducting intake and risk assessment screening, and the Program Manager was also interviewed as the designated staff member responsible for monitoring for retaliation. There was four recently hired staff in training on the day of the onsite audit; they were within the first four days of training. The Field Training Officer confirmed PREA training had not been completed. The staff in training were working in the office and didn't have individual direct contact with residents. One volunteer was interviewed telephonically. The designated PREA Coordinator for the Volunteers of America in Minneapolis and Roseville, Minnesota, was interviewed during the audit of the Roseville facility on July 22, 2021.

Confidential interviews with residents were conducted in the conference room. The auditor interviewed six random residents. The number of residents interviewed doesn't meet the minimum requirement of interviews based on the facility's population of 29. Several residents declined to be interviewed. One resident interviewed met the criteria for an additional interview related to a targeted class of residents.

The facility reported zero allegations of substantiated, unsubstantiated, or unfounded sexual abuse and sexual harassment reports. The facility employs fourteen full-time employees, including the Program Manager, Senior Case Manager, two Case Managers, Shift Manager, six shift staff, Field Technician who monitors residents on home confinement, an Employment Specialist, and one maintenance worker. The facility also employs one part-time food service worker.

The Program Manager conducted a facility tour. All areas of the facility were toured, which included (building entry and staff office, case managers offices, dining room, resident laundry, Resource Room, library, Employment Specialist's office, resident dining room, restrooms, and resident rooms. The auditor observed the location of cameras, staff and resident interaction, placement of posters, and PREA information resources. Resident restrooms and showers had doors allowing for privacy. Restrooms in the basement were recently remodeled. The auditor was given access to all areas of the facility and talked to staff and residents informally during the visit.

I reviewed samples of personnel records to determine compliance with training mandates and background check procedures. The auditor conducted the record review at the Roseville facility with the PREA Coordinator.

Resident records were reviewed to evaluate screening intake procedures and education documentation.

On July 30, 2018, the facility was found in compliance with the PREA Standards.

The Program Manager was available throughout the audit. Staff and residents were made readily available to the auditor at all times.

The facility follows the Volunteers of America philosophy of individual self-determination, personal objective setting, and mutual accountability.

Volunteers of America's Community Confinement facilities have an organizational culture of zero tolerance for sexual abuse and sexual harassment. Staff and residents report feeling safe working and living in the facility. The staff are friendly and openly answered questions. Staff understood their responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment in the facility.

During the past 12 months, the facility reported zero allegations of substantiated, unsubstantiated, or unfounded reports of sexual abuse and sexual harassment. The facility received zero reports from residents that they were sexually abused or sexually harassed in another facility and received zero reports from another facility that a resident was sexually abused or harassed at its facility.

Residents were randomly selected to interview from the resident's current headcount roster provided by the facility on the first day of the onsite audit. Interviews with residents verified they are provided PREA education and understood the Agency's zero-tolerance policy. Upon arrival, the case manager assigned to the resident initially meets with the resident to complete the intake process and the risk assessment. The Employment Specialist conducts additional PREA education weekly. The residents are shown a PREA video and the opportunity to ask questions. Residents interviewed confirmed the PREA Audit notices had been posted on the bulletin boards.

Staff interviews confirmed initial and ongoing PREA training. The answers to the questions verified knowledge of their responsibilities in detecting, preventing, reporting, and responding to sexual abuse and sexual harassment. Staff was able to articulate the different ways residents and staff could report sexual abuse or sexual harassment. Staff interviewed verified their knowledge of their first responder duties. Staff expressed confidence in their administration that any report of sexual abuse, harassment, or retaliation reported is taken seriously and investigated.

The facility has a signed Memorandum of Understanding (MOU) with the Sexual Violence Center <https://www.sexualviolencecenter.org/> to provide emotional support and be a third-party reporter. The Federal Bureau of Prisons hotline number is posted in the facility that any resident can use to make reports of sexual abuse and sexual harassment.

The Federal Bureau of Prisons provides another option for residents to make a third-party report. For treatment, resident victims of sexual abuse would be transported to Hennepin County Medical Center (HCMC), located in Minneapolis, Minnesota. HCMC has a specialized response team for victims of sexual abuse; examinations will be conducted by a Sexual Assault Nurse Examiner (SANE.)

<https://www.hennepinhealthcare.org/support-services/violence-assault-and-abuse-resources/>.

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.

The Volunteers of America Community Confinement is provisionally licensed and inspected by the Minnesota Department of Corrections governing Adult Community-Based Residential Correctional Facilities to determine continued compliance with Minnesota 2920 rules. The facility is physically inspected annually. The facility is also audited by the Federal Bureau of Prisons for compliance with its Statement of Work annually. The facility was inspected by the Department of Corrections 08/26/2020 to 09/14/2020 and received a 100% compliance rating on mandatory requirements and a 90% compliance rating on essential requirements.

