

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 5-1-2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Darin Blaken			
<b>Address:</b> Box 894			
<b>Email:</b> dbplyp@plypsecure.com			
<b>Telephone number:</b> 3202261141			
<b>Date of facility visit:</b> April 10,11, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Anoka County Secure(ACS), Anoka County Non Secure(ACNS), East Central Regional Jvenile Center(RJC)			
<b>Facility physical address:</b> 7545 4 <sup>th</sup> Ave, Lino Lakes, MN 55014			
<b>Facility mailing address:</b> <i>(if different from above)</i> same			
<b>Facility telephone number:</b> ACS 651-783-7624; ACNS 651-783-7531; RJC 651-792-3021			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Dylan Warkentin			
<b>Number of staff assigned to the facility in the last 12 months:</b> 44			
<b>Designed facility capacity:</b> 114			
<b>Current population of facility:</b> 91			
<b>Facility security levels/inmate custody levels:</b> ACS Secure; ACNS NonSecure; RJC Maximum Secure			
<b>Age range of the population:</b> 12-21			
<b>Name of PREA Compliance Manager:</b> John Gross, Kim Sirek, Tracey Avery		<b>Title:</b> Non-Secure Program Director	
<b>Email address:</b>		<b>Telephone number:</b> 651-783-7528	
<b>Agency Information</b>			
<b>Name of agency:</b> Anoka County			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Anoka County Community Corrections Department			
<b>Physical address:</b> 7555 4 <sup>th</sup> Ave, Lino Lakes, MN 55014			
<b>Mailing address:</b> <i>(if different from above)</i> same			
<b>Telephone number:</b> 651-783-7501			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Dylan Warkentin		<b>Title:</b> Community Corrections Director	
<b>Email address:</b> dylan.warkentin@co.anoka.mn.us		<b>Telephone number:</b> 763-323-5890	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Nate Parker		<b>Title:</b> NS Program Director	
<b>Email address:</b> nate.parker@co.anoka.mn.us		<b>Telephone number:</b> 651-783-7528	

## **AUDIT FINDINGS**

### **NARRATIVE**

The PREA Audit was conducted on April 10, 11, 2017 at the Anoka County Juvenile Centers county-run facilities. The audit was conducted by the certified PREA Auditor for Juvenile Facilities, Darin Balken.

Following the entrance meeting a thorough tour of the facilities was provided by the PREA Coordinator and the Facility Superintendent. Continuing on this first day of the audit a listing of the youth and staff was provided for the interviews with the necessary adjustments made for schedule changes, etc. During the tour and the 2<sup>nd</sup> day, random interviews were conducted of youth and staff to ascertain their knowledge of the PREA Standards, reporting procedures, services available and their reporting responsibilities. A total of 10 youths were interviewed during the on-site visit and they all acknowledged receiving PREA training, written information (i.e. handbook, Hotline numbers, observing Break the Silence posters, etc.) and were informed of related policies that outlines the facility's zero tolerance towards sexual abuse, sexual harassment and their right to be free from retaliation for reporting sexual abuse and sexual harassment allegations, this process starts at intake.

A total of 6 specialized staff members were interviewed comprising of the Agency Head, the Facility Superintendent, the PREA Coordinator, medical and mental health staff were interviewed. A total of 10 random staff members were also interviewed. All the staff interviewed, were knowledgeable of their responsibilities in reporting sexual abuse and sexual harassment allegations, staff negligence and the steps required in monitoring for staff and or youth retaliation. When questioned about evidence preservation, all the staff responses reflected their knowledge of the agency's policy and their first responder duties. There were no SAFE and or SANE personnel at this facility but they were available at the Anoka County CID Unit and Mercy Regional Medical Center. The personnel indicated that they are aware of the SANE protocol of the facility if they were to bring a youth there for a SANE examination.

The auditor reviewed blind spots, staff placement and supervisory presence as he toured the facility and reviewed documentation to assist in determining PREA standard compliance. Upon completion of the audit an exit meeting was held with the Facilities Superintendent, the PREA Coordinator. The facility was provided with a general overview of the audit process, audit highlights which included a synopsis of the files and documentation review, staff and youth interviews and of the facility tour. During the exit the auditor informed them that the PREA culture that was experienced by this auditor was very good and that one thing that is looked for throughout the audit and the staff and residents have a good grasp of what it takes to experience that culture. When compliance is achieved then the agency will be required to post the final report, once issued.

