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:  October 1, 2021

Auditor Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Darnel Carlson</th>
<th>Email:</th>
<th><a href="mailto:dmcarlson16@gmail.com">dmcarlson16@gmail.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Click or tap here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>P.O. Box 267</td>
<td>City, State, Zip:</td>
<td>Pillager, MN  56473</td>
</tr>
<tr>
<td>Telephone:</td>
<td>218-831-9636</td>
<td>Date of Facility Visit:</td>
<td>August 18, 2021</td>
</tr>
</tbody>
</table>

Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>RS Eden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>1931 West Broadway Suite 101</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>☐ Military</td>
</tr>
<tr>
<td></td>
<td>☐ Municipal</td>
</tr>
<tr>
<td>Agency Website with PREA Information:</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name:</th>
<th>Caroline Hood</th>
<th>Email:</th>
<th><a href="mailto:chood@rseden.org">chood@rseden.org</a></th>
<th>Telephone:  612-287-1611</th>
</tr>
</thead>
</table>

Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name:</th>
<th>LuAnne Buck</th>
<th>Email:</th>
<th><a href="mailto:lbuck@rseden.org">lbuck@rseden.org</a></th>
<th>Telephone:  651-287-1611</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREA Coordinator Reports to:</td>
<td></td>
<td>Number of Compliance Managers who report to the PREA Coordinator:</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>RS Eden – Reentry Ashland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>532 Ashland Avenue</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>St. Paul, MN 55102</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ Private not for Profit</td>
</tr>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
</tr>
<tr>
<td>☐ State</td>
<td>☐ Federal</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.rseden.org/index.php/programs-services/reentry-services">https://www.rseden.org/index.php/programs-services/reentry-services</a></td>
</tr>
</tbody>
</table>

| Has the facility been accredited within the past 3 years? | ☒ No |

<table>
<thead>
<tr>
<th>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):</th>
<th>☐ ACA</th>
<th>☐ NCCHC</th>
<th>☐ CALEA</th>
<th>☐ N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Other (please name or describe):</td>
<td>Click or tap here to enter text.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Minnesota Department of Corrections Inspections

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### Facility Director

Name: LuAnne Buck

Email: lbuck@rseden.org

Telephone: 651-292-1207

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### Facility PREA Compliance Manager

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 Health Service Administrator \(\times\) 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: 35
<table>
<thead>
<tr>
<th>Current Population of Facility:</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>21</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-99</td>
</tr>
<tr>
<td>Average length of stay or time under supervision</td>
<td>WR-2 – 11months; ISR/SR 60 days; Probation 30 days</td>
</tr>
<tr>
<td>Facility security levels/resident custody levels</td>
<td>DOC ISR; Work Release; Probation</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months</td>
<td>123</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>113</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>71</td>
</tr>
<tr>
<td>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)?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>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):</td>
<td>☒ State or Territorial correctional agency</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with residents:</td>
<td>9</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with residents:</td>
<td>9</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</td>
<td>0</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</td>
<td>0</td>
</tr>
<tr>
<td>Number of volunteers who have contact with residents, currently authorized to enter the facility:</td>
<td>0</td>
</tr>
</tbody>
</table>
### Physical Plant

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of resident housing units:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;housing unit&quot; 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.</td>
</tr>
<tr>
<td>0</td>
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</tbody>
</table>

| Number of single resident cells, rooms, or other enclosures: | 1 |
| Number of multiple occupancy cells, rooms, or other enclosures: | 15 |
| Number of open bay/dorm housing units: | 0 |

<table>
<thead>
<tr>
<th>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☑ No</td>
</tr>
</tbody>
</table>

### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Are medical services provided on-site?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☑ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are mental health services provided on-site?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Where are sexual assault forensic medical exams provided? Select all</td>
</tr>
<tr>
<td>that apply.</td>
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### Investigations

#### Criminal Investigations

- **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:** 0

- **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.
  - ☑ An external investigative entity

- **Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)**
  - ☑ Local police department
  - ☐ Local sheriff's department
  - ☐ State police
  - ☐ A U.S. Department of Justice component
  - ☐ Other (please name or describe: Click or tap here to enter text.)
  - ☐ N/A

#### Administrative Investigations

- **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:** 2

- **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.
  - ☑ Agency investigators
  - ☑ An external investigative entity

- **Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)**
  - ☐ Local police department
  - ☐ Local sheriff's department
  - ☐ State police
  - ☐ A U.S. Department of Justice component
  - ☐ Other (please name or describe: Click or tap here to enter text.)
  - ☑ N/A
Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) onsite audit of RS Eden-Reentry Ashland in St. Paul, Minnesota, was conducted on August 18, 2021. Pre-audit preparation included a review of the Pre-Audit Questionnaire and all documentation and materials submitted by the Agency. The documentation included Agency policies, procedures, forms, employee handbook, and client handbook. The Division Director provided a copy of the staff schedule and client roster on the first day of the onsite audit. There were 16 male clients in custody on the first day of the onsite audit. Continuing concerns over the spread of the Coronavirus have reduced the number of clients residing at the facility.

The audit notices were posted in visible areas throughout the facility six weeks before the audit and during the onsite audit. The PREA Coordinator emailed a confirmation that the notices were posted, and clients confirmed the notices were posted during interviews. I did not receive any client or staff correspondence throughout the audit process.

During the onsite audit on August 18, 2021, I privately interviewed the case manager in the staff office. One personal interview was conducted with the case manager. The case manager was interviewed as a random staff member, intake, and staff responsible for risk screening. The PREA Coordinator was interviewed on August 17, 2021. She was also interviewed as one of the Agency Investigators, Administration/ Human Resources, and person monitoring for retaliation. The PREA Coordinator is the Division Director for the Reentry Division of the Agency. The PREA Coordinator is responsible for designating the staff member who will monitor a client or staff member for retaliation.

Confidential interviews with clients were conducted in a conference room. I interviewed four randomly selected clients. No clients were identified that met the criteria to conduct additional interviews related to a targeted class of clients.

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

The facility employs four full-time employees, including two case managers and two support specialists. The Director of Support Services office is at RS Eden – Reentry Ashland.

The Division Director of Reentry (PREA Coordinator) conducted a facility tour. All areas of the facility were toured, which included (building lobby, front desk work room, kitchen and dining areas, staff offices, client common areas, a conference room, restroom for conducting client urinalysis, client restrooms and showers, client rooms, client laundry room, weight room, and storage rooms.) I observed the location of cameras, placement of posters, and PREA information available to clients. Client restrooms and showers have doors for client privacy. I was given access to all areas of the facility.

The PREA Coordinator was available throughout the audit. Staff and clients were made readily available to me. The staff were friendly and openly answered my questions. Staff understood their responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment in the facility.
The RS Eden’s mission is to create thriving, just communities where healing occurs and new beginnings are possible. We envision a community built upon a shared commitment to wellbeing and equality, where individuals and families are free from injustice and anchored by generational resilience.

The facility was found to fully comply with the Prison Rape Elimination Act (PREA) standards on April 30, 2018.

Staff interviews verified initial and ongoing PREA training. Their answers to questions confirmed their responsibilities in detecting, preventing, reporting, and responding to sexual abuse and sexual harassment. Staff knew the different ways they and the clients could confidentially report sexual abuse and harassment. The staff explained the steps they would take as a first responder and expressed confidence in their administration that any report of sexual abuse, harassment, or retaliation would be investigated.

Clients were randomly selected to interview from the client roster provided on the first day of the onsite audit.

The support specialist completes the client’s intake process and PREA education upon arrival. During the initial Case Manager meeting, the Case Manager will conduct a PREA Assessment and review PREA education received during support specialist intake. Interviews with clients confirmed they were provided PREA education during the intake process and understood the Agency’s zero-tolerance policy.

The facility has a signed Memorandum of Understanding (MOU) with the SOS Sexual Violence Services
https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services to provide emotional support and be a third-party report. For treatment, client victims of sexual abuse would be transported to Regions Hospital https://www.healthpartners.com/care/hospitals/regions/ located in St. Paul, Minnesota. Regions Hospital has a Sexual Assault Nurse Examiner (SANE) program to conduct forensic medical examinations. Regions Hospital has an agreement with SOS Sexual Violence Services to provide an advocate to provide emotional support services to the victim.
Facility Characteristics

RS Eden – Reentry Ashland 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 and completes a self-inspection on the opposite year. The facility was inspected by the Department of Corrections from 03/27/2018 to 03/29/2018 and received a 100% compliance rating on mandatory requirements and a 98.72% compliance rating on essential requirements.

RS Eden – Reentry Ashland is a four-story renovated house with a basement located in a residential neighborhood in St. Paul, Minnesota. The Department of Corrections licenses the facility to hold a maximum of 35 clients. There were 16 male clients in custody on the first day of the PREA audit. This facility only houses adult male clients.

RS Eden contracts with the Minnesota Department of Corrections Work Release Program, Intensive Supervised Release and Supervised Release Program and County Probation.

The facility is a four-story building with a basement. You enter the main floor into the lobby and front office. A hallway off the entrance has a client computer room, a restroom where client urinalysis testing is done, a conference room, and staff offices. The kitchen and dining room are on the main floor.

Stairs are going up to the second floor. Client rooms, a restroom, and Program Director’s office are on the second floor. There are seven client rooms (6-2 bed rooms and 1-3 bed room) and a private restroom with a shower.

Stairs are going up to the third floor. Client rooms, restrooms, and a client dayroom are on the third floor. There are five client rooms (2-2 bed rooms and 3-3 bed rooms) and two private restrooms with two showers and one toilet.

Stairs are going up to the fourth floor. Client rooms are on the fourth floor. There are four client rooms (2-1 bed rooms and 2-2 bed rooms).

There is a client laundry room, individual toilet, and a client weight room in the basement.

Staff monitor the facility surveillance system from the front office. There are cameras placed throughout the inside and outside of the building that staff monitor that augments staff’s ability to detect and respond to an incident of sexual abuse. There is a minimum of one staff on duty 24/7; staff complete hourly room checks.

The RS Eden – Treatment Center prepares client meals at Eden House and delivers the meals to the facility. Facility staff set up the meals for the clients.

RS Eden provides a structured living environment, 24-hour client surveillance, alcohol and drug screening, case management, assessments, individual goal planning, employment assistance, education groups/classes, and referrals to community services.
### Summary of Audit Findings

There was no corrective action needed. The facility met the 41 standards for community confinements.

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

#### Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Standards Met

| Number of Standards Met: | 41 |

#### Standards Not Met

| Number of Standards Not Met: | 0 |
| List of Standards Not Met:   | 0 |
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 Agency has designated Division Director LuAnne Buck as the PREA Coordinator. She reports directly to the Vice President of Program Strategy and Impact. 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
- Completed Pre-Audit Questionnaire submitted by the Agency
- Agency organizational chart
- Interview with LuAnne Buck (PREA Coordinator)

### 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. This paragraph is not applicable; the facility does not contract with any entity to hold clients.

B. This paragraph is not applicable.

C. This paragraph is not applicable.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 an average daily population of 25 clients. The staffing plan is based on 28 clients.

A. The facility has a formalized staffing plan that meets the requirements from the Minnesota Department of Corrections 2920 rules governing Adult Community-Based Residential Correctional Facilities and includes considerations (1-4) of paragraph (a) of this standard.

B. The facility does not deviate from the staffing plan. Minimum staffing is maintained by on-call staff, case managers, and shift extensions. The on-duty staff person can not leave the facility until their replacement arrives.

C. The PREA Coordinator reviews the staffing plan annually to determine whether any adjustments are needed.

Policy, Materials, Interviews, and Other Evidence Reviewed:

• Facility PREA Policy
• Competed Pre-Audit Questionnaire submitted by the Agency
• Minnesota Department of Correction 2920 rules
• Staffing plan
• Interview with LuAnne Buck (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 pat-downs or body searches of any client. The facility reports that there have been zero cross-gender or visual body cavity searches of clients in the last 12 months.

B. The facility PREA Policy prohibits employees from conducting pat-down searches of clients. Ashland reentry only houses male clients.

C. The facility PREA Policy prohibits employees from conducting any searches of clients. Ashland reentry only houses male clients.

D. The facility PREA Policy ensures clients can shower, perform bodily functions, and clothing in privacy. The policy and facility practice require the staff of the opposite gender to announce their presence when entering a client’s floor. The facility has private restrooms and shower areas on all three floors. Interviews with facility staff, clients, and direct observation confirm this as policy and practice. Clients report that staff does not enter occupied restrooms.

E. The facility PREA Policy prohibits staff from searching or physically examining a transgender or intersex client for the sole purpose of determining the client’s genital status.

F. The facility does not conduct any body searches of clients; therefore, the staff does not receive training on conducting body searches.

Random clients interviewed confirmed they could dress, shower, and use the restroom privately.
Random clients verified staff of the opposite gender announces their presence when entering hallways of the opposite gender client.

Random staff interviewed confirmed announcing their presence when entering floors and rooms of clients of the opposite gender.

During the onsite audit, no clients met the criteria of this standard enrolled in the program.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with staff
- Interview with random clients

**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 essential information about PREA is continuously and readily available or visible to clients through posters, client handbooks, and an educational handout. Clients with disabilities would be identified during the admission process, and appropriate accommodations would be made to ensure the client can participate in all aspects of the program.

B. The facility would use the services set up during the admission process. The facility has an agreement with the Language Line to provide interpreter services.

C. The facility PREA Policy prohibits using client interpreters, readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first response duties, or the investigation of the allegation.

During the onsite audit, there weren’t any clients who met the criteria of this standard in the house. Reentry Ashland does not have an ADA room to hold clients who have physical disabilities.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with random staff
- Interview with LuAnne Buck (PREA Coordinator)

**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 clients and will not enlist the services of any contractor or volunteer who may have contact with clients who have engaged in the prohibited conduct specified in paragraph (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 clients as outlined in the facility PREA Policy.

C. The facility PREA Policy states that the Agency will perform a criminal records background check before making any job offer. A criminal background check is performed through the Minnesota Bureau of Apprehension (BCA), including local, State, Federal, and predatory offender registers and the Minnesota Department of Human Services.

D. The Agency conducts criminal records background checks on contracted and volunteers workers.

E. The facility PREA Policy requires criminal records background checks at least every five years of current employees and contractors who have contact with clients.
F. Applicants who may have contact with clients are asked about previous misconduct described in paragraph (a) of this standard during the interview for new hires and promotions. The Agency’s application includes a consent policy that no requested information has been concealed. If any information provided is untrue, or if the applicant has concealed material information, it will constitute cause for the denial of employment or immediate dismissal. Employees are required to complete self-disclosure statements during performance evaluations. Each employee is given an Employee Handbook and is required to sign the Employee Handbook Receipt.

G. The facility PREA Policy and application consent policy clearly outlines grounds for termination if an applicant or employee provides false information or fails to disclose information regarding misconduct specified in paragraph (a) of this standard.

H. The Agency shall provide information to an institutional employer for whom an employee has applied to work on substantiated allegations of sexual abuse or harassment upon receiving a signed release.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Beck (PREA Coordinator)
- Employment application
- Background check

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. Since the last PREA audit, the facility reports there have not been new cameras added to the facility.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- 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 evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

### 115.221 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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 St. Paul Police Department.


C. Forensic medical examinations will be conducted free of charge to the victim at Regions Hospital located in St. Paul, Minnesota. [https://www.healthpartners.com/care/hospitals/regions/specialties/emergency-center/sexual-assault-care/](https://www.healthpartners.com/care/hospitals/regions/specialties/emergency-center/sexual-assault-care/) Regions Hospital has a Sexual Assault Nurse Examiner (SANE) program to provide trauma-informed medical care and support for individuals who have experienced sexual assault. Regions hospital has SANE professionals available 24/7.

D. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services (SOS) [https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services](https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services) to provide advocacy. The facility will provide a victim advocate for the SOS Sexual Violence Services at the victim's request. Contact information is posted in the facility, and clients are given an SOS flyer.

E. A victim advocate from SOS Sexual Violence Services located in St. Paul, Minnesota, will be provided at the victim's request. Regions Hospital also has an agreement with SOS Sexual Violence Services to provide advocacy services to victims of sexual abuse received at Regions Hospital.

F. The St. Paul Police Department will investigate according to their Agency policy and procedures. The St. Paul Police Department confirmed that sexual assault investigations take priority. Investigations conducted will follow the Department's manual's protocols, incorporating the Ramsey County Adult Sexual Assault Response Protocol.
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
- Regions Hospital SANE Program Supervisor
- Interview with LuAnne Buck (PREA Coordinator)
- St. Paul Police Department letter
- Random staff interviews
- MOU with SOS Sexual Violence Services

**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 St. Paul Police Department conducts criminal investigations, and the Agency conducts administrative investigations. The information is published on the Agency’s website. [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

C. The Agency has its investigative policy published on its website. [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

Policy, Materials, Interviews, and other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 clients receive on preventing, detecting, and responding to sexual abuse and sexual harassment. All current staff has received training on the eleven topics listed in paragraph (a) of this standard. The facility uses the Relias Learning Company curriculum to train staff.

B. The training is designated for the unique needs of the clients in the facility.

C. The facility ensures all employees receive PREA training during orientation and bi-annually after that; in opposite years, staff review the PREA Policy.

D. Receipt and understanding of employee training are 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 Curriculum
- Training records
- Interviews with random staff
- Interview with LuAnne Buck (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 clients will receive training regarding the facility’s zero-tolerance of sexual abuse and sexual harassment.