Volunteers of America purchased the facility located at 2825 E. Lake Street in Minneapolis, Minnesota, in 1969. The facility is a two-story building located in a combined residential and commercial neighborhood. The Department of Corrections licenses the facility to hold a maximum of 58 residents. There were 29 male residents in custody on the first day of the PREA audit. This facility only houses adult male residents. Volunteers of America has housing contracts with the Federal Bureau of Prisons, Federal Probation, and the Minnesota Department of Corrections Work Release Program. The facility houses sentenced residents and probation violators for the Bureau of Prisons and Probation Departments.

The facility is a two-story building with a basement. You enter into the first floor of the building into the reception area. The Program Manager's office and the staff office that is staffed 24/7 are adjacent to the reception area. There are two hallways off the reception area. Off one hallway are staff offices, a conference room, and a computer room. Off a separate hallway are seven resident rooms (three – three-person rooms, three – two-person rooms, and one ADA two-person room.) There are two private restrooms and showers for residents, one restroom used to conduct UA's (resident urinalysis testing), and one staff restroom.

Stairs are going from the first floor to the second floor. Resident rooms, restrooms, and lounge areas are all located off of two hallways. There are fourteen resident rooms (two – one-person rooms, six – two-person rooms, and six – three-person rooms.) There are two restrooms with two private restrooms and two private showers in each one. There is also a large lounge room with a television for residents to use.

Stairs are going down to the lower level (basement.) The dining room, resource room/library, and Employment Specialists office are located adjacent to the resource room. There is a door that leads to the workout area, resident laundry, and private resident restroom. There is a separate door from the laundry area that leads to resident rooms, restrooms, and a lounge room with a television for residents to use. There are three resident rooms (two -two-person and one – three-person rooms) and two newly remodeled private restrooms with showers.

Staff monitor the facility surveillance system from the staff office. There are cameras placed throughout the inside of the building and outside the building staff monitor that augments staff's ability to detect and respond to an incident of sexual abuse.

The Agency has a contract with New Horizon Foods <http://newhorizonfoods.com/> to prepare resident meals. New Horizon prepares resident meals off-site and delivers the meals to the facility. New Horizon staff do not have direct contact with residents. New Horizon staff deliver the meals to facility staff. Facility staff set up the meals for the residents.

The Agency provides employment, residence development, and other self-improvement opportunities to assist Federal offenders transitioning from prison back into the community.

Summary of Audit Findings

The facility was found to be in full compliance of all standards.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 41

List of Standards Met: 115.211 – 115.289

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility has implemented a zero-tolerance policy as detailed in the facility Prison Rape Elimination Act (PREA) Policy that comprehensively addresses the Agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains essential definitions, sanctions, and descriptions of the Agency's strategies and responses to sexual abuse and sexual harassment.
- B. The facility has designated Ashley Sykora-Whitehead, Program Manager, as the PREA Coordinator. She reports directly to the Director. The PREA Coordinator reports having sufficient time and authority to develop, implement, and oversee the Agency's efforts toward PREA compliance.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy #8:6
- Completed Pre-Audit Questionnaire submitted by the Agency
- Agency organization chart
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- VOA RRC Standards of Conduct Policy #3:1
- VOA RRC Standards of Conduct Policy #3:1

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

A-C. The facility does not contract with external agencies to house its residents. The facility has written contracts with the Bureau of Prisons (BOP) and the Minnesota Department of Corrections (DOC) that require the facility to maintain PREA compliance. The Minneapolis location only houses residents from the Bureau of Prisons.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Review of BOP and DOC contracts

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The facility reports that the average daily population is 33 male residents. The staffing plan is based on 49 male residents.

- A.** The facility has a formalized staffing plan established by the Federal Bureau of Prisons, the Minnesota Department of Corrections 2920 rules governing Adult Community-Based Residential Correctional Facilities, and a staffing plan that includes considerations (1-4) of this standard.
- B.** The facility does not deviate from the staffing plan. Minimum staffing is maintained by on-call staff, part-time staff, or overtime.
- C.** The PREA Coordinator reviews the staffing plan annually to determine whether any adjustments are needed to the staffing plan.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Federal Bureau of Prisons Statement of Work
- Minnesota Department of Corrections 2920 rules
- Facility staffing plan
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility PREA Policy prohibits employees from conducting cross-gender strip searches or visual body cavity searches. Facility staff does not conduct any type of strip or visual body cavity searches. The facility reports that there have been zero cross-gender or visual body cavity searches of male residents conducted in the last 12 months.
- B.** The facility houses only male residents.
- C.** The facility houses only male residents. Generally, a female shift staff person would not conduct a pat-search of a male resident. If a male shift staff person is not available to conduct a pat-search, the female staff person uses a metal detecting wand to search of a male resident.
- D.** The facility PREA Policy ensures residents can shower, perform bodily functions, and change clothing in privacy. The policy and facility practice require the staff of the opposite gender to announce their presence when entering a resident's floor and room. The facility has private restrooms and shower areas on all three floors. Interviews with facility staff, residents, and direct observation confirm this as the policy and practice at the facility. Residents report that shift staff does not enter an occupied restroom. During headcounts and security checks, shift staff knocks on the restroom door, and the resident is required to respond by giving their name.
- E.** The facility PREA Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Before placement at the facility, the Case Manager completes a prequalification to ensure the resident is an appropriate fit. There was one transgender or intersex resident housed at the facility during the onsite audit.