This report is considered to be the Final PREA Audit Report.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Anoka County Juvenile Facility Centers are secure and non-secure, with a design of 114 total beds, (Anoka County Secure ACS 50 beds, Anoka County Non-Secure ACNS 28 beds and East Regional Juvenile Center RJC 36 beds). On the day of the audit 91 residents were housed the 3 facilities. Anoka County Juvenile Centers is located in Lino Lakes, MN with the belief to protect the community, hold juveniles accountable, and help them achieve goals for the good while providing non-secure and secure services to all youth placed in their care. Through the Anoka County Community Corrections Department, the supervision takes into consideration the uniqueness of each child, their family and the developmental needs of children in general. Adherence to Minnesota Law, order of the court, and consideration given to the least restrictive avenues of intervention, as they guide, supervise and educate those youth who are placed with Anoka County Juvenile Programs. The facilities service youth from Anoka County and some of the surrounding counties also.

The Anoka County Non-Secure facility is a non-secure holding for male and female youth from ages 10 through 18. The non-secure services include assuring a safe return to court for youth who have a likelihood of flight issue or are a danger to the community. The Anoka County Non-Secure Center is a non-secure facility that also houses long and short term male and female youth sentenced to the facility. The facility has a design capacity for 28 male and female youth, for both pre-adjudication and post adjudication. This facility operates in one of the building whereas staff from either pre adjudication and or post adjudication can be assigned to work when needed.

Anoka County Secure and the Regional Juvenile Center are pre and post adjudication secure programs with a designed capacity of 50 and 36 respectively with an average population of 38 and 30 respectively over the last 12 months. The programs provide professional custodial care, crisis intervention, counseling, education, and other services through counselors, medical staff, and a licensed mental health professional that provides a wide variety of treatment services grounded in evidence-based principles and cognitive behavioral interventions including but not limited to, relationship-based and accountability based services. This program also provides individual and group counseling, substance abuse treatment, psychological evaluations, aggressive management, case management, individualized education, life skills, drug education, anti-victimization, and social skills for daily living. The facility also provides services for youth committed on sexual offenses.

On the day of the audit there were 95 youths assigned to the facilities in totality.

The facilities have a gymnasium, a kitchen area, a dining area, educational classrooms, individual rooms (sections), with sections to specifically to house female youth, administrative areas, medical clinic areas, large outside courts for recreation, numerous offices, specific intake areas (pre and post) and centralized control communication centers. The showers were located in each section where the cameras cannot view inside and a cover is placed over the window for privacy. Shower routines are conducted by male staff only for the male youth in each section and conducted by female staff only for the female youth in each section of this facility. Staff of the opposite gender does announce their presence when entering a male or female section housing unit of the opposite gender. The facility was operating safely and observably clean, throughout during the days of this on site audit visit.

## SUMMARY OF AUDIT FINDINGS

Each of the residents interviewed stated that they felt safe, and described the facility as a safe place to be where they did not fear that they would be sexually victimized. All stated that they had received information on the zero tolerance policy, and all knew of at least two options, most named 3 options for reporting sexual abuse. All knew about third party reporting and their ability to report to another person if they did not want to report to someone inside the facility. Residents unanimously expressed that staff cared about them and about their safety and supervised them diligently.

The staff interviewed, were very well-versed in their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff knew their responsibilities as first responders, were familiar with red flags, knew PREA policy, and had received comprehensive and timely PREA training. Designated staffs were diligent in their duties to protect against retaliation for reporting. Specialized staff, including supervision, administration, and health-care staff were also well-versed in PREA requirements and provided ample evidence that facility practices followed policy. The auditor was able to observe the intake area and process, as youth were brought into the facility during the auditor' on-site visit.

Finally, documentation was complete. Documentation reviewed included, but was not limited to, background and criminal history checks, staff training records, youth PREA orientation records, documentation of unannounced supervisory rounds, policy, and incident and allegation reports. There was only one substantiated PREA incident, inappropriate sexual touching, that occurred during the reporting period. Relative to this incident, appropriate investigative procedures were followed, notifications provided, protection against retaliation provided, and documentation was complete.