B. The PREA Coordinator ensures all volunteers and contractors are trained on their responsibilities under the Agency’s sexual abuse and sexual harassment prevention, detection, and response policy and procedures. Training includes information explaining the Agency’s zero-tolerance policy regarding sexual abuse and harassment, how to report incidents or suspicions of sexual abuse or harassment, the right to be free from sexual abuse and harassment, and the right to be free from retaliation for reporting incidents, and policies for responding to such incident.

C. Receipt and understanding of volunteer training are documented and retained by the Agency.

Reentry Ashland does not have volunteers or contractors coming into the facility to meet with clients.

### Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
**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 123 clients have been admitted in the past twelve months, and 71 of those their length of was thirty days or more. Generally, a client is given information on the Agency’s zero-tolerance policy upon arrival at the facility. The client is given a packet of information; a client handbook, general facility information, and a PREA education packet are included. The education packet 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. The intake officer explains PREA to the client. The clients meet with their case manager weekly; once a month, the case manager reviews PREA with the client. Case managers, staff, and clients interviewed confirmed clients receive PREA education during the admission process, and once a month, PREA is reviewed with their case manager.

B. Every client completes the same admission process.

C. The facility will provide clients with disabilities or limited English proficient training through video, interpreters, language lines, and documents in Spanish.

D. Intake staff and the client sign the receipt of training during the admission process.

E. The facility ensures essential information about PREA is continuously and readily available or visible to clients on posters (English and Spanish) throughout the facility, the PREA Education packet, and the client handbook.

Policy, Material, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Client acknowledgment forms
- Client training information
- PREA informational posters
- Interviews with random clients
- Interviews with intake staff
- Interviews with case managers
- Interview with LuAnne Buck (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 requirements that all investigative staff receives specialized investigative training. The St. Paul Police Department (SPPD) is responsible for conducting criminal investigations. The Agency has two trained investigators who conduct administrative investigations. Both investigators received specialized training through the Relias Learning Center.

B. The specialized training includes the topics listed in paragraph (b) of this standard.

C. The facility maintains copies of the training certificates.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with an Agency investigator
- Copies of training certificates

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. Clients 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 LuAnne Buck (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 screening clients during the intake process for their risk of being sexually abused by other clients or sexually abusive toward other clients.

B. The facility PREA Policy states the screening will be completed within 72 hours of intake. Interviews with the staff and random clients confirmed screenings are completed during the intake process.

C. The facility uses a comprehensive assessment tool for screening for the risk of victimization and abusiveness.

D. The screening form used by the facility reflects all aspects of this standard, including the physical stature, age of the client, and any developmental, mental, or medical disabilities.

E. The screening form considers prior acts of sexual abuse against a child or adult, history of prior sexual victimization while incarcerated, and previous crimes of violence.

F. The facility PREA Policy ensures a client’s risk level will be reassessed when warranted due to a request, incident of sexual abuse, or receipt of additional information that bears on the client’s
risk of sexual victimization or abusiveness. Client’s meet with their case managers weekly to
discuss their progress in the program, which includes a vulnerability assessment. Case
managers and random clients interviewed confirmed weekly meetings. Clients confirmed the
case manager asks if they have any concerns for their safety.

G. The facility reassesses a client’s risk level due to a referral, request, incident of sexual abuse, or
receipt of additional information that bears on a client’s risk of being sexually abused or abusive.
Interviews with staff confirmed that case managers meet with clients weekly, and a risk level
would be reassessed.

H. Facility policy prohibits clients from being disciplined for refusing to answer or not disclosing
complete information in response to the risk screening. Staff interviews confirmed that clients
have not and will not be disciplined.

I. The risk assessment is placed in the client’s confidential file; access to the confidential file is
limited to the Division Director, Program Director and case managers. The confidential files are
maintained electronically, and access is granted through permissions.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interviews with case managers
- Interview with LuAnne Buck (PREA Coordinator)
- Interviews with clients

**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
place of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) ☒ 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 judgment.) ☒ 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 assessment to determine room placement. During the day, clients attend supervised group sessions. The Agency makes the safety of each client their priority which was confirmed through staff interviews.

B. Interviews with the PREA Coordinator and staff confirmed individual determinations are made to ensure the safety of each client.

C. The PREA Coordinator and staff confirmed that transgender or intersex clients’ room assignments would be considered on a case-by-case basis.

D. The PREA Coordinator and staff interviewed verified serious consideration would be given to transgender or intersex clients’ view of their safety.

E. The showers in the facility are private and allow clients 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 clients in dedicated rooms.

During the onsite audit, no clients met the criteria of this standard enrolled in the program.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with PREA Coordinator LuAnne Buck (PREA Coordinator)
- Interviews with staff
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 clients with multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Clients can make reports verbal and written to any facility staff or the Agency PREA Coordinator. Staff interviewed confirmed they will accept all reports, including anonymous and third-party.

B. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services [https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services](https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services) for clients to make reports of sexual abuse and harassment to an outside Agency. The SOS Sexual Violence Services will forward any reports back to the facility and allow the reporting party to remain anonymous. The facility has posters displayed throughout the facility with contact information for SOS Sexual Violence Services, and each client is given an informational flyer from SOS Sexual Violence Services.

C. The facility PREA Policy mandates staff to accept reports made verbally, in writing, anonymously, and from third parties. Staff interviewed verified they would accept all reports and would document verbal reports as soon as possible.

D. Staff may privately report sexual abuse and harassment of clients to the VP of Human Resources, VP of Program Strategy and Impact, or the Agency CEO.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interviews with clients
- Interview with LuAnne Buck (PREA Coordinator)
- Posters displayed in the facility
- Memorandum of Understanding with SOS Sexual Violence Services

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...)* ☒ Yes ☐ No ☐ NA
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 Grievance 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 client. The grievance process is outlined in the client handbook.

B. The facility Grievance Policy does not limit when a client can file a grievance regarding an allegation of sexual abuse. Clients are not required to use an informal grievance process or attempt to resolve an alleged incident of sexual abuse with staff.

C. The policy includes that a client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance would not be referred to a staff member who is the subject of the complaint.

D. The facility Grievance Policy requires the case manager two business days to respond to the grievance. If the client is dissatisfied with the case manager, the client can appeal the decision to the Program Director, who has two business days to make a final decision. The information is documented in the client’s file.

E. The Grievance Policy allows third parties (clients, staff members, family members, attorneys, and outside advocates) to assist clients in filing a grievance relating to allegations of sexual abuse and filing such grievance on behalf of clients. A client must agree to have a grievance filed on their behalf by a third party. The facility will document in the client's file their declination to file the third-party grievance.

F. An emergency grievance received by the facility that a client is in imminent danger of sexual abuse will immediately be forwarded to a level of review at which immediate corrective action may be taken. An initial response will be given within 48 hours and a final decision within five days.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility Grievance Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Random staff interviews
- Interview with LuAnne Buck (PREA Coordinator)
- Random client interviews

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 telephone numbers and addresses for clients to contact outside victim advocacy agencies displayed on posters and flyers given to each client. Communication between clients and advocacy agencies is confidential. The landlines in the facility are not recorded, and each client is allowed to have their own flip cell phone. Clients interviewed said they had a cell phone and knew that the landlines were not recorded.

B. The landline telephones clients have access to are not recorded or monitored. The clients are allowed to keep personal flip cells phone on their person.
C. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services [https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services](https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services) to provide confidential support services related to sexual abuse to clients.

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 clients
- MOU with SOS Sexual Violence Services
- Client handbook
- Interview with LuAnne Buck (PREA Coordinator)

### 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**


Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
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 and harassment. Retaliation against clients or staff and any staff neglect that may have contributed to such incident or retaliation shall immediately report according to Agency policy. Staff interviewed confirmed receiving training and understood their duty to report.

B. PREA information collected during investigations is considered sensitive and should only be shared with those staff who need to know as part of their assigned duties.

C. The facility does not have medical or mental health providers on site.

D. The program does not accept clients under the age of eighteen. If the victim is a vulnerable adult, the facility will report the incident to the designated Agency. The PREA Coordinator confirmed the appropriate Agency would be contacted.

E. The facility PREA Policy requires staff to report any allegation of sexual abuse and harassment. Trained facility investigators conduct administrative investigators, and the St. Paul 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 LuAnne Buck (PREA Coordinator)
- Interviews with staff
- Vulnerable adult report

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 client was subject to a substantial risk of imminent sexual abuse. Interviews with the PREA Coordinator and random staff confirmed the safety of a client is their first concern and would take immediate action to protect the client.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (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 PREA Coordinator to report any abuse allegations received regarding a client being abused at another facility to the head of that facility.

B. The facility PREA Policy requires the PREA Coordinator to provide notification within 72 hours of the report.

C. The notification would be documented in the client's file.

D. The facility PREA Policy states all incidents or suspected sexual harassment or sexual abuse will be investigated.

The facility reported there had been zero allegations of sexual abuse the facility received from other facilities. The facility reported zero allegations the facility received that a client 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 LuAnne Buck (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

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 alleged abuser;
- 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 described 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 a staff member.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff

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, and coordination with outside community partners.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (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. All employees of RS Eden are “at-will” employees. If an allegation of sexual abuse or harassment against a staff member is reported, RS Eden can immediately be placed on leave or terminated from employment.

Policy, Materials, Interviews, and Other Evidence Reviewed:
• Completed Pre-Audit Questionnaire submitted by the Agency
• Employee handbook
• Interview with LuAnne Buck (PREA Coordinator)
• Employee termination report

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
A. The Facility PREA Policy protects all clients and staff who report sexual abuse or harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other clients and staff. The PREA Coordinator will designate who will monitor for retaliation. The client’s case manager generally would be the person designated to monitor for retaliation.

B. The facility would use protective measures such as room and floor changes or a facility change. Alleged staff abusers would be removed from the facility. If the alleged abuser is housed for the Minnesota Department of Corrections (DOC), facility staff (with direction from the case manager or director) will inform agent or officer of the day that the client is being terminated from the program and request a warrant for the client to be placed in custody. The DOC will then issue a warrant to remove the abuser. Staff would keep the victim safe and the alleged abuser separate until transport arrived.

C. The facility will monitor for retaliation for a minimum of 90 days (as detailed in this standard.) Case managers meet with clients each week; if necessary, the case manager would monitor for retaliation until the client is released from the facility.

D. The PREA Coordinator and case managers verified they meet with their clients weekly; monitoring for retaliation would be discussed with the client.

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 LuAnne Buck (PREA Coordinator)
- Interviews with case managers

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**

- ☑ 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 general policy of the Agency is that all incidents of suspected sexual harassment or sexual abuse be adequately addressed through inquiry or investigation. Trained Agency investigators conduct administrative investigations, and the St. Paul Police Department (SPPD) conducts criminal investigations.

B. The St. Paul Police Department (SPPD) notified the Agency that their department meets PREA criminal investigation standards for assaults within its jurisdiction as described in the provided audit criteria. The Agency investigators have received training according to standard 115.234. The St. Paul Police Department (SPPD) will follow the Department’s Manual’s protocols, incorporating the Ramsey County Adult Sexual Assault Response Protocol.
C. The Agency investigator interviewed explained the investigative process and evidence collection for administrative investigations. Investigators would conduct criminal investigations from the St. Paul Police Department.

D. The St. Paul Police Department would consult with the Ramsey County Attorney’s Office during the criminal investigation. Facility staff is trained to secure the scene until St. Paul Police Department officers arrive at the facility.

E. Investigators from the St. Paul Police Department 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 requirements of paragraph (f) of this standard.

G. The St. Paul Police Department notified the Agency that their department meets PREA criminal investigation standards for assaults within its jurisdiction as described in the provided audit criteria.

H. The St. Paul Police Department would be responsible for making the referral to the Ramsey County 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 investigation would not be terminated because the alleged abuser or victim departs from employment or control of the Agency. The PREA Coordinator verified the investigation would not be closed if the victim or abuser leaves the facility.

L. The Agency will cooperate with the St. Paul Police Department, and the PREA Coordinator will maintain contact with them on the progress of the investigation.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Completed investigation
- St. Paul Police Department letter

**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 LuAnne Buck (PREA Coordinator)
- Completed investigation

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 audit. The facility PREA Policy outlines the procedures for notifying clients in writing the final
disposition of the investigation into the client'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 being conducted by the St. Paul Police Department (SPPD), the PREA Coordinator will maintain contact with the department through the investigation.

C. The facility PREA Policy outlines the information the facility will provide the client on 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 client on the status of the alleged abuser if another client is the accused (as detailed in this standard.)

E. The PREA Coordinator verified the facility would document all notifications as outlined in the facility PREA Policy.

Policy, Materials, Interviews, and Other Evidence Reviewed:
• Facility PREA Policy
• Completed Pre-Audit Questionnaire submitted by the Agency
• Interview with LuAnne Buck (PREA Coordinator)

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 reports that zero staff has been disciplined, terminated, or reassigned for violating facility policies in the past twelve months. The facility reports that zero staff members have been reported to law enforcement or licensing boards for violating facility policies in the past twelve months. The facility policy outlines the disciplinary sanctions, including termination for violating sexual abuse and sexual harassment policies.

B. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of clients.

C. The facility PREA Policy outlines the progressive discipline of staff members for violations of its sexual abuse and 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
- Completed Pre-Audit Questionnaire submitted by the Agency
- Staff termination notices
- Employee handbook

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. In the twelve months before the audit, the facility reports that zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of clients.

B. It is the policy of the Agency to prohibit a contractor or volunteer from the facility for any sexual misconduct.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

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

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

A. The facility has a formalized discipline plan applicable to clients, outlined in policy and the client handbook. The discipline plan includes due process.
B. The facility does not have secure holding rooms for clients. A client abuser would be terminated from the program and placed back in the custody of the original Agency or probation agent.

C. The client's mental disability or illness would be taken into consideration.

D. This paragraph is not applicable; the Agency does not offer services. (as outlined in this paragraph)

E. The client will not be disciplined for sexual contact with staff only upon finding the staff member did not consent to the conduct.

F. The client will not be disciplined for reporting sexual abuse in good faith, even if an investigation does not establish evidence to substantiate the allegation.

G. The facility prohibits all sexual activity between clients.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Client 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. Client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment. Victims are transported to Regions Hospital 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 to transport the client to Regions Hospital.

C. The facility would ensure the client victim is offered access to community medical providers for information about timely access to emergency contraception and sexually transmitted infectious prophylaxis.

D. The policy requires that treatment and services will be provided to client 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 LuAnne Buck (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 will offer medical and mental health evaluations and appropriate treatment to any client who has been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

B. The client would be provided ongoing treatment by community medical and mental health practitioners. Referrals for continued care will be forwarded with a client being released or transferred.

C. All clients are referred to community medical and mental health practitioners.

D. The facility houses male clients.

E. The facility houses male clients.

F. The facility will refer a client 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. A client-on-client abuser would not qualify for admission into the program.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

PREA Audit Report, V6 Page 69 of 78 RS Eden Reentry - Ashland
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. The Agency has a safety committee that conducts sexual abuse incident reviews.

B. The review is generally completed within thirty days after every substantiated or unsubstantiated sexual abuse investigation.

C. The Agency has a safety committee that includes the PREA Coordinator, Program Directors, Case Managers, and applicable executive leadership (i.e. VP of Program Impact and Strategy and VP of Human Resources.)

D. The review team considers (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
- Interview with LuAnne Buck (PREA Coordinator)
- Example of an incident review

**Standard 115.287: Data collection**

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

**115.287 (a)**

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

**115.287 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No
115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The 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 clients.

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 the 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 current year’s data and previous years’ data on its website: https://www.rseden.org/index.php/programs-services/reentry-services


D. The nature of the information that is redacted is indicated in the report.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

**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**

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

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

Instructions for Overall Compliance Determination Narrative

A&C. The Agency securely stores its data electronically.


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 PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 third PREA audit for RS Eden - Reentry Ashland. The facility was found to fully comply with the Prison Rape Elimination Act (PREA) standards on April 30, 2018. I was given access to all areas of the facility and received all relevant documentation. I was permitted to conduct private interviews with staff and clients and did not receive any confidential correspondence from staff or clients. Audit notices were posted six weeks before the audit, and the clients interviewed confirmed the notices had been posted in the facility.