- F. The facility reports that 98 percent of its staff are trained to conduct cross-gender pat-down searches of transgender or intersex residents professionally and respectfully.

Random residents and a transgender resident interviewed confirmed they could dress, shower, and use the restroom privately. Residents confirmed male staff members generally conduct headcounts and room checks.

Random staff interviewed confirmed announcing their presence when entering floors and rooms of residents of the opposite gender. It is general practice if a male and female staff member is on duty, the male staff member conducts headcounts and room checks.

A Case Manager interviewed confirmed that before placement in the facility, a prequalification is completed to ensure the individual is an appropriate fit.

During the onsite audit, there was one transgender or intersex resident identified to interview.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Pat search training modules
- Interview with a Case Manager
- Interview with random staff
- Interviews with random residents
- Interview with a transgender resident
- Staff training records
- Observations during the facility tour

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

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.264, or the investigation of the resident's allegations?

Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility ensures key information about the Prison Rape Elimination Act (PREA) is continuously and readily available or visible to residents through posters, resident handbooks, and educational videos. The Senior Case Manager (SCM) reviews a potential resident's referral received from the Bureau of Prisons (BOP.) The review allows the SCM to work with a Case Manager (CM) to coordinate and schedule needed services and activities before the resident's arrival. For continuity, the facility would make its best effort to continue using the resident's services.
- B.** The facility would use the services already in place for the resident. In an emergency, the facility would contact the language line. Documentation would be provided in the language spoken by the resident.
- C.** Facility policy prohibits using resident interpreters, readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of the first-responder duties, or the investigation of a resident's allegation.

During the on-site audit, there were zero residents with disabilities or limited English proficient residing in the facility. The facility has Spanish speaking employees to assist limited English proficient residents in understanding the facility's zero tolerance policy on sexual abuse and harassment.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead
- Interviews with random staff
- Interview with a Senior Case Manager

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

- 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

- A. The facility PREA Policy outlines the requirements of hiring and promoting anyone who may have contact with residents and will not enlist the services of any contractor or volunteer who may have contact with residents that has the prohibited conduct specified in (a) of this standard.
- B. Any incident of sexual harassment is considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with residents. This information is outlined in the PREA Policy.
- C. The Bureau of Prisons (BOP) Statement of Work requires all applicants to sign a “Release for Contract Background Investigation” and a fingerprint card which is submitted to the Residential Reentry Manager (RRM) with the BOP. The background check includes a National Crime Information Center (NCIC), National Law Enforcement Telecommunications System (NLETS), fingerprint card submission, criminal records check, and other appropriate background checks are processed and verified by the BOP.
- D. The BOP Statement of Work requires any contractor to sign a “Request for Contract Staff Background Investigation” and a fingerprint submitted to the RRM with the BOP. The background check includes an NCIC, NLETS, fingerprint card submission, criminal records check, and other appropriate background checks are processed and verified by the BOP.
- E. The facility PREA Policy requires a background record check at least every five years for all current employees, volunteers, and contractors who may have contact with residents. The BOP requires criminal records background checks are completed on all employees of incumbent contractors 60 days before the start of the new contract. The contract term between the BOP and the facility is five years. The Minnesota Department of Corrections (DOC) Rule 2920.4000 also mandates criminal records background checks on all employees.
- F. The facility PREA Policy requires all applicants to disclose any misconduct described in (a) of this standard through written applications or interviews for hiring or promotions or during written evaluations. Disclosure of misconduct described in (a) of this standard is completed during the background process.
- G. The facility PREA Policy, General Policy #14, and the Standards of Conduct Policies state that material omissions regarding misconduct or the provision of materially false information are grounds for termination. The BOP Statement of Work requires the facility have a policy that employees report to Administration when have been charged with a misdemeanor, gross misdemeanor, or felony.
- H. The facility PREA Policy states it will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an employer for whom such employee has applied for work unless prohibited by law.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Facility Standards of Conduct Policy
- Volunteers Of America Personnel Policy
- BOP Statement of Work
- DOC 2920.4000 rule
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Application

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** Since the last PREA audit, the facility reports there have not been any substantial expansions or modifications to the facility.
- B.** The facility reports since the last PREA audit, two cameras have been added to the facility.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Interview with Program Manager Jordan DePonty
- Facility tour

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where 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

115.221 (d)