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and it includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. According to the agency's policy there is a commitment to zero tolerance and safety. The agency employs and designates an upper-level, agency-wide PREA coordinator, Nate Parker who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the facility. There is also 3 compliance managers.

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

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

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This Standard is Not Applicable because they do not Contract with other entities for the confinement of residents.

### **Standard 115.313 Supervision and monitoring**

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

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The agency/facility develops, documents, and makes its best efforts to comply with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. In calculating adequate staffing levels and determining the need for video monitoring, it takes into consideration: Generally accepted juvenile detention and residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from investigative agencies; Any findings of inadequacy from internal or external oversight; The composition of the resident population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors. Since 2016, the average daily number of residents has been 95, less than the number of residents on which the staffing plan was predicated, with no deviations from the ratios in the last 12 months. The facility is obligated to maintain staffing ratios of a minimum of 1:12 during resident waking hours and 1:24 during resident sleeping hours. Plans by Anoka County are to lower these by October 1, 2017. At least once every year the agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the PREA staffing plan. The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The agency/facility documents unannounced rounds on all shifts with a prohibition of staff alerting other staff of the conduct of the rounds. Documents provided, a staffing plan review, as well as interviews conducted, verify compliance with this standard.

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

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

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

The facility does not conduct cross gender pat-down searches or cross-gender strip or cross-gender visual body searches of residents. Interviews indicate this policy has not been violated, and there has not been exigent circumstances requiring cross-gender searches. The facility policy requires that there are not any cross-gender searches, cross-gender visual body searches, and if a cross-gender pat-down search is done it will be documented with exigent circumstances and justified if they occur. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. No such searches occurred in the past 12 months. Interviews conducted (of both staff and residents), and documentation received, indicate staff are properly trained, cross gender employees are announced, and searches are conducted according to the PREA standards. Assisting successful compliance with this standard, Anoka County policy mandates staff of each gender be on duty at all times.

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

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

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

### **corrective actions taken by the facility.**

The agency has established procedures to provide disabled residents 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. The agency has established procedures to provide residents with limited English proficiency 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. Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations. In the past 12 months, there have been no instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter. Staff and residents indicate the agency will go the extra mile to assist anyone to understand what they need to understand in order to be safe and exercise their rights. Staff interviews and policy reviews indicate these efforts have been required and practiced in the agency culture. Exceeding PREA Standards, Anoka County also mandates that residents with disabilities receive full educational services appropriate for their needs. Minnesota DOC Standardis "Special Education: A. Coordination with the local education district will ensure that residents with disabilities are provided with an appropriate public education as determined by the order to meet the individual educational needs of the student as defined by federal and state laws. B. Coordination with the local district will ensure that residents with disabilities have available an instructional day that does commensurate with that of other students.

### **Standard 115.317 Hiring and promotion decisions**

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

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

The agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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; 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; or Has been civilly or administratively adjudicated to have engaged in the activity described in this section. The Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, consults any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State, and local law, makes 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. During the past 12 months 44 staff have been hired and or contract persons who may have contact with residents who have had criminal background record checks. The Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. The Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, the agency shall 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. Compliance with this standard was verified through a close reading of policy and other documentation provided, as well as a review of random personnel files pulled at the auditor's request, and through interviews with administrators, including the Superintendent.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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

The Anoka County Juvenile Centers has not made any modifications to or any renovations in this facility as of April 10, of 2016 and they currently have cameras throughout all 3 facilities to supplement the staff’s supervision and monitoring of the youth. It was suggested by the auditor, if funding becomes available that some additional cameras be purchased for placement throughout the facilities, only to help the staff supervision, monitoring in the prevention, detection and response to sexual abuse and sexual harassment allegations. The facility has demonstrated compliance with this standard.