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

RS Eden has their final audit reports on its website: https://www.rseden.org/index.php/programs-services/reentry-services. The contract agreement requires the facility to post a copy of their 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 ___________________________ October 1, 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.
## Prison Rape Elimination Act (PREA) Audit Report
### Community Confinement Facilities

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**Date of Interim Audit Report:** Click or tap here to enter text.  
**Date of Final Audit Report:** September 30, 2021

**Auditor Information**

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<tr>
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<tbody>
<tr>
<td>Name</td>
<td>Darnel Carlson</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:dmcarlson16@gmail.com">dmcarlson16@gmail.com</a></td>
</tr>
<tr>
<td>Company Name</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>P.O. Box 267</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Pillager, MN 56473</td>
</tr>
<tr>
<td>Telephone</td>
<td>218-831-9636</td>
</tr>
<tr>
<td>Date of Facility Visit</td>
<td>August 17, 2021</td>
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**Agency Information**

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<td>RS Eden</td>
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</tr>
<tr>
<td>Physical Address</td>
<td>1931 Broadway</td>
</tr>
<tr>
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<td>Minneapolis, MN 55411</td>
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**Agency Chief Executive Officer**

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<tbody>
<tr>
<td>Name</td>
<td>Caroline E. R. Hood</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:chood@rseden.org">chood@rseden.org</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>612-578-5044</td>
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**Agency-Wide PREA Coordinator**

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<td>☐ Private for Profit</td>
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<tr>
<td></td>
<td>☒ Private not for Profit</td>
</tr>
<tr>
<td></td>
<td>☐ Municipal</td>
</tr>
<tr>
<td></td>
<td>☐ County</td>
</tr>
<tr>
<td></td>
<td>☐ State</td>
</tr>
<tr>
<td></td>
<td>☐ Federal</td>
</tr>
<tr>
<td>Agency Website with PREA Information</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>PREA Coordinator Reports to:</td>
<td>Kathleen Fischer, Vice President of Program</td>
</tr>
<tr>
<td>Number of Compliance Managers who report to the PREA Coordinator:</td>
<td>0</td>
</tr>
</tbody>
</table>
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>RS Eden – Eden House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1025 Portland Ave S.</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Minneapolis, MN 55404</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ Private not for Profit</td>
</tr>
<tr>
<td>Military</td>
<td>☐</td>
</tr>
<tr>
<td>Private for Profit</td>
<td>☐</td>
</tr>
<tr>
<td>Municipal</td>
<td>☐</td>
</tr>
<tr>
<td>County</td>
<td>☐</td>
</tr>
<tr>
<td>State</td>
<td>☐</td>
</tr>
<tr>
<td>Federal</td>
<td>☐</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.rseden.org/index.php/programs-services/reentry-services">https://www.rseden.org/index.php/programs-services/reentry-services</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
</tr>
<tr>
<td>ACA</td>
<td>☐</td>
</tr>
<tr>
<td>NCCHC</td>
<td>☐</td>
</tr>
<tr>
<td>CALEA</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please name or describe):</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>☒ N/A</td>
<td></td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

## Facility Director

| Name: | Nicole Frass |
| Email: | nfrass@rseden.org |
| Telephone: | 612-338-8553 |

## Facility PREA Compliance Manager

| 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 Health Service Administrator

| 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

<p>| Designated Facility Capacity: | 60 |</p>
<table>
<thead>
<tr>
<th>Current Population of Facility:</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>26</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-99</td>
</tr>
<tr>
<td>Average length of stay or time under supervision</td>
<td>68 days</td>
</tr>
<tr>
<td>Facility security levels/resident custody levels</td>
<td>Treatment Center</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months</td>
<td>206</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>133</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>71</td>
</tr>
<tr>
<td>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)?</td>
<td>☐ No</td>
</tr>
<tr>
<td>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):</td>
<td>☐ Federal Bureau of Prisons</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Marshals Service</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Immigration and Customs Enforcement</td>
</tr>
<tr>
<td></td>
<td>☐ Bureau of Indian Affairs</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Military branch</td>
</tr>
<tr>
<td></td>
<td>☐ State or Territorial correctional agency</td>
</tr>
<tr>
<td></td>
<td>☐ County correctional or detention agency</td>
</tr>
<tr>
<td></td>
<td>☐ Judicial district correctional or detention facility</td>
</tr>
<tr>
<td></td>
<td>☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)</td>
</tr>
<tr>
<td></td>
<td>☐ Private corrections or detention provider</td>
</tr>
<tr>
<td></td>
<td>☐ Other - please name or describe: Click or tap here to enter text.</td>
</tr>
<tr>
<td></td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with residents:</td>
<td>29</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with residents:</td>
<td>7</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</td>
<td>2</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</td>
<td>10</td>
</tr>
<tr>
<td>Number of volunteers who have contact with residents, currently authorized to enter the facility:</td>
<td>2</td>
</tr>
</tbody>
</table>
### Physical Plant

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of resident housing units:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of single resident cells, rooms, or other enclosures:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of multiple occupancy cells, rooms, or other enclosures:</td>
<td>30</td>
</tr>
<tr>
<td>Number of open bay/dorm housing units:</td>
<td>0</td>
</tr>
<tr>
<td>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Are medical services provided on-site?</th>
<th>☐ Yes ☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
Where are sexual assault forensic medical exams provided? Select all that apply.

- On-site
- Local hospital/clinic
- Rape Crisis Center
- Other (please name or describe: Click or tap here to enter text.)

**Investigations**

### Criminal Investigations

**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:** 0

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.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: Click or tap here to enter text.)
- N/A

### Administrative Investigations

**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:** 2

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

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: Click or tap here to enter text.)
- N/A
Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA onsite audit of RS Eden – Eden House Treatment Center in Minneapolis, Minnesota was conducted on August 17, 2021. Pre-audit preparation included a review of the Pre-Audit Questionnaire and all documentation and materials submitted by the Agency. The documentation included Agency policies, procedures, forms, employee handbook, and client handbook. The Division Director provided a copy of the staff schedule and client roster on the first day of the onsite audit. There were 19 clients (eleven male clients and eight female clients) enrolled in the treatment program on the first day of the onsite audit.

Continuing concerns over the spread of the Coronavirus have reduced the number of clients entering the treatment program.

The audit notices were posted in visible areas throughout the facility six weeks before the audit and during the onsite audit. The PREA Coordinator emailed a confirmation that the notices were posted, and clients confirmed the notices were posted during interviews. I did not receive any client or staff correspondence throughout the audit process.

During the onsite audit on August 17, 2021, I was given an empty office to work in and conduct confidential interviews with staff. Four personal interviews were conducted with facility staff. They included one random staff, two admission counselors responsible for the intake screening and completing the risk assessment, and the Division Director. I interviewed the PREA Coordinator; she was also interviewed as one of the Agency Investigators, Administration/ Human Resources, and person monitoring for retaliation. The PREA Coordinator is the Division Director for the Reentry Division of the Agency. She is very experienced and has worked for the Agency for over twenty years. She is organized, familiar with the facility, and kept well informed of incidents in the facility. The PREA Coordinator is responsible for designating the staff member who will monitor a client or staff member for retaliation. The individual contractors approved by RS Eden to enter the facility are professionally licensed to work with chemically dependent clients.

Confidential interviews with clients we conducted in the office. I interviewed ten randomly selected clients. The number of clients that meet the minimum requirement is based on the facility’s population of 19 clients. No clients were identified that met the criteria to conduct additional interviews related to a targeted class of clients.

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

The facility employs twenty-nine full-time employees, including the Director of Recovery Services, a Program Director, three-division supervisors, six counselors, one case manager, three admission coordinators, two peer specialists, one lead support specialist, ten support specialists, and one front desk associate.

The Director of Recovery Services and the PREA Coordinator conducted a facility tour. All facility areas were toured, which included (building entry, staff offices, a conference room, client dining room, client restrooms and showers, client rooms, staff breakroom, group room, health office, therapist offices, and the Director’s office.) I observed the location of cameras, placement of posters, and PREA information.
available to clients. Client restrooms and showers have doors for client privacy. I was given access to all areas of the facility.

The Director and PREA Coordinator were available throughout the audit. Staff and clients were made readily available to me. The staff were friendly and openly answered my questions. Staff understood their responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment in the facility.

The RS Eden’s mission is to create thriving, just communities where healing occurs and new beginnings are possible. Their services include individual and group counseling, relapse prevention, medication-assisted treatment, health care, independent living skills, and more, all delivered in a trauma-informed environment.

The facility was found to be in full compliance with the Prison Rape Elimination Act (PREA) standards on April 30, 2018.

Staff interviews verified initial and ongoing PREA training. Their answers to questions confirmed knowledge of their responsibilities in detecting, preventing, reporting, and responding to sexual abuse and sexual harassment. Staff knew the different ways they and the clients could confidentially report sexual abuse and harassment. The staff explained the steps they would take as a first responder and expressed confidence in their administration that any report of sexual abuse, harassment, or retaliation would be investigated.

Clients were randomly selected to interview from the client roster provided on the first day of the onsite audit. Interviews with the clients confirmed they were provided PREA education during the admission process and understood the Agency’s zero-tolerance policy. An admission checklist is completed that the client and admission coordinator sign; PREA education is one of the items on the checklist. Clients reported feeling safe in the facility and believed a reported allegation would be investigated. Female clients reported feeling safe in the building. Facility policy prohibits female residents from walking alone.

The facility provided correspondence with the Sexual Violence Center (SVC) to enter into a Memorandum of Understanding (MOU) to provide emotional support and be a third-party reporter. The Executive Director of SVC confirmed they offer services to victims and survivors in Hennepin County. A sexual abuse victim 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) professional. [https://www.hennepinhealthcare.org/support-services/violence-assault-and-abuse-resources/](https://www.hennepinhealthcare.org/support-services/violence-assault-and-abuse-resources/)
Facility Characteristics

The facility must comply with the Minnesota Department of Human Services Chapter 245G rules for Chemical Dependency Licensed Treatment Facilities. The treatment center accepts clients court-ordered to complete treatment and individuals seeking treatment.

RS Eden-Eden House is located at 1025 Portland Avenue S., located in Minneapolis, Minnesota. The facility is a three-story building located in a combined residential and commercial neighborhood. The facility's designated capacity is 60 clients. There were nineteen clients (eleven male clients and eight female clients) enrolled in the treatment program on the first day of the onsite PREA audit. The facility provides chemical dependency treatment for adult male and female clients.

The facility is a three-story building. The entrance door is locked, staff control access to enter the front lobby of the building. The front entry has a small waiting area and staff desk. There are hallways on the north and south side of the main floor from the lobby. Administrative offices, staff breakroom, and staff restroom are located on the main floor north hallway. A conference room and the female client wing are located on the south side of the building. The female residential wing has a secured door into a hallway. Off the hallway are eight resident rooms (8-2 bed rooms), a private restroom with two stalls and three showers, and a community day room.

A stairway at the end of the hallway goes to the basement. There is a dining room, kitchen, weight room, staff restroom, and client laundry room in the basement. The same set of stairs goes to the second and third floors of the building.

There are two male wings on the second floor. The south wing has three rooms (6 beds) currently being used as a Coronavirus quarantine area. The North wing has a group meeting room, therapist office, health office, restroom for collecting client urinalysis samples, and a client restroom.

The male client wing is located on the third floor. The south wing has six rooms (5-2 bed rooms and 1-4 bed room)

The north wing has two group meeting rooms, a therapist office, a client community room, an empty office space, and the Director's office. There are ten rooms (8-2 bed rooms, 1-3 bed room, and 1-4 bed room), two private client showers, and restrooms. There is a desk in the hallway used by a designated senior client to assist fellow clients.

There are cameras placed throughout the inside and outside the building that staff monitor. The cameras enhance staff's ability to detect and respond to incidents of sexual abuse.

The Agency employs staff full-time to manage the kitchen and prepare clients' meals. Clients assigned to kitchen duty help serve meals, wash dishes, and clean the kitchen under the direct supervision of kitchen staff. The kitchen staff also prepare and deliver meals to the three RS Eden residential reentry facilities.

Registered nurses are employed by the Agency work eight-hour days Monday – Friday. The nurses manage and administer medication to the clients and schedule new and follow-up medical appointments.
There is a structured daily schedule for the clients to follow:
Participate in group sessions and educational lectures; and
One-on-one sessions with their counselor.
Each client is given a job or set of tasks to complete in the facility.
Clients leave the facility to attend scheduled appointments in the community (for example, attorney, medical, or probation officer.)
Summary of Audit Findings

There was no corrective action needed. The facility met the 41 standards for community confinements.

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

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 Agency has designated Division Director LuAnne Buck as the PREA Coordinator. She reports directly to the Vice President of Program Strategy and Impact. 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
• Completed Pre-Audit Questionnaire submitted by the Agency
• Agency organizational chart
• Interview with LuAnne Buck (PREA Coordinator)

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. This paragraph is not applicable; this facility is a treatment center that does not contract with any entity to hold clients.

B. This paragraph is not applicable.

C. This paragraph is not applicable.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 an average daily population of 25 males and 9 females. The staffing plan is based on 60 clients.

A. The facility has a formalized staffing plan that meets the requirements of MN Department of Human Services 245G rules and considers (1-4) of this standard.

B. The facility does not deviate from the staffing plan. Minimum staffing is maintained by on-call staff and shift extensions.

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:

• Facility PREA Policy
• Completed Pre-Audit Questionnaire submitted by the Agency
• Minnesota Department of Human Services 245G rules
• Staffing plan
• Interview with Nicole Frass, Director Recovery Services Division
• Interview with LuAnne Buck (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 enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?
  ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?
  ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status?
  ☒ Yes ☐ No

- If a resident’s genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that
information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes   ☐ No

115.215 (f)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard  (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard  (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

A. The facility PREA Policy prohibits employees from conducting pat-downs or body searches of any client. The facility reports that there have been zero cross-gender or visual body cavity searches of clients in the last 12 months.

B. The facility PREA Policy prohibits employees from conducting pat-down searches of clients.

C. The facility PREA Policy prohibits employees from conducting any searches of clients.

D. The facility PREA Policy ensures clients can shower, perform bodily functions, and clothing in privacy. The policy and facility practice require the staff of the opposite gender to announce their presence when entering a client’s floor. The facility has private restrooms and shower areas on all three floors. Interviews with facility staff, clients, and direct observation confirm this as policy and practice. Clients report that staff does not enter occupied restrooms.

E. The facility PREA Policy prohibits staff from searching or physically examining a transgender or intersex client for the sole purpose of determining the client’s genital status. Before being accepted into the treatment program, the potential client completes an admission process that includes the risk screening questions and an appropriate housing assignment.

F. The facility does not conduct anybody searches of clients; therefore, the staff does not receive training on conducting body searches.

Random clients interviewed confirmed they could dress, shower, and use the restroom privately. Random clients verified staff of the opposite gender announces their presence when entering hallways of the opposite gender client.
Random staff interviewed confirmed announcing their presence when entering floors and rooms of clients of the opposite gender.
During the onsite audit, no clients met the criteria of this standard enrolled in the treatment program.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with random staff
- Interview with random clients
- Interview with an admission coordinator

**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 essential information about PREA is continuously and readily available or visible to clients through posters, client handbooks, and an educational handout. Clients with disabilities would be identified during the admission process, and appropriate accommodations would be made to ensure the client can participate in all aspects of the program.

B. The facility would use the services set up during the admission process. The facility has an agreement with the Language Line to provide interpreter services.

C. The facility PREA Policy prohibits using resident interpreters, readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first response duties, or the investigation of the allegation.

During the onsite audit, no clients met the criteria of this standard enrolled in the treatment program.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with random staff
- Interview with Nicole Frass, Director Recovery Services Division

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 clients and will not enlist the services of any contractor or volunteer who may have contact with clients who have engaged in the prohibited conduct specified in paragraph (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 clients as outlined in the facility PREA Policy.

C. The facility PREA Policy states that the Agency will perform a criminal records background check before making any job offer. A criminal background check is performed through the Minnesota Bureau of Apprehension (BCA), including local, State, Federal, and predatory offender registers and the Minnesota Department of Human Services.

D. The Agency conducts criminal records background checks on contracted and volunteer workers.

E. The facility PREA Policy requires criminal records background checks at least every five years of current employees and contractors who have contact with clients.

F. Applicants who may have contact with clients are asked about previous misconduct described in paragraph (a) of this standard during the interview for new hires and promotions. The Agency’s application includes a consent policy that no requested information has been concealed. If any information provided is untrue, or if the applicant has concealed material information, it will
constitute cause for the denial of employment or immediate dismissal. Employees are required to complete self-disclosure statements during performance evaluations. Each employee is given an Employee Handbook and is required to sign the Employee Handbook Receipt.

G. The facility PREA Policy and application consent policy clearly outlines grounds for termination if an applicant or employee provides false information or fails to disclose information regarding misconduct specified in paragraph (a) of this standard.

H. The Agency shall provide information to an institutional employer for whom an employee has applied to work on substantiated allegations of sexual abuse or harassment upon receiving a signed release.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Beck (PREA Coordinator)
- Employment application
- Background check

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. Since the last PREA audit, the facility reports that cameras have been added to areas in the facility to enhance staff's ability to keep clients safe.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Nicole Frass, Director Recovery Services Division
- 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 evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.221 (d)**

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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 ☐ NA

**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.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

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/](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 professionals (Sexual Assault Nurse Examiner) to provide trauma-informed medical care and support for individuals who have experienced sexual assault. HCMC has SANE professionals on staff and a 24/7 on-call schedule.

D. The facility provided documentation communicating with Sexual Violence Center (SVC) to secure a Memorandum of Understanding (MOU) to provide advocacy services. The Sexual Violence Center provides advocates to any victims of sexual abuse in Hennepin County. Contact information for SVC is given to clients.

E. At the request of the victim, the facility will provide a victim advocate. The HART Team also has an agreement with SVC to provide advocacy services to victims of sexual abuse received at the hospital.

F. The Minneapolis Department, Special Crimes Division, 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
- Interview with LuAnne Buck (PREA Coordinator)
- Agency website
- Communication between Agency and SVC

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

<table>
<thead>
<tr>
<th>115.222 (a)</th>
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</thead>
<tbody>
<tr>
<td>▪ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No</td>
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<tr>
<td>▪ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No</td>
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<tr>
<th>115.222 (b)</th>
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<tbody>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ 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</td>
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<tr>
<td>▪ Does the agency document all such referrals? ☒ Yes ☐ No</td>
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<tr>
<th>115.222 (c)</th>
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</thead>
<tbody>
<tr>
<td>▪ 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</td>
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<th>115.222 (d)</th>
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<td>▪ Auditor is not required to audit this provision.</td>
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<th>115.222 (e)</th>
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<tr>
<td>▪ Auditor is not required to audit this provision.</td>
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</table>
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 Agency conducts administrative investigations. The information is published on the Agency’s website. [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

C. The Agency has its investigative policy published on its website. [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

Policy, Materials, Interviews, and other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 clients receive on preventing, detecting, and responding to sexual abuse and sexual harassment. All current staff has received training on the eleven topics listed in paragraph (a) of this standard. The facility uses the Relias Learning Company curriculum to train staff.