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

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility uses trained investigators to conduct administrative investigations of sexual abuse and harassment. Criminal investigations are referred to the Minneapolis Police Department. The Minneapolis Police Department, Special Crimes Division, is responsible for investigating sexual abuse allegations.
- B. The Minneapolis Police Department, Special Crimes Division will conduct criminal investigations. The information is published on the Agency's website.
<https://www.voamnwi.org/prea>.
- C. Forensic Medical Examinations will generally be conducted free of charge to the victim at Hennepin County Medical Center (HCMC) in Minneapolis, Minnesota
<https://www.hennepinhealthcare.org/support-services/violence-assault-and-abuse-resources/>. HCMC has a Hennepin Assault Response Team (HART), a specially trained team of SANE nurses (Sexual Assault Nurse Examiners) to provide trauma-informed medical care and support for individuals who have experienced sexual assault. HCMC has SANE staff on staff and has a 24/7 on-call schedule.
- D. The facility has a Memorandum of Understanding (MOU) with Sexual Violence Services (SVC) <https://www.sexualviolencecenter.org/> to provide advocacy services. The facility will provide a victim advocate from the Sexual Violence Center (SVC) at the victim's request. Contact information for SVC is posted at the facility.
- E. A victim advocate from the Sexual Violence Center (SVC) will be provided at the request of the victim. The HART Team also has an agreement with Sexual Violence Services (SVC) to provide advocacy services to victims of sexual abuse received at HCMC.
- F. The Minneapolis Police Department will investigate according to their Agency policy and procedures.

The facility reports there have been zero forensic medical examinations conducted during the past twelve months.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Conversation with Program Director of the HART Team at HCMC
- Minneapolis Police Department
- Random staff interviews
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- MOU with Sexual Violence Center
- Agency website

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The facility reported zero allegations of sexual abuse or harassment in the past twelve months.

B. Facility policy requires all allegations of sexual abuse and sexual harassment are referred for investigation. The Minneapolis Police Department conducts criminal investigations, and the facility conducts administrative investigations. The information is published on the Agency's website: <https://www.voamnwi.org/prea>

C. The Agency has its investigative policy published on its website.

Policy, Materials, Interviews, and other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with Ashley Sykora-Whitehead
- Investigative policy on website: <https://www.voamnwi.org/prea>

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility PREA Policy outlines the training topics all employees who have contact with residents receive on preventing, detecting, and responding to sexual abuse and sexual harassment of residents. All current staff has received training on the eleven topics listed in paragraph (a) of this standard.

B. The training is designed for the unique needs of the residents in the facility. The Agency operates two facilities. The Roseville location houses male and female residents. Staff is hired to work at a designated facility.

C. The facility ensures all employees receive PREA training during orientation and annually after that. The facility uses the Relias Learning Company curriculum for PREA training.

D. Receipt of employee training is documented through electronic signature.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Relias Learning Training Plan
- Staff training records
- Interviews with random staff
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A. The facility PREA Policy requires all volunteers and contractors who have contact with residents will receive training regarding the facility's zero-tolerance of sexual abuse and sexual harassment.
- B. The Employment Coordinator trains all contractors and volunteers. The training process includes a video and individual meeting with the Employment Coordinator. The contractor or volunteer is provided a handbook that includes additional PREA education information.
- C. Contractors and volunteers sign an acknowledgment of receipt and understanding of training.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Training curriculum
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Interview with a volunteer
- Interview with the Employment Specialist

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports 189 residents been admitted in the past 12 months and 189 of those residents' length of stay was for thirty days or more. The facility prescreens all applicants before approving acceptance as a resident. Generally, within twenty-four hours after arrival, a resident meets with their assigned case manager, who explains the Agency's zero-tolerance policy, completes paperwork, and provides the resident with a Resident Handbook. The handbook includes information about the Agency's zero-tolerance policy on sexual abuse and harassment, information on self-protection and prevention techniques, treatment, and how to report sexual abuse and sexual harassment. Case Managers and residents interviewed

confirmed this process. The facility also provides comprehensive training to residents within 30 days of intake. The facility's comprehensive training is conducted weekly.

- B. The admission process is the same for every resident.
- C. Resident training consists of a video with subtitles for the hearing impaired, a question and answer with the Employment Coordinator and the resident handbook. The facility prescreens all applicants before approving acceptance as a resident.
- D. The facility requires staff and resident signatures on resident training acknowledgment forms.
- E. The facility ensures key information about PREA is continuously and readily available or visible to residents on posters displayed on each floor. Each resident is given a resident handbook.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Resident Handbook
- Signed resident training acknowledgment forms
- Resident training information
- PREA informational posters
- Interviews with random staff
- Interviews with a case manager
- Interviews with residents
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