**Standard 115.321 Evidence protocol and forensic medical examinations**

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

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Anoka County Policy 115.321 addresses the requirements of this standard. The agency is responsible for administrative sexual abuse/sexual harassment investigations. Criminal sexual abuse investigations are conducted by the Anoka County CID and/or the Anoka County Department of Children and Family Services. Staff interviewed were knowledgeable of procedures to separate the victim and perpetrator; isolating any witnesses; chain of command notifications; appropriate referrals and securing and obtaining usable physical evidence when sexual abuse is alleged. If needed, residents will be transported to Mercy Hospital for a forensic medical examination by qualified medical staff. Victim advocate services are provided by the Sexual Assault Response Team(SART) in response to any allegations of Sexual Assault or Abuse. There have been no investigations requiring forensic medical examinations in the past 12 months. Compliance with this standard was confirmed through staff interviews and policy review.

**Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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

### **corrective actions taken by the facility.**

Facility policy 115.322 ensures that all administrative/criminal investigation will be completed, as required. Policy and Minnesota state law requires that all allegations be reported for investigation. Allegations that are criminal in nature are reported to the Local Law Enforcement Anoka County (CID) and Minnesota DOC.

### **Standard 115.331 Employee training**

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

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Policy and Evidence Reviewed: Zero Tolerance for Sexual Abuse and Sexual Harassment, Juvenile Supervision Officers, and Minnesota Licensing Rule 2960, Training Curriculum, Staff Training Rosters, Random Staff Interviews and Anoka County's Training Academy. Anoka County Juvenile Centers policy requires that the facility provide PREA related training to all its employees who may have contact with youth. The agency provided written evidence of the various PREA training curriculums to include but not limited to; LGBTI communication boundaries, wherein staff are trained along with the training sign in sheets with the course title and descriptions for each training class, for the auditor's review. The number of facility staff trained during the last 12 months were 44 with 100% of them being trained. The PREA Coordinator indicated that their PREA Refresher training occurs annually and certification/orientation training, which includes PREA, is reoccurring. The staff interviewed articulated that the required elements of 115.331a (1-11), (b) were being met through the new hire orientation/training and through on-the-job training sessions (refresher). The staff seemed well versed and trained in the areas of PREA, their reporting duties, were knowledgeable of their first responder responsibilities and what individuals and or entities conducts the administrative and criminal investigations based on the interviews.

### **Standard 115.332 Volunteer and contractor training**

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

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Evidence Reviewed: Zero Tolerance for Sexual Abuse and Sexual Harassment and Volunteer and Contractor's Training Curriculum and training roster

The Anoka County Juvenile Center policy requires that all volunteers and contractors who have direct access to youth are notified and trained on understanding their reporting responsibilities regarding PREA. The facility provided written evidence of the PREA curriculum for volunteers and contractors and but did provide training records to demonstrate their compliance with this standard. The percentage of volunteers and contractors trained in PREA during the last 12 months was at 100% .

### Standard 115.333 Resident education

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

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PREA Policy 115.333 Anoka County  
PREA Guidebook for Residents in English and Spanish  
PREA Brochure in English and Spanish  
PREA Video for Residents in English and Spanish  
Signed Resident Acknowledgement Forms Showing Receipt of PREA Education  
Resident Risk Assessments PREA

Resident interviews reveal that residents have received the PREA Education information including the PREA Video on the first day or the first week upon arrival at Anoka Juvenile Centers. The PREA related information is also available in the resident handbook and residents also noted the posters on walls and information by the PREA Boxes, spoke to the PREA Process as well.

### Standard 115.334 Specialized training: Investigations

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

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N/A This Standard is Not Applicable because Anoka County has contracted out for all Specialized Investigations and that requires Specialized training and does maintain documentation for all of the trained investigators that will be contracted.

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

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

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**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Anoka County Juvnile Centers does not conduct forensic medical exams on a youth for sexual abuse but if applicable, they refer the alleged victim to the Mercy Medical Center where the examination would occur free of charge. Both of the medical and contracting mental health personnel at the facility indicated that they have received training in PREA and had documentation of the specialized training received. There were no SANE examinations conducted in and or for this facility in the last 12 months. The interview conducted with the mental health professional verified this training thus demonstrating compliance with this standard.

**Standard 115.341 Screening for risk of victimization and abusiveness**

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

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Policy and Evidence Reviewed: Zero Tolerance for Sexual Abuse and Sexual Harassment 115.311, DOC Licnensing and Electronic and Hard Copy of the Screening Instruments, Intake Staff, Youth and PREA Coordinator Interviews.