B. The training is designated for the unique needs of the clients in the facility.

C. The facility ensures all employees receive PREA training during orientation and bi-annually after that; in opposite years, staff review the PREA Policy.

D. Receipt and understanding of employee training are 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 Curriculum
- Training records
- Interviews with random staff
- Interview with LuAnne Buck (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 clients will receive training regarding the facility’s zero-tolerance of sexual abuse and sexual harassment.

B. The PREA Coordinator ensures all volunteers and contractors are trained on their responsibilities under the Agency’s sexual abuse and sexual harassment prevention, detection, and response policy and procedures. Training includes information explaining the Agency’s zero-tolerance policy regarding sexual abuse and harassment, how to report incidents or suspicions of sexual abuse or harassment, the right to be free from sexual abuse and harassment, and the right to be free from retaliation for reporting incidents, and policies for responding to such incident.

C. Receipt and understanding of volunteer training are documented and retained by the Agency.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 206 clients have been admitted in the past twelve months, and 71 of those clients’ stay length was thirty days or more. A potential client meets with an admission counselor before being accepted into the program. The client is educated on PREA during the admission process. The admission counselor explains the Agency’s zero-tolerance policy, information on self-protection and prevention techniques, and how to report allegations of sexual abuse or harassment. The client is given a packet of information that includes a client handbook, expectations of the treatment program, and PREA education materials. Admission counselors and clients interviewed confirmed clients receive this information during the admission process.

B. Every client completes the same admission process.

C. The facility will provide clients with disabilities or limited English proficient training through video, interpreters, language lines, and documents in Spanish.

D. Admission counselors and clients sign the receipt of training during the admission process.

E. The facility ensures key information about PREA is continuously and readily available or visible to clients on posters (English and Spanish) throughout the facility and in the client handbook.

Policy, Material, Interviews, and Other Evidence Reviewed:
• Facility PREA Policy
• Completed Pre-Audit Questionnaire submitted by the Agency
• Client handbook
• Client acknowledgment forms
• Client training information
• PREA informational posters
• Interviews with random staff
• Interviews with random clients
• Interviews with admission counselors
• Interview with LuAnne Buck (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 requirements that all investigative staff receives specialized investigative training. The Minneapolis Police Department (MPD) is responsible for conducting criminal investigations. The Agency has two trained investigators who conduct administrative investigations. Both investigators received specialized training through the Relias Learning Center.
B. The specialized training includes the topics listed in paragraph (b) of this standard.

C. The facility maintains copies of the training certificates.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with an Agency investigator
- Copies of training certificates

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

A. RS Eden employs two registered nurses for the treatment center to monitor and administer medications to the clients. The treatment center is licensed by the Department of Human Services and follows the rules outlined in 245G. The nurses have received training on the requirements of paragraph (a) of this standard.

B. Forensic medical examinations are conducted at Hennepin County Medical Center (HCMC), located in Minneapolis, Minnesota.

C. The facility maintains documentation of training.

D. The registered nurses are RS Eden employees and receive training outlined in standard 115.231.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with a registered nurse
- Training records
### 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 screening clients during the admission process for their risk of being sexually abused by other clients or sexually abusive toward other clients.

B. The facility PREA Policy states the screening will be completed during the admission process on the day of intake or within 72 hours of admission. Interviews with the admission counselors and random clients confirmed screenings are completed during the admission process.

C. The facility uses a comprehensive assessment tool for screening for the risk of victimization and abusiveness.

D. The screening form used by the facility reflects all aspects of this standard, including the physical stature, age of the client, and any developmental, mental, or medical disabilities.

E. The screening form considers prior acts of sexual abuse against a child or adult, history of prior sexual victimization while incarcerated, and previous crimes of violence.

F. The facility PREA Policy ensures a client’s risk level will be reassessed when warranted due to a request, incident of sexual abuse, or receipt of additional information that bears on the client’s risk of sexual victimization or abusiveness. Client’s meet with their counselors weekly to discuss their progress in the program, which includes a vulnerability assessment. Counselors and
random clients interviewed confirmed weekly meetings. Clients confirmed the counselor asks if they have any concerns for their safety.

G. The facility reassesses a client’s risk level due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on a client’s risk of being sexually abused or abusive. Interviews with staff confirmed that counselors meet with clients weekly, and a risk level would be reassessed.

H. Facility policy prohibits clients from being disciplined for refusing to answer or not disclosing complete information in response to the risk screening. Staff interviews confirmed that clients have not and will not be disciplined.

I. The risk assessment is placed in the client’s confidential file; access to the confidential file is limited to the Division Director, Program Director and counselors. The confidential files are maintained electronically, and access is granted through permissions.

Each client must complete a Chemical Dependency Assessment; part of the assessment includes a vulnerability and aggression assessment.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with admission counselors
- Interview with LuAnne Buck (PREA Coordinator)
- Interviews with client

**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 assessment to determine room placement. During the day, clients attend supervised group sessions. The Agency makes the safety of each client their priority which was confirmed through staff interviews.

B. Interviews with the PREA Coordinator and staff confirmed individual determinations are made to ensure the safety of each client.

C. The PREA Coordinator and staff confirmed that transgender or intersex clients’ room assignments would be considered on a case-by-case basis.

D. The PREA Coordinator and staff interviewed verified serious consideration would be given to transgender or intersex clients’ view of their safety.

E. The showers in the facility are private and allow clients 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 clients in dedicated rooms.

During the onsite audit, no clients met the criteria of this standard enrolled in the treatment program.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with PREA Coordinator LuAnne Buck (PREA Coordinator)
- Interviews with admission counselors
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 clients with multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Clients can make reports verbally, in writing, and the grievance procedure. Staff interviewed confirmed they will accept all reports, including anonymous and third-party.

B. The facility has posters displayed throughout the facility. One poster is specific to the men’s program, and another is specific to the women’s program. The posters contain three telephone numbers to outside agencies for clients to make reports of sexual abuse and harassment.

C. The facility PREA Policy mandates staff to accept reports made verbally, in writing, anonymously, and from third parties. Staff interviewed verified they would accept all reports and would document verbal reports as soon as possible.

D. Staff may privately report sexual abuse and harassment of clients to Residential Substance Use Disorder Directors, Supervisors, PREA Coordinator, Human Resources, the Vice President of Strategy and Impact, or the Agency President.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interviews with clients
- Interview with LuAnne Buck (PREA Coordinator)
- Posters displayed in the facility

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 immediately protect the client. The grievance process is outlined in the client handbook and discussed during the admission process.

B. The facility Grievance Policy does not put a time limit on when a client can file a grievance regarding an allegation of sexual abuse. Clients are not required to use an informal grievance process or attempt to resolve an alleged incident of sexual abuse with staff.

C. The policy includes that a client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance would not be referred to a staff member who is the subject of the complaint.

D. The facility is a 60-day treatment center; the Grievance Policy gives the counselor three days to respond to the grievance. If the client is dissatisfied with the counselor's response, the client can appeal the decision to the Program Director, who has five days to make a final decision. The information is documented in the client's file.

E. The facility Grievance Policy allows third parties (clients, staff members, family members, attorneys, and outside advocates) to assist clients in filing a grievance relating to allegations of sexual abuse and filing such grievance on behalf of the clients. A client must agree to have a grievance filed on their behalf by a third party. The facility will document in the clients' file their declination to file the third-party grievance.

F. An emergency grievance received by the facility that a client is in imminent danger of sexual abuse will immediately be forwarded to a level of review at which immediate corrective action may be taken. An initial response will be provided within 48 hours and a final decision within five days.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility Grievance Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Random staff interviews
- Interview with LuAnne Buck (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 provides phone numbers and addresses for clients to contact outside victim advocacy agencies displayed on posters throughout the facility. The telephones in the facility are not recorded; communication between clients and advocacy agencies are confidential.

B. The land line telephones clients have access to are not monitored and allows clients’ to have confidential conversations. Clients interviewed know their calls are confidential.

C. The facility is in the process of securing a Memorandum of Understanding (MOU) with the Sexual Violence Center (SVC) located in Minneapolis, Minnesota. The Director confirmed that SVC will provides services to victims and survivors in Hennepin County.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with clients
- Interview with LuAnne Buck (PREA Coordinator)
- Emails between RS Eden and SVC
- Posters displayed in the facility
A. The facility provides phone numbers and addresses for clients to contact outside victim advocacy agencies displayed on posters throughout the facility. The telephones in the facility are not recorded; communication between clients and advocacy agencies is confidential.

B. The landline telephones clients have access to are not monitored and allows clients’ to have confidential conversations.

C. Clients interviewed know their calls are confidential. The facility is in the process of securing a Memorandum of Understanding (MOU) with the Sexual Violence Center (SVC) located in Minneapolis, Minnesota. The Director confirmed that SVC would provide services to victims and survivors in Hennepin County.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with clients
- Interview with LuAnne Buck (PREA Coordinator)
- Emails between RS Eden and SVC
- Posters displayed in the facility
- Interview with SVC Director

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 of receiving third-party reports of sexual abuse and harassment of clients. Information on how to report is posted on the Agency's website: https://www.rseden.org/index.php/programs-services/reentry-services
### Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

### 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 and harassment. Retaliation against clients or staff and any staff neglect that may have contributed to such incident or retaliation shall immediately report according to Agency policy. Staff interviewed confirmed receiving training and understood their duty to report.

B. PREA information collected during investigations is considered sensitive and should only be shared with those staff who need to know as part of their assigned duties.

C. The registered nurses would inform clients about their duty to report and the limits of confidentiality.

D. The treatment program does not accept clients under the age of eighteen. If the victim is a vulnerable adult, the facility will report the incident to the designated Agency. The PREA Coordinator confirmed the appropriate Agency would be contacted.

E. The facility PREA Policy requires staff to report any allegation of sexual abuse and harassment. Trained facility investigators conduct administrative investigators, 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 LuAnne Buck (PREA Coordinator)
- Interviews with 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 client was subject to a substantial risk of imminent sexual abuse. Interviews with the PREA Coordinator and random staff confirmed the safety of a client is their first concern and would take immediate action to protect the resident.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (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 PREA Coordinator to report any abuse allegations received regarding a client being abused at another facility to the head of that facility.

B. The facility PREA Policy requires the PREA Coordinator to provide notification within 72 hours of the report.

C. The notification would be documented in the client's file.

D. The facility PREA Policy states all incidents or suspected sexual harassment or sexual abuse will be investigated.

The facility reported there had been zero allegations of sexual abuse the facility received from other facilities. The facility reported zero allegations the facility received that a client 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 LuAnne Buck (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

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 alleged abuser;
   • 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 described 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 a staff member.

Policy, Materials, Interviews, and Other Evidence Reviewed:

• Facility PREA Policy
• Completed Pre-Audit Questionnaire submitted by the Agency
• Interviews with staff
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, and coordination with outside community partners.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (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. All employees of RS Eden are "at-will" employees. If an allegation of sexual abuse or harassment against a staff member is reported, RS Eden can immediately be placed on leave or terminated from employment.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Completed Pre-Audit Questionnaire submitted by the Agency
- Employee handbook
- Interview with LuAnne Buck (PREA Coordinator)
- Employee termination report

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 protects all clients and staff who report sexual abuse and harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other clients and staff. A client’s counselor would be responsible for monitoring for retaliation. The Program Director or designee would monitor staff.

B. The facility would use protective measures such as housing or program changes, removing the alleged abuser from the program, removing the alleged staff abuser from the facility, and offer emotional support to clients and staff.

C. The facility is a treatment center with a 60-day program; clients would be monitored until they complete the program. The requirements for monitoring for retaliation are outlined in the facility PREA Policy (as detailed in this standard.)

D. Counselors meet with their clients weekly; monitoring for retaliation would be discussed with the client.

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 LuAnne Beck (PREA Coordinator)
- Interview with Nicole Frass, Director Recovery Services Division

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
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 general policy of the Agency is that all incidents of suspected sexual harassment or sexual abuse be adequately addressed through inquiry or investigation. Trained Agency investigators conduct administrative investigations, and the Minneapolis Police Department (MPD) conducts criminal investigations.
B. The Agency investigators have received training according 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 Agency investigator interviewed explained the investigative process and evidence collection for administrative investigations. Investigators would conduct criminal investigations from the Minneapolis Police Department.

D. The Minneapolis Police Department would consult with the Hennepin County Attorney’s Office during the criminal investigation. Facility staff is trained to secure the scene until the Minneapolis Police Department officers arrive at the facility.

E. Investigators from the Minneapolis Police Department 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 requirements of paragraph (f) of this standard.

G. The Minneapolis Police Department policy requires all necessary reports, including the offense/incident report, the property inventory report, and all the statements required to be completed by the responding officer(s).

H. The Minneapolis Police Department would be responsible for referring to the Hennepin County 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 investigation would not be terminated because the alleged abuser or victim departs from employment or control of the Agency. The PREA Coordinator verified the investigation would not be closed if the victim or abuser leaves the facility.

L. The Agency will cooperate with the Minneapolis Department, and the PREA Coordinator will maintain contact with them on the progress of the investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Completed investigation

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 LuAnne Buck (PREA Coordinator)
- Completed investigation

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 audit. The facility PREA Policy outlines the procedures for notifying clients 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 being conducted by the Minneapolis Police Department (MPD), the PREA Coordinator will maintain contact with the department through the investigation.

C. The facility PREA Policy outlines the information the facility will provide the client on 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 client on the status of the alleged abuser if another client is the accused (as detailed in this standard.)

E. The PREA Coordinator verified the facility would document all notifications as outlined in the facility PREA Policy.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

**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 reports that zero staff from the facility has been disciplined, terminated, or reassigned for violating facility policies in the past twelve months. The facility reports that zero staff members have been reported to law enforcement or licensing boards for violating facility policies in the past twelve months. The facility policy outlines the disciplinary sanctions, including termination for violating sexual abuse and sexual harassment policies.

B. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of clients.

C. The facility PREA Policy outlines the progressive discipline of staff members for violations of its sexual abuse and 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
- Completed Pre-Audit Questionnaire submitted by the Agency
- Staff termination notices
- Employee handbook

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. In the twelve months before the audit, the facility reports that zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of clients.

B. It is the policy of the Agency to prohibit a contractor or volunteer from the facility for any sexual misconduct.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Nicole Frass, Director Recovery Services

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)

Instructions for Overall Compliance Determination Narrative

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

A. The client handbook outlines the rules and expected behavior all clients need to follow. Consequences for violating program rules are addressed therapeutically with the client’s counselor and the multi-disciplinary team.

B. The facility does not have secure holding rooms for clients. The client would be removed from the treatment program and referred to a more suitable placement. If the client is court-ordered to attend the program, the overseeing Agency would be contacted to remove the client. If necessary, the client would be held in the Hennepin County Jail pending charges or waiting for transport to the overseeing Agency.

C. The client would be removed from the program.

D. This paragraph does not apply to this facility.

E. The client will not be disciplined for sexual contact with staff only upon finding the staff member did not consent to the conduct.

F. The client will not be disciplined for reporting sexual abuse in good faith, even if an investigation does not establish evidence to substantiate the allegation.

G. The facility prohibits all sexual activity between clients.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Nicole Frass, Director Recovery Services Division
- Client 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

☒ 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. Client 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. Staff would contact the medical staff if onsite. The PREA Policy outlines the responsibilities of a staff first responder; staff would request emergency medical services to treat the victim.

C. The client would be offered information from the Hennepin Assault Response Team at HCMC. Onsite medical staff will support the client and schedule any follow-up medical and mental health appointments.
D. Treatment and services will be provided to the victim free of charge.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with a registered nurse

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 will offer medical and mental health evaluations and appropriate treatment to any client who has been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

B. The client would be provided ongoing treatment by community medical and mental health practitioners. Referrals for continued care will be forwarded with a client being released or transferred.

C. All clients are referred to community medical and mental health practitioners.

D. Facility medical staff will work with the client to arrange for pregnancy tests.

E. Facility medical staff will work with the client for referrals to community organizations that provide information and timely access to all lawful pregnancy-related medical services.

F. Facility medical staff will refer a client 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. A client-on-client abuser would not qualify for admission into the treatment program.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with a registered nurse

## 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. The Agency has a safety committee that conducts sexual abuse incident reviews.

B. The review is generally completed within thirty days after every substantiated or unsubstantiated sexual abuse investigation.

C. The Agency has a safety committee that includes the PREA Coordinator, Division Directors, Program Directors, Case Managers, and Senior Case Managers.

D. The review team considers (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
- Interview with the PREA Coordinator
- Interview with Nicole Frass, Director Recovery Services Division
- Example of an incident review

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

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

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☐ 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 the 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 current year’s data and previous years’ data on its website: https://www.rseden.org/index.php/programs-services/reentry-services


D. The nature of the information that is redacted is indicated in the report.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 Agency securely stores its data electronically.


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 PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
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 second PREA audit for RS Eden - Eden House. The facility was found to be in full compliance with the Prison Rape Elimination Act (PREA) standards on April 30, 2018. I was given access to all areas of the facility and received all requested relevant documentation. I was permitted to conduct private interviews with staff and clients and did not receive any confidential correspondence from staff or clients. Audit notices were posted six weeks before the audit, and the clients interviewed confirmed the notices had been posted in the facility.