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

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility PREA Policy outlines the requirement that all investigative staff receives specialized investigation training. The Minneapolis Police Department (MPD) is responsible for conducting criminal investigations. The Agency has one trained investigator who conducts administrative investigations. The Agency investigator has eight years of investigative experience and completed the specialized training for investigations through the National Institute of Corrections. The investigator treats every report the same and will thoroughly investigate each allegation.
- B.** The specialized training includes the topics listed in paragraph (b) of this standard.
- C.** The facility maintains certificates of training.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Pre-Audit Questionnaire submitted by the Agency
- Interview with the investigator who conducts administrative investigations

- Copy of training certificate

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The facility does not have any medical professionals onsite. Residents are sent to community medical professionals for medical and mental health care.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

- A. The facility PREA Policy outlines the procedure for assessing residents during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents.
- B. The facility PREA Policy requires the intake screening to ordinarily take place within 72 hours of arrival at the facility. Generally, residents are screened within 24 hours of arrival at the facility. Resident interviews verified the screening process.
- C. The facility uses a comprehensive assessment tool for screening for the risk of victimization and abusiveness. The Agency uses the same screening form for risk of victimization and abusiveness that the Federal Bureau of Prisons uses.
- D. The facility screening for risk of victimization and abusiveness reflects all aspects of this standard, including younger or elderly residents, small physical stature, and any developmental, mental, or medical disabilities.
- E. The screening form considers prior acts of sexual abuse adult or child victims, history of prior sexual victimization while incarcerated, and prior crimes of violence.
- F. The facility PREA Policy requires residents to be reassessed no later than fifteen days from the resident's arrival. Interviews with staff confirmed reassessments are generally conducted within seven days.
- G. The facility reassesses a resident's risk level due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on a resident's risk of being sexually abused or abusive. Interviews with staff confirmed a resident would be reassessed if additional information that bears on the safety of a resident is received.
- H. Facility policy prohibits residents from being disciplined for refusing to answer or not disclosing complete information in response to the risk screening. Staff interviews verified that residents have not and will not be disciplined.
- I. The facility Maintaining and Terminating Case Records outlines the step-by-step procedures for maintaining information in each resident's case file. The case file is marked confidential, and access to the file is limited to assigned case managers, program managers, and senior case managers.

Policy, Material, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Facility Maintaining and Terminating Case Records Policy
- Completed Pre-Audit Questionnaire submitted by the Agency

- Interviews with case managers
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Review of completed reassessments
- Interviews with residents

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) 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

- A. The facility uses information from the risk screening to determine room placement. Programming and education for the residents are scheduled at community providers. The facility does not use residents for in-house work.
- B. Interviews with the PREA Coordinator and staff verified individual determinations are made about ensuring the safety of each resident.
- C. The PREA Coordinator confirmed that transgender or intersex resident's room assignment would be considered on a case-by-case basis.
- D. The PREA Coordinator confirmed the facility would seriously consider transgender or intersex residents' view of their safety.
- E. The showers in the facility are private and allow for residents to shower separately.
- F. The facility is not under a consent decree, legal settlement, or legal judgment to place lesbian, gay, bisexual, transgender, or intersex residents in a dedicated wing.

There was one resident who identified as transgender interviewed during the onsite audit.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Report submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Interviews with case managers
- Interview with transgender resident

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

- 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

- A.** The facility provides residents multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Residents can make reports verbally or in writing to a staff member and PREA Coordinator. Staff will accept anonymous and third-party reports.
- B.** The facility has posters displayed with a toll-free number to the Federal Bureau of Prisons (FOP) for all residents to report sexual abuse or harassment. The FOP will forward any reports back to the facility and allow the reporting party to remain anonymous. The facility has also entered into a Memorandum of Understanding with the Sexual Violence Center (SVC) <https://www.sexualviolencecenter.org/> for residents to report sexual abuse or harassment. The SVC will forward any reports back to the facility and allow the reporting party to remain anonymous.
- C.** The facility PREA Policy mandates staff to accept sexual abuse and harassment reports, including anonymous and third-party reports.

- D. Staff can privately report sexual abuse and harassment of residents to their supervisor or any administration member through written or verbal communications.

Residents housed the Federal Bureau of Prisons are permitted to own a cell phone. The facility has a telephone located in a private area for residents to use. Residents interviewed stated they would use their phones to report sexual abuse and harassment.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with random staff
- Interviews with random residents
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Posters displayed in the facility
- MOU with Sexual Violence Center

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

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

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports zero grievances or emergency grievances filed alleging sexual abuse or harassment in the past twelve months. The facility PREA Policy outlines the grievance process and includes the requirements of this standard. The facility considers any grievance submitted that references sexual abuse or harassment a priority and would take immediate action to protect the resident. The process is outlined in the resident handbook.
- B.** The facility PREA Policy allows for emergency grievances alleging a resident is subject to a substantial risk of imminent sexual abuse. The facility will give an initial response within forty-eight hours.
- C.** The facility PREA Policy includes a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be referred to a staff member who is the subject of the complaint.