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 have 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

RS Eden has their final audit reports on its website: [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services) 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 ___________________________  September 30, 2021

Auditor Signature  Date

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

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:  October 1, 2021

Auditor Information

Name:  Darnel Carlson  
Email:  dmcarlson16@gmail.com

Company Name:  Click or tap here to enter text.
Mailing Address:  P.O. Box 267  
City, State, Zip:  Pillager, MN  56473
Telephone:  218-831-9636  
Date of Facility Visit:  August 18, 2021

Agency Information

Name of Agency:  RS Eden

Physical Address:  1931 West Broadway Suite 101  
City, State, Zip:  Minneapolis, MN  55411
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:  Click or tap here to enter text.

Agency Chief Executive Officer

Name:  Caroline Hood
Email:  chood@rseden.org  
Telephone:  612-287-1611

Agency-Wide PREA Coordinator

Name:  LuAnne Buck
Email:  lbuck@rseden.org  
Telephone:  651-287-1611

PREA Coordinator Reports to:
Number of Compliance Managers who report to the PREA Coordinator:  0
## Facility Information

<table>
<thead>
<tr>
<th><strong>Name of Facility:</strong></th>
<th>RS Eden – Reentry West</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Address:</strong></td>
<td>855 7th Street West</td>
</tr>
<tr>
<td><strong>City, State, Zip:</strong></td>
<td>St. Paul, MN  55102</td>
</tr>
<tr>
<td><strong>Mailing Address:</strong></td>
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<td><strong>City, State, Zip:</strong></td>
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<td><strong>The Facility Is:</strong></td>
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<td><strong>Facility Website with PREA Information:</strong></td>
<td><a href="https://www.rseden.org/index.php/programs-services/reentry-services">https://www.rseden.org/index.php/programs-services/reentry-services</a></td>
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<tr>
<td><strong>Has the facility been accredited within the past 3 years?</strong></td>
<td>☒ No</td>
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<tr>
<td><strong>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):</strong></td>
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<td>☐ Other (please name or describe): Click or tap here to enter text.</td>
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<td><strong>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</strong></td>
<td>Minnesota Department of Corrections Inspections</td>
</tr>
</tbody>
</table>

## Facility Director

| **Name:** | LuAnne Buck |
| **Email:** | lbuck@reseden.org |
| **Telephone:** | 651-292-1207 |

## Facility PREA Compliance Manager

| **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 Health Service Administrator

| **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:** | 32 |
| Current Population of Facility:                  | 18 |
| Average daily population for the past 12 months: | 22 |
| Has the facility been over capacity at any point in the past 12 months? | ☒ No |
| Which population(s) does the facility hold?     | ☒ Males  
  ☐ Females  
  ☐ Both Females and Males |
| Age range of population:                        | 18-99 |
| Average length of stay or time under supervision | MNDOC Work Release 2-11 months; US Probation & Pretrial Services 30 days – 1 year; County Probation and Supervised Release 30 days |
| Facility security levels/resident custody levels | MNDOC WR; County Probation; County Supervised Release; US Probation & Pretrial Services; MNDOC ICR |
| Number of residents admitted to facility during the past 12 months | 65 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 64 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 52 |
| 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)? | ☒ Yes  
  ☐ 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): | ☒ Federal Bureau of Prisons  
  ☒ U.S. Marshals Service  
  ☐ U.S. Immigration and Customs Enforcement  
  ☐ Bureau of Indian Affairs  
  ☐ U.S. Military branch  
  ☒ State or Territorial correctional agency  
  ☐ County correctional or detention agency  
  ☐ Judicial district correctional or detention facility  
  ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)  
  ☐ Private corrections or detention facility  
  ☒ Other - please name or describe: US Probation and Pretrial Services  
  ☐ N/A |
| Number of staff currently employed by the facility who may have contact with residents: | 15 |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | 9 |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | 0 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |
### Physical Plant

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of resident housing units:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of single resident cells, rooms, or other enclosures:</th>
<th>0</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Number of multiple occupancy cells, rooms, or other enclosures:</th>
<th>9</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of open bay/dorm housing units:</th>
<th>0</th>
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</table>

<table>
<thead>
<tr>
<th>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Yes ☐ No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</th>
</tr>
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<tbody>
<tr>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>

### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Are medical services provided on-site?</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are mental health services provided on-site?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>
Where are sexual assault forensic medical exams provided? Select all that apply.

- [ ] On-site
- [x] Local hospital/clinic
- [ ] Rape Crisis Center
- [ ] Other (please name or describe: Click or tap here to enter text.)

### Investigations

#### Criminal Investigations

**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:** 0

**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.**

- [x] Facility investigators
- [x] An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- [x] Local police department
- [ ] Local sheriff's department
- [ ] State police
- [ ] A U.S. Department of Justice component
- [ ] Other (please name or describe: Click or tap here to enter text.)
- [ ] N/A

#### Administrative Investigations

**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?** 2

**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**

- [x] Facility investigators
- [x] Agency investigators
- [x] An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- [x] Local police department
- [ ] Local sheriff's department
- [ ] State police
- [ ] A U.S. Department of Justice component
- [ ] Other (please name or describe: Click or tap here to enter text.)
- [ ] N/A
Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) onsite audit of RS Eden-Reentry West in St. Paul, Minnesota, was conducted on August 18, 2021. Pre-audit preparation included a review of the Pre-Audit Questionnaire and all documentation and materials submitted by the Agency. The documentation included Agency policies, procedures, forms, employee handbook, and client handbook. The Division Director provided a copy of the staff schedule and client roster on the first day of the onsite audit. There were 19 male clients in custody on the first day of the onsite audit. Continuing concerns over the spread of the Coronavirus have reduced the number of clients residing at the facility.

The audit notices were posted in visible areas throughout the facility six weeks before the audit and during the onsite audit. The PREA Coordinator emailed a confirmation that the notices were posted, and clients confirmed the notices were posted during interviews. I did not receive any client or staff correspondence throughout the audit process.

During the onsite audit on August 18, 2021, I privately interviewed a support specialist in the staff office and a case manager in a private office. Two personal interviews were conducted, the case manager was interviewed as a random staff member. The second support specialist was interviewed as a random staff member, intake, and staff responsible for risk screening. The PREA Coordinator was interviewed on August 17, 2021. She was also interviewed as one of the Agency Investigators, Administration/ Human Resources, and person monitoring for retaliation. The PREA Coordinator is the Division Director for the Reentry Division of the Agency. The PREA Coordinator is responsible for designating the staff member who will monitor a client or staff member for retaliation.

Confidential interviews with clients we conducted in a conference room. I interviewed four randomly selected clients. No clients were identified that met the criteria to conduct additional interviews related to a targeted class of clients.

During the past twelve months, the facility reported two allegations of substantiated, unsubstantiated, or unfounded sexual abuse or sexual harassment reports. One substantiated allegation of client-on-client sexual harassment and one unsubstantiated third-party allegation of staff-on-client sexual abuse. The facility received zero reports from clients that they were sexually abused or harassed in another facility and received zero reports from another facility that a client was sexually abused or harassed at its facility.

The facility employs ten full-time employees, including one Director of Case Management, two case managers, and seven support specialists. RS Eden – Reentry West also has four on-call support specialists.

The Division Director of Reentry Services (PREA Coordinator) conducted a facility tour. All areas of the facility were toured, which included (main office, kitchen and dining areas, staff offices, weight room, client laundry room, client restrooms and showers, staff restroom, client dayroom, attic). I observed the location of cameras, placement of posters, and PREA information available to clients. Client restrooms and showers have doors for client privacy. I was given access to all areas of the facility.

The PREA Coordinator was available throughout the audit. Staff and clients were made readily available to me. The staff were friendly and openly answered my questions. Staff understood their
responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment in the facility.

The RS Eden’s mission is to create thriving, just communities where healing occurs and new beginnings are possible. We envision a community built upon a shared commitment to wellbeing and equality, where individuals and families are free from injustice and anchored by generational resilience.

The facility was found to fully comply with the Prison Rape Elimination Act (PREA) standards on April 30, 2018.

Staff interviews verified initial and ongoing PREA training. Their answers to questions confirmed their responsibilities in detecting, preventing, reporting, and responding to sexual abuse and sexual harassment. Staff knew the different ways they and the clients could confidentially report sexual abuse and harassment. The staff explained the steps they would take as a first responder and expressed confidence in their administration that any report of sexual abuse, harassment, or retaliation would be investigated.

Clients were randomly selected to interview from the client roster provided on the first day of the onsite audit.

The support specialist completes the client’s intake process and PREA education upon arrival. During the initial Case Manager meeting, the Case Manager will conduct a PREA Assessment and review PREA education received during support specialist intake. Case Managers meet with clients weekly; once a month, the case manager reviews the PREA education with the client. Interviews with clients confirmed they were provided PREA education during the intake process and understood the Agency’s zero-tolerance policy.

The facility has a signed Memorandum of Understanding (MOU) with the SOS Sexual Violence Services (SOS) sexual violence services to provide emotional support and be a third-party report. For treatment, client victims of sexual abuse would be transported to Regions Hospital located in St. Paul, Minnesota. Regions Hospital has a Sexual Assault Nurse Examiner (SANE) program to conduct forensic medical examinations. Regions Hospital has an agreement with SOS Sexual Violence Services to provide an advocate to provide emotional support services to the victim.
RS Eden – Reentry West 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 biennially and completes a self-inspection on the opposite year. The facility was inspected by the Department of Corrections from 02/17/2021 to 02/25/2021 and received a 100% compliance rating on mandatory requirements and a 90% compliance rating on essential requirements.

RS Eden – Reentry West is a two-story renovated house with a basement located in a residential neighborhood in St. Paul, Minnesota. The Department of Corrections licenses the facility to hold a maximum of 32 clients. There were 19 male clients in custody on the first day of the PREA audit. This facility only houses adult male clients.

RS Eden contracts with the Minnesota Department of Corrections Work Release Program, U.S. Probation, Pretrial, and County Probation.

The facility is a two-story building with a basement. You enter the main floor into the lobby and front office. A client dayroom, dining room, kitchen, staff restroom, and client rooms are on the main floor. There are three client rooms (1-2 bed room, 1-3 bed room, and 1-4 bed room.)

Stairs are going up to the second floor. Client rooms and client restrooms are on the second floor. There are six client rooms (2-3 bed rooms, 3-4 bed rooms, and 1-5 bed rooms) and three private restrooms with showers.

Stairs are going up to the attic. A clothes donation room, supply room, and the Lead Support Specialist’s office are located in the attic. Facility policy requires a client to be escorted by staff up to the attic.

Stairs are going to the basement. There are staff offices, a client weight room, a client laundry room, two client restrooms, and two showers with lockable doors.

Staff monitor the facility surveillance system from the front office. There are cameras placed throughout the inside and outside of the building that staff monitor that augments staff’s ability to detect and respond to an incident of sexual abuse. There is a minimum of one staff on duty 24/7; staff conduct room checks every hour.

The RS Eden – Treatment Center prepares client meals at Eden House and delivers the meals to the facility. Facility staff set up the meals for the clients.

RS Eden provides a structured living environment, 24-hour client surveillance, alcohol and drug screening, case management, assessments, individual goal planning, employment assistance, education groups/classes, and referrals to community services.
**Summary of Audit Findings**

There was no corrective action needed. The facility met the 41 standards for community confinements.

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

<table>
<thead>
<tr>
<th>Standards Exceeded</th>
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</thead>
<tbody>
<tr>
<td>Number of Standards Exceeded:</td>
</tr>
<tr>
<td>List of Standards Exceeded:</td>
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</table>

<table>
<thead>
<tr>
<th>Standards Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Standards Met:</td>
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<table>
<thead>
<tr>
<th>Standards Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Standards Not Met:</td>
</tr>
<tr>
<td>List of Standards Not Met:</td>
</tr>
</tbody>
</table>
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 Agency has designated Division Director LuAnne Buck as the PREA Coordinator. She reports directly to the Vice President of Program Strategy and Impact. 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
- Completed Pre-Audit Questionnaire submitted by the Agency
- Agency organizational chart
- Interview with LuAnne Buck (PREA Coordinator)

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. This paragraph is not applicable; the facility does not contract with any entity to hold clients.

B. This paragraph is not applicable.

C. This paragraph is not applicable.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 an average daily population of 25 clients. The staffing plan is based on 26 clients.

A. The facility has a formalized staffing plan that meets the requirements from the Minnesota Department of Corrections 2920 rules governing Adult Community-Based Residential Correctional Facilities and includes considerations (1-4) of paragraph (a) of this standard.

B. The facility does not deviate from the staffing plan. Minimum staffing is maintained by on-call staff, case managers, and shift extensions. The on-duty staff person cannot leave the facility until their replacement arrives.

C. The PREA Coordinator reviews the staffing plan annually to determine whether any adjustments are needed.

Policy, Materials, Interviews, and Other Evidence Reviewed:

• Facility PREA Policy
• Competed Pre-Audit Questionnaire submitted by the Agency
• Minnesota Department of Correction 2920 rules
• Staffing plan
• Interview with LuAnne Buck (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 enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?
  ☒ Yes □ No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?
  ☒ Yes □ No

115.215 (e)
- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status?
  ☒ Yes □ No

- If a resident’s genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that...
information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

A. The facility PREA Policy prohibits employees from conducting pat-downs or body searches of any client. The facility reports that there have been zero cross-gender or visual body cavity searches of clients in the last 12 months.

B. The facility PREA Policy prohibits employees from conducting pat-down searches of clients. West reentry only houses male clients.

C. The facility PREA Policy prohibits employees from conducting any searches of clients. West reentry only houses male clients.

D. The facility PREA Policy ensures clients can shower, perform bodily functions, and clothing in privacy. The policy and facility practice require the staff of the opposite gender to announce their presence when entering a client’s floor. The facility has private restrooms and shower areas on all three floors. Interviews with facility staff, clients, and direct observation confirm this as policy and practice. Clients report that staff does not enter occupied restrooms.

E. The facility PREA Policy prohibits staff from searching or physically examining a transgender or intersex client for the sole purpose of determining the client’s genital status.

F. The facility does not conduct anybody searches of clients; therefore, the staff does not receive training on conducting body searches.

Random clients interviewed confirmed they could dress, shower, and use the restroom privately.
Random clients verified staff of the opposite gender announces their presence when entering hallways of the opposite gender client.

Random staff interviewed confirmed announcing their presence when entering floors and rooms of clients of the opposite gender.

During the onsite audit, no clients met the criteria of this standard enrolled in the program.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with staff
- Interview with random clients

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 essential information about PREA is continuously and readily available or visible to clients through posters, client handbooks, and an educational handout. Clients with disabilities would be identified during the admission process, and appropriate accommodations would be made to ensure the client can participate in all aspects of the program.

B. The facility would use the services set up during the admission process. The facility has an agreement with the Language Line to provide interpreter services.

C. The facility PREA Policy prohibits using client interpreters, readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first response duties, or the investigation of the allegation.

During the onsite audit, there weren’t any clients who met the criteria of this standard in the house. Reentry West does have an ADA room to hold clients who have physical disabilities.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with random staff
- Interview with LuAnne Buck (PREA Coordinator)

**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 clients and will not enlist the services of any contractor or volunteer who may have contact with clients who have engaged in the prohibited conduct specified in paragraph (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 clients as outlined in the facility PREA Policy.

C. The facility PREA Policy states that the Agency will perform a criminal records background check before making any job offer. A criminal background check is performed through the Minnesota Bureau of Apprehension (BCA), including local, State, Federal, and predatory offender registers and the Minnesota Department of Human Services.

D. The Agency conducts criminal records background checks on contracted and volunteers workers.

E. The facility PREA Policy requires criminal records background checks at least every five years of current employees and contractors who have contact with clients.
F. Applicants who may have contact with clients are asked about previous misconduct described in paragraph (a) of this standard during the interview for new hires and promotions. The Agency’s application includes a consent policy that no requested information has been concealed. If any information provided is untrue, or if the applicant has concealed material information, it will constitute cause for the denial of employment or immediate dismissal. Employees are required to complete self-disclosure statements during performance evaluations. Each employee is given an Employee Handbook and is required to sign the Employee Handbook Receipt.

G. The facility PREA Policy and application consent policy clearly outlines grounds for termination if an applicant or employee provides false information or fails to disclose information regarding misconduct specified in paragraph (a) of this standard.

H. The Agency shall provide information to an institutional employer for whom an employee has applied to work on substantiated allegations of sexual abuse or harassment upon receiving a signed release.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Beck (PREA Coordinator)
- Employment application
- Background check

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. Since the last PREA audit, the facility reports there have not been new cameras added to the facility.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Facility tour

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**RESPONSIVE PLANNING**

**Standard 115.221: Evidence protocol and forensic medical examinations**

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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.
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 St. Paul Police Department.


C. Forensic medical examinations will be conducted free of charge to the victim at Regions Hospital located in St. Paul, Minnesota. [https://www.healthpartners.com/care/hospitals regions/specialties/emergency-center/sexual-assault-care/](https://www.healthpartners.com/care/hospitals regions/specialties/emergency-center/sexual-assault-care/) Regions Hospital has a Sexual Assault Nurse Examiner (SANE) program to provide trauma-informed medical care and support for individuals who have experienced sexual assault. Regions hospital has SANE professionals available 24/7.

D. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services (SOS) [https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services](https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services) to provide advocacy. The facility will provide a victim advocate for the SOS Sexual Violence Services at the victim's request. Contact information is posted in the facility, and clients are given an SOS flyer.