D. The facility PREA Policy requires a final decision on a portion of a grievance alleging sexual abuse within ninety days of the initial filing of the grievance. Computation of the ninety days will not include time used by residents to prepare their administrative appeal. The facility may claim an extension of up to seventy days to respond if the standard time period is insufficient to make an appropriate decision. Residents are notified in writing of an extension and final decision on the grievance.

E. The facility PREA Policy allows third parties (residents, staff members, family members, attorneys, and advocates) to assist residents in filing requests related to allegations of sexual abuse and file the request on behalf of the resident. If a third party files a request for administrative remedies on behalf of a resident. The alleged victim must agree to have the request filed on their behalf and personally pursue any subsequent steps in the administrative process.

F. Any grievance received alleging a resident is subject to a substantial risk of imminent sexual abuse will be immediately forwarded to a level of review at which immediate corrective action may be taken. The facility will provide an initial response within forty-eight hours, and a final decision will be issued within five calendar days.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Resident handbook
- Random staff interviews
- Random resident interviews
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility has phone numbers and addresses for residents to contact outside victim advocacy agencies displayed throughout the facility. Communication between residents and advocacy agencies is confidential. Bureau of Prison residents can purchase cell phones and keep on their person. Residents interviewed that own cell phones stated they would make the phone calls from their cell phones. Residents interviewed said the facility has a land line they can use in privacy.
- B. The land line telephones residents have access to allow them to make private calls. Residents interviewed knew their calls are confidential. Staff interviewed said that a telephone would be provided to a resident when requested.
- C. The facility has a Memorandum of Understanding with the Sexual Violence Center (SVC) <https://www.sexualviolencecenter.org/> to provide confidential support services related to sexual abuse to residents.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Pre-Audit Questionnaire submitted by the Agency
- Interview with random staff
- Interview with random residents
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- MOU with Sexual Violence Center
- Resident handbook

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility has a method for receiving third-party reports of sexual abuse or harassment of residents. Information on how to report is posted on the Agency's website:
<https://www.voamnwi.org/prea>.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Memorandum of Understanding with the Sexual Violence Center
- Agency website

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility PREA Policy outlines the procedures and expectations for any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or harassment. Retaliation against residents or staff and any staff neglect that may have contributed to such incident or retaliation shall immediately report according to Agency policy. Staff interviewed verified receiving training and understood their obligation to report.

- B. The facility PREA Policy, except for reporting to designated supervisors, prohibits staff from revealing any information related to a sexual abuse report other than the extent necessary to make treatment, investigation, and other management decisions.
- C. The facility does not have medical or mental health providers on site. Residents use community providers for medical and mental health appointments.
- D. Residents accepted at the facility are over the age of eighteen and prescreened before admission. Interviews with random staff confirmed receiving training on mandatory reporting duties.
- E. The facility PREA Policy requires all staff to report any allegation of sexual abuse and sexual harassment. The PREA Coordinator conducts administrative investigations, and the Minneapolis Police Department conducts criminal investigations.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Interviews with random staff
- Minneapolis Police Department

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports that there have been zero instances where the facility determined a resident was subject to a substantial risk of imminent sexual abuse. Interviews with the PREA Coordinator and random staff confirmed that staff would take immediate protect the resident.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Interviews with random staff

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility PREA Policy requires the Program Manager to report any abuse allegations received regarding a resident being abused at another facility to the head of that facility.
- B.** The facility PREA Policy requires the Program Manager to provide the notification as soon as possible, but no later than seventy-two hours after receiving the allegation.
- C.** Facility policy requires the notification to be documented.

D. The facility PREA Policy requires an administrative or criminal investigation is completed for all allegations of sexual abuse and harassment.

The facility reported there had been zero allegations of sexual abuse the facility received from other facilities. The facility reported been zero allegations the facility received that a resident was abused while confined at another facility.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

In the past twelve months, the facility reports that there have been zero investigations of a resident being sexually abused.

A. The facility PREA Policy outlines the duties of the first responder.

A security staff first responder is required to:

- Separate the alleged victim and perpetrator;
- Preserve and protect the crime scene;
- If appropriate, request the alleged victim not destroy evidence (as detailed in this standard) and
- If appropriate, ensure the alleged abuser does not destroy evidence (as detailed in this standard.)

B. A non-security staff first responder is required to request the victim not destroy evidence (as detailed in this standard) and notify the shift supervisor or program manager.

Policy, Materials, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Random staff interviews

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The plan outlines the responsibilities among staff first responders, facility leadership, investigators, and emergency medical technicians.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Coordinated response plan
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. Volunteers of America Residential Reentry Center employees are non-contract. If an allegation of sexual abuse or harassment against a staff member is reported, the staff member is immediately placed on leave pending the outcome of the investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Personnel Policy
- Federal Bureau of Prisons Statement of Work
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The facility reports that there have been zero incidents of retaliation reported, known, or suspected in the past twelve months.

- A.** The facility PREA Policy ensures protection for all residents and staff who report sexual abuse or harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other residents and staff. The designated staff member charged with monitoring is the senior program manager. The resident's case manager will coordinate with the senior program manager with retaliation monitoring.
- B.** The facility would use protective measures such as room and floor changes. If the alleged abuser is being housed for the Federal Bureau of Prisons (BOP), the US Marshall Service will remove the alleged abuser from the facility. If the alleged abuser is housed for the Minnesota

Department of Corrections (DOC), the DOC would remove the abuser. Staff would keep the victim safe, and the alleged abuser separate until transport is arranged.

C. The facility PREA Policy outlines the requirements for monitoring for retaliation (as detailed in this standard.)

D. The PREA Coordinator confirmed that the resident's case manager would meet with the resident weekly when monitoring for retaliation.

E. The Agency would protect all individuals from retaliation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Interview with a senior case manager
- Interview with a case manager

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility PREA Policy governs the conduct of administrative investigations. A trained facility investigator conducts administrative investigations, and the Minneapolis Police Department (MPD) conducts criminal investigations.
- B.** The facility investigator who conducts administrative investigations has received training pursuant to standard 115.234. The Minneapolis Police Department (MPD) has a special division assigned to investigate sexual abuse allegations. Criminal investigations will be conducted according to the Minneapolis Police Department's policy and procedures.
- C.** The facility investigator interviewed explained the investigative process and evidence collection for administrative investigations. Investigators would conduct criminal investigations from the Minneapolis Police Department.
- D.** The MPD would be responsible for consulting with the Hennepin County Attorney's Office during the criminal investigation. Facility staff received training to secure the scene until the MPD arrives at the facility.
- E.** Investigators from the MPD would handle decisions on how to proceed with the criminal case. Minnesota State Statute 611A.26.S.1 prohibits the use of polygraphs on victims of sexual abuse

as part of or the condition for proceeding with the investigation, charging, or prosecution of such offense.

F. The facility PREA Policy outlines the requirement of this standard.

G. The MPD Policy requires all necessary reports, including the offense/incident report, the property inventory report, and all necessary statements to be completed by the responding officer(s).

H. MPD would be responsible for making the referral to the prosecuting attorney's office for prosecution.

I. The facility retains all written reports from administrative and criminal investigations for as long as the alleged abuser is incarcerated or employed by the Agency, plus five years.

J. The facility would not terminate an investigation because the alleged abuser or victim departs from employment or control of the Agency. The PREA Coordinator confirmed that an investigation would not be terminated if the victim or abuser leaves the facility.

L. The facility will cooperate with the MPD and maintain contact with them on the progress of the investigation.

The facility reports that there were zero substantiated allegations of conduct that supported a referral for criminal prosecution in the past twelve months. The facility reports that in the past twelve months, there were zero administrative investigations conducted.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Minneapolis Police Department

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports that it does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and harassment are substantiated.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports zero criminal or administrative investigations in the twelve months before the onsite audit. The facility PREA Policy outlines the procedure for notifying residents in writing the final disposition of the investigation into the resident's allegation that they suffered sexual abuse in the facility, which is consistent with this paragraph of this standard.
- B.** When a criminal investigation is completed by the Minneapolis Police Department (MPD), the PREA Coordinator will act as the liaison between the facility and MPD to provide the information

requested by MPD and remain updated on the progress of the investigation. The PREA Coordinator will notify the resident in writing the final disposition of the case.

- C. The facility PREA Policy outlines the information the facility will provide the resident the status of the accused staff member (as detailed in this standard.)
- D. The facility PREA Policy outlines the information the facility will provide the resident on the status of the alleged abuser, if another resident is the accused (as detailed in this standard.)
- E. The PREA Coordinator confirmed that the facility would document all notifications.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinated)

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility report that there has been zero staff from the facility in the past twelve months that has been disciplined, terminated, or reassigned for violating facility policies. The facility reports that there have been zero staff members reported to law enforcement or licensing boards for violating facility policies in the past twelve months. Facility policies outline the disciplinary sanctions up to and including termination for violating sexual abuse and harassment policies.
- B. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of residents.
- C. The facility PREA Policy outlines the progressive discipline of staff members for violations of its sexual abuse or harassment policies (other than engaging in sexual abuse.)
- D. All terminations for violations of facility policies, or resignations by a member who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Facility Standard of Conduct Policy
- Federal Bureau of Prisons Statement of Work
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports that in the twelve months before the audit, zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies engaging in sexual abuse of residents.
- B. The facility follows the Federal Bureau of Prisons Statement of Work which requires an accused volunteer or contractor to be prohibited from entering the facility until the final disposition of the investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Federal Bureau of Prisons Statement of Work
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The facility reports that there have been zero administrative findings of resident-on-resident sexual abuse at the facility in the twelve months before the audit. Additionally, there have been zero criminal findings of guilt for resident-on-resident sexual abuse in the twelve months before the audit.