E. A victim advocate from SOS Sexual Violence Services located in St. Paul, Minnesota, will be provided at the victim's request. Regions Hospital also has an agreement with SOS Sexual Violence Services to provide advocacy services to victims of sexual abuse received at Regions Hospital.

F. The St. Paul Police Department will investigate according to their Agency policy and procedures. The St. Paul Police Department confirmed that sexual assault investigations take priority. Investigations conducted will follow the Department's manual's protocols, incorporating the Ramsey County Adult Sexual Assault Response Protocol.
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
- Regions Hospital SANE Program Supervisor
- Interview with LuAnne Buck (PREA Coordinator)
- St. Paul Police Department letter
- Random staff interviews
- MOU with SOS Sexual Violence Services

### 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 St. Paul Police Department conducts criminal investigations, and the Agency conducts administrative investigations. The information is published on the Agency’s website. [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

C. The Agency has its investigative policy published on its website. [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

Policy, Materials, Interviews, and other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 clients receive on preventing, detecting, and responding to sexual abuse and sexual harassment. All current staff has received training on the eleven topics listed in paragraph (a) of this standard. The facility uses the Relias Learning Company curriculum to train staff.

B. The training is designated for the unique needs of the clients in the facility.

C. The facility ensures all employees receive PREA training during orientation and bi-annually after that; in opposite years, staff review the PREA Policy.

D. Receipt and understanding of employee training are documented through electronic signature. Reentry West does not have volunteers or contractors coming into the facility to meet with clients.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Relias Learning Training Curriculum
- Training records
- Interviews with random staff
- Interview with LuAnne Buck (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 clients will receive training regarding the facility’s zero-tolerance of sexual abuse and sexual harassment.

B. The PREA Coordinator ensures all volunteers and contractors are trained on their responsibilities under the Agency’s sexual abuse and sexual harassment prevention, detection, and response policy and procedures. Training includes information explaining the Agency’s zero-tolerance policy regarding sexual abuse and harassment, how to report incidents or suspicions of sexual abuse or harassment, the right to be free from sexual abuse and harassment, and the right to be free from retaliation for reporting incidents, and policies for responding to such incident.

C. Receipt and understanding of volunteer training are documented and retained by the Agency.

Reentry West does not have volunteers or contractors coming into the facility to meet with clients.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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
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 65 clients have been admitted in the past twelve months, and 52 of those their length of was thirty days or more. Generally, a client is given information on the Agency’s zero-tolerance policy upon arrival at the facility. The client is given a packet of information; a client handbook, general facility information, and a PREA education packet are included. The education packet 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. The intake officer explains PREA to the client. The clients meet with their case manager weekly; once a month, the case manager reviews PREA with the client. Case managers, staff, and clients interviewed confirmed clients receive PREA education during the admission process, and once a month, PREA is reviewed with their case manager.

B. Every client completes the same admission process.

C. The facility will provide clients with disabilities or limited English proficient training through video, interpreters, language lines, and documents in Spanish.

D. Intake staff and the client sign the receipt of training during the admission process.

E. The facility ensures essential information about PREA is continuously and readily available or visible to clients on posters (English and Spanish) throughout the facility, the PREA Education packet, and the client handbook.

Policy, Material, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Client acknowledgment forms
- Client training information
- PREA informational posters
- Interviews with random clients
Interviews with intake staff
- Interviews with case managers
- Interview with LuAnne Buck (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 requirements that all investigative staff receives specialized investigative training. The St. Paul Police Department (SPPD) is responsible for conducting criminal investigations. The Agency has two trained investigators who conduct administrative investigations. Both investigators received specialized training through the Relias Learning Center.

B. The specialized training includes the topics listed in paragraph (b) of this standard.

C. The facility maintains copies of the training certificates.

**Policy, Materials, Interview, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with an Agency investigator
- Copies of training certificates

**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. Clients 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 LuAnne Buck (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

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**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

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**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

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**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 screening clients during the intake process for their risk of being sexually abused by other clients or sexually abusive toward other clients.

B. The facility PREA Policy states the screening will be completed within 72 hours of intake. Interviews with the staff and random clients confirmed screenings are completed during the intake process.

C. The facility uses a comprehensive assessment tool for screening for the risk of victimization and abusiveness.

D. The screening form used by the facility reflects all aspects of this standard, including the physical stature, age of the client, and any developmental, mental, or medical disabilities.

E. The screening form considers prior acts of sexual abuse against a child or adult, history of prior sexual victimization while incarcerated, and previous crimes of violence.

F. The facility PREA Policy ensures a client’s risk level will be reassessed when warranted due to a request, incident of sexual abuse, or receipt of additional information that bears on the client’s risk of sexual victimization or abusiveness. Client’s meet with their case managers weekly to discuss their progress in the program, which includes a vulnerability assessment. Case
Managers and random clients interviewed confirmed weekly meetings. Clients confirmed the case manager asks if they have any concerns for their safety.

G. The facility reassesses a client’s risk level due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on a client’s risk of being sexually abused or abusive. Interviews with staff confirmed that case managers meet with clients weekly, and a risk level would be reassessed.

H. Facility policy prohibits clients from being disciplined for refusing to answer or not disclosing complete information in response to the risk screening. Staff interviews confirmed that clients have not and will not be disciplined.

I. The risk assessment is placed in the client’s confidential file; access to the confidential file is limited to the Division Director, Program Director and case managers. The confidential files are maintained electronically, and access is granted through permissions.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interviews with case managers
- Interview with LuAnne Buck (PREA Coordinator)
- Interviews with clients

**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 assessment to determine room placement. During the day, clients attend supervised group sessions. The Agency makes the safety of each client their priority which was confirmed through staff interviews.

B. Interviews with the PREA Coordinator and staff confirmed individual determinations are made to ensure the safety of each client.

C. The PREA Coordinator and staff confirmed that transgender or intersex clients’ room assignments would be considered on a case-by-case basis.

D. The PREA Coordinator and staff interviewed verified serious consideration would be given to transgender or intersex clients’ view of their safety.

E. The showers in the facility are private and allow clients 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 clients in dedicated rooms.

During the onsite audit, no clients met the criteria of this standard enrolled in the program.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with PREA Coordinator LuAnne Buck (PREA Coordinator)
- Interviews with staff
# 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 clients with multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Clients can make reports verbal and written to any facility staff or the Agency PREA Coordinator. Staff interviewed confirmed they will accept all reports, including anonymous and third-party.

B. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services [https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services](https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services) for clients to make reports of sexual abuse and harassment to an outside Agency. The SOS Sexual Violence Services will forward any reports back to the facility and allow the reporting party to remain anonymous. The facility has posters displayed throughout the facility with contact information for SOS Sexual Violence Services, and each client is given an informational flyer from SOS Sexual Violence Services.

C. The facility PREA Policy mandates staff to accept reports made verbally, in writing, anonymously, and from third parties. Staff interviewed verified they would accept all reports and would document verbal reports as soon as possible.

D. Staff may privately report sexual abuse and harassment of clients to the VP of Human Resources, VP of Program Strategy and Impact, or the Agency CEO.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interviews with clients
- Interview with LuAnne Buck (PREA Coordinator)
- Posters displayed in the facility
- Memorandum of Understanding with SOS Sexual Violence Services

**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 Grievance 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 client. The grievance process is outlined in the client handbook.

B. The facility Grievance Policy does not limit when a client can file a grievance regarding an allegation of sexual abuse. Clients are not required to use an informal grievance process or attempt to resolve an alleged incident of sexual abuse with staff.

C. The policy includes that a client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance would not be referred to a staff member who is the subject of the complaint.

D. The facility Grievance Policy requires the case manager two business days to respond to the grievance. If the client is dissatisfied with the case manager, the client can appeal the decision to the Program Director, who has two business days to make a final decision. The information is documented in the client’s file.

E. The Grievance Policy allows third parties (clients, staff members, family members, attorneys, and outside advocates) to assist clients in filing a grievance relating to allegations of sexual abuse and filing such grievance on behalf of clients. A client must agree to have a grievance filed on their behalf by a third party. The facility will document in the client’s file their declination to file the third-party grievance.

F. An emergency grievance received by the facility that a client is in imminent danger of sexual abuse will immediately be forwarded to a level of review at which immediate corrective action may be taken. An initial response will be given within 48 hours and a final decision within five days.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility Grievance Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Random staff interviews
- Interview with LuAnne Buck (PREA Coordinator)
- Random client interviews

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 telephone numbers and addresses for clients to contact outside victim advocacy agencies displayed on posters and flyers given to each client. Communication between clients and advocacy agencies is confidential. The landlines in the facility are not recorded, and each client is allowed to have their own flip cell phone. Clients interviewed said they had a cell phone and knew that the landlines were not recorded.

B. The landline telephones clients have access to are not recorded or monitored. The clients are allowed to keep personal flip cell phones on their person.

C. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services to provide confidential support services related to sexual abuse to clients.
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 clients
- MOU with SOS Sexual Violence Services
- Client handbook
- Interview with LuAnne Buck (PREA Coordinator)

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 of receiving third-party reports of sexual abuse and harassment of clients. Information on how to report is posted on the Agency's website: https://www.rseden.org/index.php/programs-services/reentry-services

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 and harassment. Retaliation against clients or staff and any staff neglect that may have contributed to such incident or retaliation shall immediately report according to Agency policy. Staff interviewed confirmed receiving training and understood their duty to report.

B. PREA information collected during investigations is considered sensitive and should only be shared with those staff who need to know as part of their assigned duties.

C. The facility does not have medical or mental health providers on site.

D. The program does not accept clients under the age of eighteen. If the victim is a vulnerable adult, the facility will report the incident to the designated Agency. The PREA Coordinator confirmed the appropriate Agency would be contacted.

E. The facility PREA Policy requires staff to report any allegation of sexual abuse and harassment. Trained facility investigators conduct administrative investigations, and the St. Paul 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 LuAnne Buck (PREA Coordinator)
- Interviews with staff

**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 client was subject to a substantial risk of imminent sexual abuse. Interviews with the PREA Coordinator and random staff confirmed the safety of a client is their first concern and would take immediate action to protect the client.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (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 PREA Coordinator to report any abuse allegations received regarding a client being abused at another facility to the head of that facility.

B. The facility PREA Policy requires the PREA Coordinator to provide notification within 72 hours of the report.

C. The notification would be documented in the client's file.

D. The facility PREA Policy states all incidents or suspected sexual harassment or sexual abuse will be investigated.

The facility reported there had been zero allegations of sexual abuse the facility received from other facilities. The facility reported zero allegations the facility received that a client 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 LuAnne Buck (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

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 alleged abuser;
- 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 described 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 a staff member.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff

**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, and coordination with outside community partners.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (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. All employees of RS Eden are “at-will” employees. If an allegation of sexual abuse or harassment against a staff member is reported, RS Eden can immediately be placed on leave or terminated from employment.
Policy, Materials, Interviews, and Other Evidence Reviewed:
- Completed Pre-Audit Questionnaire submitted by the Agency
- Employee handbook
- Interview with LuAnne Buck (PREA Coordinator)
- Employee termination report

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**

A. The Facility PREA Policy protects all clients and staff who report sexual abuse or harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other clients and staff. The PREA Coordinator will designate who will monitor for retaliation. The client’s case manager generally would be the person designated to monitor for retaliation.

B. The facility would use protective measures such as room and floor changes or a facility change. Alleged staff abusers would be removed from the facility. If the alleged abuser is housed for the Minnesota Department of Corrections (DOC), facility staff (with the direction from the case
manager or director) will inform agent or officer of the day that the client is being terminated from the program and request a warrant for the client to be placed in custody. The DOC will then issue a warrant to remove the abuser. Staff would keep the victim safe and the alleged abuser separate until transport arrived.

C. The facility will monitor for retaliation for a minimum of 90 days (as detailed in this standard.) Case managers meet with clients each week; if necessary, the case manager would monitor for retaliation until the client is released from the facility.

D. The PREA Coordinator and case managers verified they meet with their clients weekly; monitoring for retaliation would be discussed with the client.

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 LuAnne Buck (PREA Coordinator)
- Interviews with case managers

**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 general policy of the Agency is that all incidents of suspected sexual harassment or sexual abuse be adequately addressed through inquiry or investigation. Trained Agency investigators conduct administrative investigations, and the St. Paul Police Department (SPPD) conducts criminal investigations.

B. The St. Paul Police Department (SPPD) notified the Agency that their department meets PREA criminal investigation standards for assaults within its jurisdiction as described in the provided audit criteria. The Agency investigators have received training according to standard 115.234. The St. Paul Police Department (SPPD) will follow the Department’s Manual’s protocols, incorporating the Ramsey County Adult Sexual Assault Response Protocol.

C. The Agency investigator interviewed explained the investigative process and evidence collection for administrative investigations. Investigators would conduct criminal investigations from the St. Paul Police Department.

D. The St. Paul Police Department would consult with the Ramsey County Attorney’s Office during the criminal investigation. Facility staff is trained to secure the scene until St. Paul Police Department officers arrive at the facility.
E. Investigators from the St. Paul Police Department 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 requirements of paragraph (f) of this standard.

G. The St. Paul Police Department notified the Agency that their department meets PREA criminal investigation standards for assaults within its jurisdiction as described in the provided audit criteria.

H. The St. Paul Police Department would be responsible for making the referral to the Ramsey County 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 investigation would not be terminated because the alleged abuser or victim departs from employment or control of the Agency. The PREA Coordinator verified the investigation would not be closed if the victim or abuser leaves the facility.

L. The Agency will cooperate with the St. Paul Police Department, and the PREA Coordinator will maintain contact with them on the progress of the investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Completed investigation
- St. Paul Police Department letter

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 LuAnne Buck (PREA Coordinator)
- Completed investigation

### 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 and two administrative investigations conducted in the twelve months before the audit. The facility PREA Policy outlines the procedures for notifying clients in writing the final disposition of the investigation into the client’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 being conducted by the St. Paul Police Department (SPPD), the PREA Coordinator will maintain contact with the department through the investigation.

C. The facility PREA Policy outlines the information the facility will provide the client on 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 client on the status of the alleged abuser if another client is the accused (as detailed in this standard.)

E. The PREA Coordinator verified the facility would document all notifications as outlined in the facility PREA Policy.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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**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 reports that zero staff from the facility has been disciplined, terminated, or reassigned for violating facility policies in the past twelve months. The facility reports that zero staff members have been reported to law enforcement or licensing boards for violating facility policies in the past twelve months. The facility policy outlines the disciplinary sanctions, including termination for violating sexual abuse and sexual harassment policies.

B. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of clients.

C. The facility PREA Policy outlines the progressive discipline of staff members for violations of its sexual abuse and 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
- Completed Pre-Audit Questionnaire submitted by the Agency
- Staff termination notices
- Employee handbook

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. In the twelve months before the audit, the facility reports that zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of clients.

B. It is the policy of the Agency to prohibit a contractor or volunteer from the facility for any sexual misconduct.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency

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 has been one administrative finding of client-on-client sexual abuse at the facility in the twelve months before the audit. Additionally, there have been zero criminal findings of guilt for client-on-client sexual abuse in the twelve months before the audit.

A. The facility has a formalized discipline plan applicable to clients, outlined in policy and the client handbook. The discipline plan includes due process.
B. The facility does not have secure holding rooms for clients. A client abuser would be terminated from the program and placed back in the custody of the original Agency or probation agent.

C. The client's mental disability or illness would be taken into consideration.

D. This paragraph is not applicable; the Agency does not offer services. (as outlined in this paragraph)

E. The client will not be disciplined for sexual contact with staff only upon finding the staff member did not consent to the conduct.

F. The client will not be disciplined for reporting sexual abuse in good faith, even if an investigation does not establish evidence to substantiate the allegation.

G. The facility prohibits all sexual activity between clients.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Client handbook

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**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. Client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment. Victims are transported to Regions Hospital 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 to transport the client to Regions Hospital.

C. The facility would ensure the client victim is offered access to community medical providers for information about timely access to emergency contraception and sexually transmitted infectious prophylaxis.

D. The policy requires that treatment and services will be provided to client 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 LuAnne Buck (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 will offer medical and mental health evaluations and appropriate treatment to any client who has been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

B. The client would be provided ongoing treatment by community medical and mental health practitioners. Referrals for continued care will be forwarded with a client being released or transferred.

C. All clients are referred to community medical and mental health practitioners.

D. The facility houses male clients.

E. The facility houses male clients.

F. The facility will refer a client 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. A client-on-client abuser would not qualify for admission into the program.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency

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. The Agency has a safety committee that conducts sexual abuse incident reviews.

B. The review is generally completed within thirty days after every substantiated or unsubstantiated sexual abuse investigation.

C. The Agency has a safety committee that includes the PREA Coordinator, Program Directors, Case Managers, and applicable executive leadership (i.e. VP of Program Impact and Strategy and VP of Human Resources).

D. The review team considers (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
- Interview with LuAnne Buck (PREA Coordinator)
- Example of an incident review

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 clients.

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 the 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 current year’s data and previous years’ data on its website: https://www.rseden.org/index.php/programs-services/reentry-services


D. The nature of the information that is redacted is indicated in the report.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 Agency securely stores its data electronically.