- A.** The facility has a formalized discipline plan applicable to residents, outlined in policy and the resident handbook. The discipline plan implemented by the facility follows the outline required

in the Federal Bureau of Prisons Statement of Work. The discipline plan includes due process and requires a discipline committee. All staff members on the discipline committee must demonstrate working knowledge and competency of the discipline procedures through training and passing the standardized test administered annually. At least two staff members at the facility location must meet this requirement.

- B. Disciplinary decisions are determined by the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents.
- C. A resident's mental disability or illness will be taken into consideration when determining the disciplinary sanction.
- D. The facility does not offer therapy, counseling, or other interventions designed to address and address underlying reasons or motivation for the abuse. A resident would be scheduled with a community practitioner for intervention if needed. The facility would not require the resident to participate in these interventions as a condition of access to programming or other benefits.
- E. A resident will not be disciplined for sexual contact with staff only upon finding the staff member did not consent to such conduct.
- F. A resident will not be disciplined for making a report in good faith, even if an investigation does not establish evidence to substantiate the allegation.
- G. The facility prohibits all sexual activity between residents. Residents engaging in consensual sexual activity are subject to administrative discipline.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Federal Bureau of Prisons Statement of Work
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Resident handbook

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment. Victims are transported to Hennepin County Medical Center (HCMC) for treatment.
- B.** The facility does not have medical or mental health staff onsite. Facility policy requires staff to take preliminary steps to protect the victim. Staff would request emergency medical services (EMS) to transport the resident victim to HCMC.
- C.** The facility would make sure the resident victim is offered access to community medical providers for information about timely access to emergency contraception and sexually transmitted infectious prophylaxis.
- D.** Policy dictates that treatment services will be provided to resident victims of sexual abuse free of charge.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility does not have medical or mental healthcare practitioners onsite. Residents would be offered medical and mental health services from community medical and mental health practitioners.
- B.** The resident would be provided ongoing treatment by community medical and mental health practitioners. The facility will forward referrals for continued care with a resident being transferred or released from the facility.
- C.** All residents are referred to community medical and mental health practitioners.
- D.** The facility only houses male residents.
- E.** The facility only houses male residents.
- F.** The facility will refer a resident to the appropriate community medical provider for sexually transmitted infections testing.
- G.** Treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with the investigation.

H. The facility will attempt to refer all known resident-on-resident abusers to a community-based mental health practitioner to conduct a mental health examination and offer treatment when considered appropriate.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports zero-incident reviews completed in the past twelve months.
- B. The facility PREA Policy states a review will be conducted within thirty days after the conclusion of every substantiated or unsubstantiated sexual abuse investigation.
- C. The incident review team consists of the Program Manager, Senior Case Manager, Case Manager, PREA Coordinator and allows input from shift staff.
- D. The review team will consider (1)-(6) in paragraph (d) of this standard.
- E. Recommendations for improvement are implemented or the reasons documented for not doing so.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

A&C. The facility collects data for every allegation of sexual abuse and sexual harassment.

B. The PREA Coordinator completes an annual review of the data.

- D. The facility maintains, reviews, and collects data as needed from all available incident-based data.
- E. The facility does not contract with a private facility for the confinement of residents.
- F. The Department of Justice has not requested data from this Agency.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The Agency reviews data collected and uses the data for ongoing improvement and corrective action in its facility.
- B. The Agency provides an annual report that compares the current year's data and previous years' data on its website: <https://www.voamnwi.org/prea>.
- C. The annual report is approved by the Program Manager and made available to the public on its website.
- D. The Agency indicates on the annual report the nature of the information that is redacted.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Agency website: <https://www.voamnwi.org/prea>

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility securely stores its data electronically.
- B. The Agency publishes its sexual abuse data on its website: <https://www.voamnwi.org/prea>
- C. The Agency redacts all personal identifiers before making the information public.
- D. Policy dictates that sexual abuse data is maintained for a minimum of ten years after the initial collection date.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Maintaining and Terminating Case Records Policy
- Bureau of Prisons Statement of Work Records and Reports
- Minnesota Department of Corrections Rule 2920.4900
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Ashley Sykora-Whitehead (PREA Coordinator)
- Agency website: <https://www.voamnwi.org/prea>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

This is the facility's third PREA Audit. The Volunteers of America Residential Reentry Center was found to be in full compliance with the Prison Rape Elimination Act (PREA) standards on July 30, 2018. I was given access to all areas of the facility and received all relevant documentation I requested. I was permitted to conduct private interviews with staff and residents and did not receive any confidential correspondence from staff or residents.

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Volunteers of America Residential Reentry Center has its final audit report on its website: <https://www.voamnwi.org/prea>. The contract agreement requires the facility to post a copy of the final audit report within 90 days of receipt.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darnel Carlson

September 2, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.