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 PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

**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 third PREA audit for RS Eden - Reentry West. The facility was found to fully comply with the Prison Rape Elimination Act (PREA) standards on April 30, 2018. I was given access to all areas of the facility and received all relevant documentation. I was permitted to conduct private interviews with staff and clients and did not receive any confidential correspondence from staff or clients. Audit notices were posted six weeks before the audit, and the clients interviewed confirmed the notices had been posted in the facility.
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

RS Eden has their final audit reports on its website: https://www.rseden.org/index.php/programs-services/reentry-services. The contract agreement requires the facility to post a copy of their 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. Auditors are not permitted to submit audit reports that have been scanned. See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darnel Carlson
October 1, 2021

Auditor Signature
Date

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

### 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: **
October 1, 2021

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### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Darnel Carlson</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>P.O. Box 267</td>
<td>City, State, Zip: Pillager, MN  56473</td>
</tr>
<tr>
<td>Telephone</td>
<td>218-831-9636</td>
<td>Date of Facility Visit: August 18, 2021</td>
</tr>
</tbody>
</table>

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### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>RS Eden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Physical Address</td>
<td>1931 West Broadway Suite 202</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>☐ Military</td>
</tr>
<tr>
<td></td>
<td>☐ Municipal</td>
</tr>
<tr>
<td>Agency Website with PREA Information:</td>
<td><a href="https://www.rseden.org/index.php/programs-services/reentry-services">https://www.rseden.org/index.php/programs-services/reentry-services</a></td>
</tr>
</tbody>
</table>

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### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Caroline Hood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:chood@rseden.org">chood@rseden.org</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>612-287-1611</td>
</tr>
</tbody>
</table>

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### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>LuAnne Buck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:lbuck@rseden.org">lbuck@rseden.org</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>651-287-1611</td>
</tr>
<tr>
<td>PREA Coordinator Reports to:</td>
<td>Number of Compliance Managers who report to the PREA Coordinator: 0</td>
</tr>
</tbody>
</table>
**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>RS Eden – Reentry Metro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>444 Lynnhurst Avenue West</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>St. Paul, MN  55104</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

**The Facility Is:**
- ☒ Private not for Profit
- ☐ Military
- ☐ Private for Profit
- ☐ Municipal
- ☐ County
- ☐ State
- ☐ Federal

**Facility Website with PREA Information:**
https://www.rseden.org/index.php/programs-services/reentry-services

**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:
Minnesota Department of Corrections Inspections

**Facility Director**

| Name: | LuAnne Buck |
| Email: | lbuck@rseden.org |
| Telephone: | 651-292-1207 |

**Facility PREA Compliance Manager**

| 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 Health Service Administrator**

| 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**

<p>| Designated Facility Capacity: | 26 |</p>
<table>
<thead>
<tr>
<th>Current Population of Facility:</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>12.5</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Females  ☐ Males  ☐ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-99</td>
</tr>
<tr>
<td>Average length of stay or time under supervision</td>
<td>MNDOC Work release 2-11 months; US Probation &amp; Pretrial Services 30-180 days; County Probation 30 days</td>
</tr>
<tr>
<td>Facility security levels/resident custody levels</td>
<td>MNDOC Work Release; County Probation; County Supervised Release; US Probation &amp; Pretrial Services; MNDOC ISR</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months</td>
<td>33</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>29</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>24</td>
</tr>
<tr>
<td>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)?</td>
<td>☒ Yes  ☐ No</td>
</tr>
<tr>
<td>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):</td>
<td>☐ Federal Bureau of Prisons  ☐ U.S. Marshals Service  ☐ U.S. Immigration and Customs Enforcement  ☐ Bureau of Indian Affairs  ☐ U.S. Military branch  ☒ State or Territorial correctional agency  ☐ County correctional or detention agency  ☐ Judicial district correctional or detention facility  ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)  ☐ Private corrections or detention provider  ☒ Other - please name or describe: US Probation and Pretrial Services  ☐ N/A</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with residents:</td>
<td>12</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with residents:</td>
<td>1</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</td>
<td>0</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</td>
<td>1</td>
</tr>
<tr>
<td>Number of volunteers who have contact with residents, currently authorized to enter the facility:</td>
<td>0</td>
</tr>
</tbody>
</table>
### Physical Plant

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of resident housing units:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of single resident cells, rooms, or other enclosures:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of multiple occupancy cells, rooms, or other enclosures:</strong></td>
<td></td>
</tr>
<tr>
<td>- 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Number of open bay/dorm housing units:</td>
<td></td>
</tr>
<tr>
<td>- 0</td>
<td></td>
</tr>
<tr>
<td><strong>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</strong></td>
<td></td>
</tr>
<tr>
<td>☒ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td><strong>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
</tbody>
</table>

### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Are medical services provided on-site?</th>
<th>☐ Yes</th>
<th>☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
</tbody>
</table>
### Where are sexual assault forensic medical exams provided? Select all that apply.

- ☑ On-site
- ☑ Local hospital/clinic
- ☐ Rape Crisis Center
- ☐ Other (please name or describe: Click or tap here to enter text.)

### Investigations

#### Criminal Investigations

<table>
<thead>
<tr>
<th>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:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>☑ An external investigative entity</td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
<td>☑ Local police department</td>
</tr>
<tr>
<td>☐ Local sheriff's department</td>
<td></td>
</tr>
<tr>
<td>☐ State police</td>
<td></td>
</tr>
<tr>
<td>☐ A U.S. Department of Justice component</td>
<td></td>
</tr>
<tr>
<td>☐ Other (please name or describe: Click or tap here to enter text.)</td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
</tbody>
</table>

#### Administrative Investigations

<table>
<thead>
<tr>
<th>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?</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>☑ Agency investigators</td>
</tr>
<tr>
<td>☑ Local police department</td>
<td></td>
</tr>
<tr>
<td>☐ Local sheriff's department</td>
<td></td>
</tr>
<tr>
<td>☐ State police</td>
<td></td>
</tr>
<tr>
<td>☐ A U.S. Department of Justice component</td>
<td></td>
</tr>
<tr>
<td>☐ Other (please name or describe: Click or tap here to enter text.)</td>
<td></td>
</tr>
<tr>
<td>☑ N/A</td>
<td></td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) onsite audit of RS Eden-Reentry Metro in St. Paul, Minnesota, was conducted on August 18, 2021. Pre-audit preparation included a review of the Pre-Audit Questionnaire and all documentation and materials submitted by the Agency. The documentation included Agency policies, procedures, forms, employee handbook, and client handbook. The Division Director provided a copy of the staff schedule and client roster on the first day of the onsite audit. There were nine female clients in custody on the first day of the onsite audit. Continuing concerns over the spread of the Coronavirus have reduced the number of clients residing at the facility.

The audit notices were posted in visible areas throughout the facility six weeks before the audit and during the onsite audit. The PREA Coordinator emailed a confirmation that the notices were posted, and clients confirmed the notices were posted during interviews. I did not receive any client or staff correspondence throughout the audit process.

During the onsite audit on August 18, 2021, I privately interviewed the case manager in the staff office. The case manager was interviewed as a random staff member, intake, and staff responsible for risk screenings. The PREA Coordinator was interviewed on August 17, 2021. She was also interviewed as one of the Agency Investigators, Administration/ Human Resources, and person monitoring for retaliation. The PREA Coordinator is the Division Director for the Reentry Division of the Agency. The PREA Coordinator is responsible for designating the staff member who will monitor a client or staff member for retaliation.

Confidential interviews with clients were conducted in a private office. There were three clients in the facility that I interviewed. No clients were identified that met the criteria to conduct additional interviews related to a targeted class of clients.

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

The facility employs five full-time employees, including one case manager and four support specialists. RS Eden – Reentry Metro also has three on-call support specialists.

The Division Director of Reentry Services (PREA Coordinator) conducted a facility tour. All areas of the facility were toured, which included (main office, dayroom, dining room, kitchen, storage, staff restroom, client laundry room, client rooms, client restroom and showers, staff office, and a client resource room) I observed the location of cameras, placement of posters, and PREA information available to clients. Client restrooms and showers have doors for client privacy. I was given access to all areas of the facility.

The PREA Coordinator was available throughout the audit. Staff and clients were made readily available to me. The staff were friendly and openly answered my questions. Staff understood their responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment in the facility.
The RS Eden’s mission is to create thriving, just communities where healing occurs and new beginnings are possible. We envision a community built upon a shared commitment to wellbeing and equality, where individuals and families are free from injustice and anchored by generational resilience.

The facility was found to fully comply with the Prison Rape Elimination Act (PREA) standards on April 30, 2018.

Staff interviews verified initial and ongoing PREA training. Their answers to questions confirmed their responsibilities in detecting, preventing, reporting, and responding to sexual abuse and sexual harassment. Staff knew the different ways they and the clients could confidentially report sexual abuse and harassment. The staff explained the steps they would take as a first responder and expressed confidence in their administration that any report of sexual abuse, harassment, or retaliation would be investigated.

The three clients in the facility were interviewed.

The support specialist completes the client’s intake process and PREA education upon arrival. During the initial Case Manager meeting, the Case Manager will conduct a PREA Assessment and review PREA education received during support specialist intake. Case Managers meet with clients weekly; once a month, the case manager reviews the PREA education with the client. Interviews with clients confirmed they were provided PREA education during the intake process and understood the Agency’s zero-tolerance policy.

The facility has a signed Memorandum of Understanding (MOU) with the SOS Sexual Violence Services https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services to provide emotional support and be a third-party report. For treatment, client victims of sexual abuse would be transported to Regions Hospital https://www.healthpartners.com/care/hospitals/regions/ located in St. Paul, Minnesota. Regions Hospital has a Sexual Assault Nurse Examiner (SANE) program to conduct forensic medical examinations. Regions Hospital has an agreement with SOS Sexual Violence Services to provide an advocate to provide emotional support services to the victim.
Facility Characteristics

RS Eden – Reentry Metro 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 biennially and completes a self-inspection on the opposite year. The facility was inspected by the Department of Corrections on 01/08/2021 to 01/10/2021 and received a 100% compliance rating on mandatory requirements and a 98.72% compliance rating on essential requirements.

RS Eden – Reentry Metro is a three-story renovated house with a basement located in a residential neighborhood in St. Paul, Minnesota. The Department of Corrections licenses the facility to hold a maximum of 26 clients. There were 9 female clients in custody on the first day of the PREA audit. This facility only houses adult female clients.


The facility is a three-story building with a basement. You walk into an entryway on the main floor where the main office, living room, dining room, kitchen, and a restroom with shower which is used by staff and to conduct client urinalysis testing.

Stairs are going up to the second floor. Client rooms, client restrooms, a resource room, and staff office are on the second floor. There are three client rooms (3-3 bed rooms), and a private restroom with shower.

Stairs are going up to the third floor. Client rooms and a client restroom are located on the third floor. There are three client rooms (1-3 bed room and 2-4 bed rooms) and a private restroom with shower.

Stairs are going down to the basement. There are three client rooms (3-2 bed rooms), a private restroom, and a client laundry room.

Staff monitor the facility surveillance system from the front office. There are cameras placed throughout the inside and outside of the building that staff monitor that augments staff’s ability to detect and respond to an incident of sexual abuse. There is a minimum of one staff on duty 24/7; staff conduct room checks every hour.

The RS Eden – Treatment Center prepares client meals at Eden House and delivers the meals to the facility. Facility staff set up the meals for the clients.

RS Eden provides a structured living environment, 24-hour client surveillance, alcohol and drug screening, case management, assessments, individual goal planning, employment assistance, education groups/classes, and referrals to community services.
Summary of Audit Findings

There was no corrective action needed. The facility met the 41 standards for community confinements.

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

Standards Not Met
- Number of Standards Not Met: 0
- List of Standards Not Met: 0
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 Agency has designated Division Director LuAnne Buck as the PREA Coordinator. She reports directly to the Vice President of Program Strategy and Impact. 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
- Completed Pre-Audit Questionnaire submitted by the Agency
- Agency organizational chart
- Interview with LuAnne Buck (PREA Coordinator)

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. This paragraph is not applicable; the facility does not contract with any entity to hold clients.

B. This paragraph is not applicable.

C. This paragraph is not applicable.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 an average daily population of 14 clients. The staffing plan is based on 15 clients.

A. The facility has a formalized staffing plan that meets the requirements from the Minnesota Department of Corrections 2920 rules governing Adult Community-Based Residential Correctional Facilities and includes considerations (1-4) of paragraph (a) of this standard.

B. The facility does not deviate from the staffing plan. Minimum staffing is maintained by on-call staff, case managers, and shift extensions. The on-duty staff person cannot leave the facility until their replacement arrives.

C. The PREA Coordinator reviews the staffing plan annually to determine whether any adjustments are needed.

Policy, Materials, Interviews, and Other Evidence Reviewed:

• Facility PREA Policy
• Competed Pre-Audit Questionnaire submitted by the Agency
• Minnesota Department of Correction 2920 rules
• Staffing plan
• Interview with LuAnne Buck (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 pat-downs or body searches of any client. The facility reports that there have been zero cross-gender or visual body cavity searches of clients in the last 12 months.

B. The facility PREA Policy prohibits employees from conducting pat-down searches of clients.

C. The facility PREA Policy prohibits employees from conducting any searches of clients.

D. The facility PREA Policy ensures clients can shower, perform bodily functions, and clothing in privacy. The policy and facility practice require the staff of the opposite gender to announce their presence when entering a client’s floor. The facility has private restrooms and shower areas on all three floors. Interviews with facility staff, clients, and direct observation confirm this as policy and practice. Clients report that staff does not enter occupied restrooms.

E. The facility PREA Policy prohibits staff from searching or physically examining a transgender or intersex client for the sole purpose of determining the client’s genital status. Before being accepted into the treatment program, the potential client completes an admission process that includes the risk screening questions and an appropriate housing assignment.

F. The facility does not conduct anybody searches of clients; therefore, the staff does not receive training on conducting body searches.

Random clients interviewed confirmed they could dress, shower, and use the restroom privately.
Random clients verified staff of the opposite gender announces their presence when entering hallways of the opposite gender client.

Random staff interviewed confirmed announcing their presence when entering floors and rooms of clients of the opposite gender.

During the onsite audit, no clients met the criteria of this standard enrolled in the program.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with staff
- Interview with random clients

**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 essential information about PREA is continuously and readily available or visible to clients through posters, client handbooks, and an educational handout. Clients with disabilities would be identified during the admission process, and appropriate accommodations would be made to ensure the client can participate in all aspects of the program.

B. The facility would use the services set up during the admission process. The facility has an agreement with the Language Line to provide interpreter services.

C. The facility PREA Policy prohibits using client interpreters, readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first response duties, or the investigation of the allegation.

During the onsite audit, there weren’t any clients who met the criteria of this standard in the house. Reentry Metro does not have an ADA room to hold clients who have physical disabilities.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with random staff
- Interview with LuAnne Buck (PREA Coordinator)

**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 clients and will not enlist the services of any contractor or volunteer who may have contact with clients who have engaged in the prohibited conduct specified in paragraph (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 clients as outlined in the facility PREA Policy.

C. The facility PREA Policy states that the Agency will perform a criminal records background check before making any job offer. A criminal background check is performed through the Minnesota Bureau of Apprehension (BCA), including local, State, Federal, and predatory offender registers and the Minnesota Department of Human Services.

D. The Agency conducts criminal records background checks on contracted and volunteer workers.

E. The facility PREA Policy requires criminal records background checks at least every five years of current employees and contractors who have contact with clients.
F. Applicants who may have contact with clients are asked about previous misconduct described in paragraph (a) of this standard during the interview for new hires and promotions. The Agency’s application includes a consent policy that no requested information has been concealed. If any information provided is untrue, or if the applicant has concealed material information, it will constitute cause for the denial of employment or immediate dismissal. Employees are required to complete self-disclosure statements during performance evaluations. Each employee is given an Employee Handbook and is required to sign the Employee Handbook Receipt.

G. The facility PREA Policy and application consent policy clearly outlines grounds for termination if an applicant or employee provides false information or fails to disclose information regarding misconduct specified in paragraph (a) of this standard.

H. The Agency shall provide information to an institutional employer for whom an employee has applied to work on substantiated allegations of sexual abuse or harassment upon receiving a signed release.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Beck (PREA Coordinator)
- Employment application
- Background check

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. Since the last PREA audit, the facility reports there have not been new cameras added to the facility.

Policy, Materials, Interviews, and Other Evidence Reviewed:
• Completed Pre-Audit Questionnaire submitted by the Agency
• Interview with LuAnne Buck (PREA Coordinator)
• 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 evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFE 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 St. Paul Police Department.

B. The St. Paul Police Department will conduct criminal investigations. The information is published on the Agency’s website: https://www.rseden.org/index.php/programs-services/reentry-services.

C. Forensic medical examinations will be conducted free of charge to the victim at Regions Hospital located in St. Paul, Minnesota. https://www.healthpartners.com/care/hospitals/regions/specialties/emergency-center/sexual-assault-care/ Regions Hospital has a Sexual Assault Nurse Examiner (SANE) program to provide trauma-informed medical care and support for individuals who have experienced sexual assault. Regions hospital has SANE professionals available 24/7.

D. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services (SOS) https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services to provide advocacy. The facility will provide a victim advocate for the SOS Sexual Violence Services at the victim’s request. Contact information is posted in the facility, and clients are given an SOS flyer.

E. A victim advocate from SOS Sexual Violence Services located in St. Paul, Minnesota, will be provided at the victim’s request. Regions Hospital also has an agreement with SOS Sexual Violence Services to provide advocacy services to victims of sexual abuse received at Regions Hospital.

F. The St. Paul Police Department will investigate according to their Agency policy and procedures. The St. Paul Police Department confirmed that sexual assault investigations take priority. Investigations conducted will follow the Department’s manual’s protocols, incorporating the Ramsey County Adult Sexual Assault Response Protocol.
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
- Regions Hospital SANE Program Supervisor
- Interview with LuAnne Buck (PREA Coordinator)
- St. Paul Police Department letter
- Random staff interviews
- MOU with SOS Sexual Violence Services

**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 St. Paul Police Department conducts criminal investigations, and the Agency conducts administrative investigations. The information is published on the Agency’s website. [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

C. The Agency has its investigative policy published on its website. [https://www.rseden.org/index.php/programs-services/reentry-services](https://www.rseden.org/index.php/programs-services/reentry-services)

Policy, Materials, Interviews, and other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 clients receive on preventing, detecting, and responding to sexual abuse and sexual harassment. All current staff has received training on the eleven topics listed in paragraph (a) of this standard. The facility uses the Relias Learning Company curriculum to train staff.

B. The training is designated for the unique needs of the clients in the facility.

C. The facility ensures all employees receive PREA training during orientation and bi-annually after that; in opposite years, staff review the PREA Policy.

D. Receipt and understanding of employee training are 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 Curriculum
- Training records
- Interviews with random staff
- Interview with LuAnne Buck (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 clients will receive training regarding the facility’s zero-tolerance of sexual abuse and sexual harassment.

B. The PREA Coordinator ensures all volunteers and contractors are trained on their responsibilities under the Agency’s sexual abuse and sexual harassment prevention, detection, and response policy and procedures. Training includes information explaining the Agency’s zero-tolerance policy regarding sexual abuse and harassment, how to report incidents or suspicions of sexual abuse or harassment, the right to be free from sexual abuse and harassment, and the right to be free from retaliation for reporting incidents, and policies for responding to such incident.

C. Receipt and understanding of volunteer training are documented and retained by the Agency.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

**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 33 clients have been admitted in the past twelve months, and 24 of those their length of was thirty days or more. Generally, a client is given information on the Agency’s zero-tolerance policy upon arrival at the facility. The client is given a packet of information; a client handbook, general facility information, and a PREA education packet are included. The education packet 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. The intake officer explains PREA to the client. The clients meet with their case manager weekly; once a month, the case manager reviews PREA with the client. Case managers, staff, and clients interviewed confirmed clients receive PREA education during the admission process, and once a month, PREA is reviewed with their case manager.

B. Every client completes the same admission process.

C. The facility will provide clients with disabilities or limited English proficient training through video, interpreters, language lines, and documents in Spanish.

D. Intake staff and the client sign the receipt of training during the admission process.

E. The facility ensures essential information about PREA is continuously and readily available or visible to clients on posters (English and Spanish) throughout the facility, the PREA Education packet, and the client handbook.

Policy, Material, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Client acknowledgment forms
- Client training information
- PREA informational posters
- Interviews with random clients
• Interviews with intake staff
• Interviews with case managers
• Interview with LuAnne Buck (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 requirements that all investigative staff receives specialized investigative training. The St. Paul Police Department (SPPD) is responsible for conducting criminal investigations. The Agency has two trained investigators who conduct administrative investigations. Both investigators received specialized training through the Relias Learning Center.

B. The specialized training includes the topics listed in paragraph (b) of this standard.

C. The facility maintains copies of the training certificates.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with an Agency investigator
- Copies of training certificates

**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. Clients 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 LuAnne Buck (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 screening clients during the intake process for their risk of being sexually abused by other clients or sexually abusive toward other clients.

B. The facility PREA Policy states the screening will be completed within 72 hours of intake. Interviews with the staff and random clients confirmed screenings are completed during the intake process.

C. The facility uses a comprehensive assessment tool for screening for the risk of victimization and abusiveness.

D. The screening form used by the facility reflects all aspects of this standard, including the physical stature, age of the client, and any developmental, mental, or medical disabilities.

E. The screening form considers prior acts of sexual abuse against a child or adult, history of prior sexual victimization while incarcerated, and previous crimes of violence.

F. The facility PREA Policy ensures a client’s risk level will be reassessed when warranted due to a request, incident of sexual abuse, or receipt of additional information that bears on the client’s risk of sexual victimization or abusiveness. Client’s meet with their case managers weekly to discuss their progress in the program, which includes a vulnerability assessment. Case
Managers and random clients interviewed confirmed weekly meetings. Clients confirmed the case manager asks if they have any concerns for their safety.

G. The facility reassesses a client’s risk level due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on a client’s risk of being sexually abused or abusive. Interviews with staff confirmed that case managers meet with clients weekly, and a risk level would be reassessed.

H. Facility policy prohibits clients from being disciplined for refusing to answer or not disclosing complete information in response to the risk screening. Staff interviews confirmed that clients have not and will not be disciplined.

I. The risk assessment is placed in the client’s confidential file; access to the confidential file is limited to the Division Director, Program Director and case managers. The confidential files are maintained electronically, and access is granted through permissions.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interviews with case managers
- Interview with LuAnne Buck (PREA Coordinator)
- Interviews with clients

**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 assessment to determine room placement. During the day, clients attend supervised group sessions. The Agency makes the safety of each client their priority which was confirmed through staff interviews.

B. Interviews with the PREA Coordinator and staff confirmed individual determinations are made to ensure the safety of each client.

C. The PREA Coordinator and staff confirmed that transgender or intersex clients’ room assignments would be considered on a case-by-case basis.

D. The PREA Coordinator and staff interviewed verified serious consideration would be given to transgender or intersex clients’ view of their safety.

E. The showers in the facility are private and allow clients 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 clients in dedicated rooms.

During the onsite audit, no clients met the criteria of this standard enrolled in the treatment program.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with PREA Coordinator LuAnne Buck (PREA Coordinator)
- Interviews with staff
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 clients with multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Clients can make reports verbal and written to any facility staff or the Agency PREA Coordinator. Staff interviewed confirmed they will accept all reports, including anonymous and third-party.

B. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services [https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services](https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services) for clients to make reports of sexual abuse and harassment to an outside Agency. The SOS Sexual Violence Services will forward any reports back to the facility and allow the reporting party to remain anonymous. The facility has posters displayed throughout the facility with contact information for SOS Sexual Violence Services, and each client is given an informational flyer from SOS Sexual Violence Services.

C. The facility PREA Policy mandates staff to accept reports made verbally, in writing, anonymously, and from third parties. Staff interviewed verified they would accept all reports and would document verbal reports as soon as possible.

D. Staff may privately report sexual abuse and harassment of clients to the VP of Human Resources, VP of Program Strategy and Impact, or the Agency CEO.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interviews with clients
- Interview with LuAnne Buck (PREA Coordinator)
- Posters displayed in the facility
- Memorandum of Understanding with SOS Sexual Violence Services

**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 Grievance 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 client. The grievance process is outlined in the client handbook.

B. The facility Grievance Policy does not limit when a client can file a grievance regarding an allegation of sexual abuse. Clients are not required to use an informal grievance process or attempt to resolve an alleged incident of sexual abuse with staff.

C. The policy includes that a client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance would not be referred to a staff member who is the subject of the complaint.

D. The facility Grievance Policy requires the case manager two business days to respond to the grievance. If the client is dissatisfied with the case manager, the client can appeal the decision to the Program Director, who has two business days to make a final decision. The information is documented in the client’s file.

E. The Grievance Policy allows third parties (clients, staff members, family members, attorneys, and outside advocates) to assist clients in filing a grievance relating to allegations of sexual abuse and filing such grievance on behalf of clients. A client must agree to have a grievance filed on their behalf by a third party. The facility will document in the client’s file their declination to file the third-party grievance.

F. An emergency grievance received by the facility that a client is in imminent danger of sexual abuse will immediately be forwarded to a level of review at which immediate corrective action may be taken. An initial response will be given within 48 hours and a final decision within five days.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility Grievance Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Random staff interviews
- Interview with LuAnne Buck (PREA Coordinator)
- Random client interviews

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 telephone numbers and addresses for clients to contact outside victim advocacy agencies displayed on posters and flyers given to each client. Communication between clients and advocacy agencies is confidential. The landlines in the facility are not recorded, and each client is allowed to have their own flip cell phone. Clients interviewed said they had a cell phone and knew that the landlines were not recorded.

B. The landline telephones clients have access to are not recorded or monitored. The clients are allowed to keep personal flip cell phones on their person.

C. The facility has a Memorandum of Understanding (MOU) with SOS Sexual Violence Services https://www.ramseycounty.us/residents/health-medical/clinics-services/sos-sexual-violence-services to provide confidential support services related to sexual abuse to clients.
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 clients
- MOU with SOS Sexual Violence Services
- Client handbook
- Interview with LuAnne Buck (PREA Coordinator)

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 of receiving third-party reports of sexual abuse and harassment of clients. Information on how to report is posted on the Agency's website:
   https://www.rseden.org/index.php/programs-services/reentry-services

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
**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 and harassment. Retaliation against clients or staff and any staff neglect that may have contributed to such incident or retaliation shall immediately report according to Agency policy. Staff interviewed confirmed receiving training and understood their duty to report.

B. PREA information collected during investigations is considered sensitive and should only be shared with those staff who need to know as part of their assigned duties.

C. The facility does not have medical or mental health providers on site.

D. The treatment program does not accept clients under the age of eighteen. If the victim is a vulnerable adult, the facility will report the incident to the designated Agency. The PREA Coordinator confirmed the appropriate Agency would be contacted.

E. The facility PREA Policy requires staff to report any allegation of sexual abuse and harassment. Trained facility investigators conduct administrative investigators, and the St. Paul 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 LuAnne Buck (PREA Coordinator)
- Interviews with staff

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 client was subject to a substantial risk of imminent sexual abuse. Interviews with the PREA Coordinator and random staff confirmed the safety of a client is their first concern and would take immediate action to protect the client.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Interviews with random staff
- Vulnerable adult report

**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 PREA Coordinator to report any abuse allegations received regarding a client being abused at another facility to the head of that facility.

B. The facility PREA Policy requires the PREA Coordinator to provide notification within 72 hours of the report.

C. The notification would be documented in the client's file.

D. The facility PREA Policy states all incidents or suspected sexual harassment or sexual abuse will be investigated.

The facility reported there had been zero allegations of sexual abuse the facility received from other facilities. The facility reported zero allegations the facility received that a client 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 LuAnne Buck (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

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 alleged abuser;
• 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 described 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 a staff member.

Policy, Materials, Interviews, and Other Evidence Reviewed:

• Facility PREA Policy
• Completed Pre-Audit Questionnaire submitted by the Agency
• Interviews with staff

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, and coordination with outside community partners.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (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. All employees of RS Eden are “at-will” employees. If an allegation of sexual abuse or harassment against a staff member is reported, RS Eden can immediately be placed on leave or terminated from employment.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Completed Pre-Audit Questionnaire submitted by the Agency
- Employee handbook
- Interview with LuAnne Buck (PREA Coordinator)
- Employee termination report

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

A. The Facility PREA Policy protects all clients and staff who report sexual abuse or harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other clients and staff. The PREA Coordinator will designate who will monitor for retaliation. The client’s case manager generally would be the person designated to monitor for retaliation.

B. The facility would use protective measures such as room and floor changes or a facility change. Alleged staff abusers would be removed from the facility. If the alleged abuser is housed for the Minnesota Department of Corrections (DOC), facility staff (with direction from the case manager or director) will inform agent or officer of the day that the client is being terminated from the program and request a warrant for the client to be placed in custody. The DOC will then issue a warrant to remove the abuser. Staff would keep the victim safe and the alleged abuser separate until transport arrived.

C. The facility will monitor for retaliation for a minimum of 90 days (as detailed in this standard.) Case managers meet with clients each week; if necessary, the case manager would monitor for retaliation until the client is released from the facility.

D. The PREA Coordinator and case managers verified they meet with their clients weekly; monitoring for retaliation would be discussed with the client.

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 LuAnne Buck (PREA Coordinator)
- Interviews with case managers

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 general policy of the Agency is that all incidents of suspected sexual harassment or sexual abuse be adequately addressed through inquiry or investigation. Trained Agency investigators conduct administrative investigations, and the St. Paul Police Department (SPPD) conducts criminal investigations.

B. The St. Paul Police Department (SPPD) notified the Agency that their department meets PREA criminal investigation standards for assaults within its jurisdiction as described in the provided audit criteria. The Agency investigators have received training according to standard 115.234. The St. Paul Police Department (SPPD) will follow the Department’s Manual’s protocols, incorporating the Ramsey County Adult Sexual Assault Response Protocol.
C. The Agency investigator interviewed explained the investigative process and evidence collection for administrative investigations. Investigators would conduct criminal investigations from the St. Paul Police Department.

D. The St. Paul Police Department would consult with the Ramsey County Attorney’s Office during the criminal investigation. Facility staff is trained to secure the scene until St. Paul Police Department officers arrive at the facility.

E. Investigators from the St. Paul Police Department 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 requirements of paragraph (f) of this standard.

G. The St. Paul Police Department notified the Agency that their department meets PREA criminal investigation standards for assaults within its jurisdiction as described in the provided audit criteria.

H. The St. Paul Police Department would be responsible for making the referral to the Ramsey County 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 investigation would not be terminated because the alleged abuser or victim departs from employment or control of the Agency. The PREA Coordinator verified the investigation would not be closed if the victim or abuser leaves the facility.

L. The Agency will cooperate with the St. Paul Police Department, and the PREA Coordinator will maintain contact with them on the progress of the investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Completed investigation
- St. Paul Police Department letter

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 LuAnne Buck (PREA Coordinator)
- Completed investigation

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 audit. The facility PREA Policy outlines the procedures for notifying clients in writing the final disposition of the investigation into the client'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 being conducted by the St. Paul Police Department (SPPD), the PREA Coordinator will maintain contact with the department through the investigation.

C. The facility PREA Policy outlines the information the facility will provide the client on 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 client on the status of the alleged abuser if another client is the accused (as detailed in this standard.)

E. The PREA Coordinator verified the facility would document all notifications as outlined in the facility PREA Policy.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

## 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 reports that one staff person from the facility has been disciplined, terminated, or reassigned for violating facility policies in the past twelve months. The facility reports that zero staff members have been reported to law enforcement or licensing boards for violating facility policies in the past twelve months. The facility policy outlines the disciplinary sanctions, including termination for violating sexual abuse and sexual harassment policies.

B. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of clients.

C. The facility PREA Policy outlines the progressive discipline of staff members for violations of its sexual abuse and 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 unless the activity was not criminal and to any relevant licensing bodies.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Staff termination notices
- Employee handbook

**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. In the twelve months before the audit, the facility reports that zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of clients.

B. It is the policy of the Agency to prohibit a contractor or volunteer from the facility for any sexual misconduct.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency

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

A. The facility has a formalized discipline plan applicable to clients, outlined in policy and the client handbook. The discipline plan includes due process.
B. The facility does not have secure holding rooms for clients. A client abuser would be terminated from the program and placed back in the custody of the original Agency or probation agent.

C. The client's mental disability or illness would be taken into consideration.

D. This paragraph is not applicable; the Agency does not offer services. (as outlined in this paragraph)

E. The client will not be disciplined for sexual contact with staff only upon finding the staff member did not consent to the conduct.

F. The client will not be disciplined for reporting sexual abuse in good faith, even if an investigation does not establish evidence to substantiate the allegation.

G. The facility prohibits all sexual activity between clients.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)
- Client 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. Client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment. Victims are transported to Regions Hospital 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 to transport the client to Regions Hospital.

C. The facility would ensure the client victim is offered access to community medical providers for information about timely access to emergency contraception and sexually transmitted infectious prophylaxis.

D. The policy requires that treatment and services will be provided to client 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 LuAnne Buck (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 will offer medical and mental health evaluations and appropriate treatment to any client who has been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

B. The client would be provided ongoing treatment by community medical and mental health practitioners. Referrals for continued care will be forwarded with a client being released or transferred.

C. All clients are referred to community medical and mental health practitioners.

D. The facility will refer a client to the appropriate medical provider for pregnancy tests.

E. The facility will refer a client to community organizations that provide information and timely access to all lawful pregnancy-related medical services.

F. The facility will refer a client 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. A client-on-client abuser would not qualify for admission into the program.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
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. The Agency has a safety committee that conducts sexual abuse incident reviews.

B. The review is generally completed within thirty days after every substantiated or unsubstantiated sexual abuse investigation.

C. The Agency has a safety committee that includes the PREA Coordinator, Program Directors, Case Managers, and applicable executive leadership (i.e. VP of Program Impact and Strategy and VP of Human Resources)

D. The review team considers (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
- Interview with LuAnne Buck (PREA Coordinator)
- Example of an incident review

**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 clients.
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 the 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*)
Meet 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 current year’s data and previous years’ data on its website: https://www.rseden.org/index.php/programs-services/reentry-services


D. The nature of the information that is redacted is indicated in the report.

Policy, Materials, Interviews, and Other Evidence Reviewed:
- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 Agency securely stores its data electronically.


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 PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with LuAnne Buck (PREA Coordinator)

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 third PREA audit for RS Eden - Reentry Metro. The facility was found to fully comply with the Prison Rape Elimination Act (PREA) standards on April 30, 2018. I was given access to all areas of the facility and received all relevant documentation. I was permitted to conduct private interviews with staff and clients and did not receive any confidential correspondence from staff or clients. Audit notices were posted six weeks before the audit, and the clients interviewed confirmed the notices had been posted in the facility.
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

RS Eden has their final audit reports on its website: https://www.rseden.org/index.php/programs-services/reentry-services. The contract agreement requires the facility to post a copy of their 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. Auditors are not permitted to submit audit reports that have been scanned. See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darnel Carlson October 1, 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](https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110).