The Anoka County Juvnile Centers policy outlines that the screening of youth during intake must occur within 72 hours. The screening instrument, which is in their client management and is automated, it contains all of the screening elements (1-11) required of this standard and contains questions which covers the youth own perception of vulnerability as well as any observations of the intake staff regarding a youth's gender non-conforming or perceived vulnerable appearance. Information obtained by the Intake Officer during the initial screening i.e. sensitive information has limited dissemination to prevent exploitation to the detriment to the youth and appropriate controls are in place and is protected. They also have a process, according to policy, for the re-assessment of a youth and a hard copy of this form was provided for the auditor's review. Through the Intake staff and youth interviews coupled with a review of the documentation provided during the pre-audit and on site documentation review process verified that the facility has demonstrated compliance with this standard.

**Standard 115.342 Use of screening information**

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

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The Anoka County Juvenile Centers Zero Tolerance policy was provided to the auditor that demonstrated compliance with this standard. The facility's staff was able to demonstrate how the screening instrument is used to make informed housing assignments which is discussed weekly during their weekly meetings.

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A copy of the Prea Screening and Classification forms were provided to the auditor for review and was informed by the Program Coordinator that housing assignments are not based on LGBTGNC status, perceived status or identification status is an indicator of likelihood of being sexually abusive. During the last 12 months the facility reported that there were zero youth placed in isolation, zero youth denied daily access to services and zero youth averaging any time in isolation. The facility policy also allows for Intersex and Transgender youth to shower separately, same as everyone ,and to be reassessed twice a year to review any threats to safety experienced by the youth as confirmed through the interview with the youth and staff.

### Standard 115.351 Resident reporting

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

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

Policies Reviewed: Zero Tolerance for Sexual Abuse and Sexual Harassment , Intake, Admission and Release, and Grievance Policy, PREA Posters, Hotline Numbers, Staff and Youth Interviews, and Third Party Reporting Policy  
The Anoka County Juvenile Centers provides multiple internal ways (i.e. sick call, grievance, trusting adult) and several external numbers for a youth to privately report allegations of sexual abuse and sexual harassment. One such number for reporting an allegation is to the Alexandra House 763-780-2330 which is a toll free number posted by the phone on each section (housing unit) as observed. Interviews conducted with the facility's staff and youth demonstrated their knowledge, access and compliance with this standard including that staff do accept, document and immediately report verbal reports of sexual abuse and sexual harassment from a youth to the appropriate upper level supervisory and or administrative staff. The staff and youth also did inform the auditor, during their interviews, that they can report sexual abuse and sexual harassment allegations privately, confidentially, anonymously and or through a 3rd party. The staff can use the same 1-763-780-2330 number for making such reports. The facility provided a memorandum along with their Non- Offender policy stating that they do not detain youth for demonstrating compliance with this standard.

### Standard 115.352 Exhaustion of administrative remedies

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

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

N/A The Anoka County Juvenile Centers have opted out of this standard, because Anoka Countys Greivance Policy doesn't allow for immediate response to incidents of sexual abuse or sexual harassment allegations.

### Standard 115.353 Resident access to outside confidential support services

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

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

Youth and staff have access to Alexandra House who provides confidential support services. MOU was provided in there support of this standard, demonstrating compliance with this standard.

### **Standard 115.354 Third-party reporting**

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

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

The Anoka County Juvenile Centers policy establishes the method outlined to receive a 3rd party reports of sexual abuse and sexual harassment on behalf of a youth and that this information is also available in the Anoka County Juvenile Centers PREA Policy and Procedures. The facility provided written evidence which was read in policy by the auditor for review. The Anoka County Juvenile Centers provided written evidence outlining how they receive the 3rd party report for sexual abuse and sexual harassment, provided the auditor with a copy of the brochure on PREA, which is shared with all residents and parents to help them report as a 3rd party, for abuse, neglect, exploitation, sexual abuse and sexual harassment was provided. The PREA Coordinator verified this process when interviewed, thus demonstrating compliance with this standard.

### **Standard 115.361 Staff and agency reporting duties**

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

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

The Anoka County Juvenile Centers policy requires that all staff to immediately report to the Facility Director any suspicion, knowledge, or information of a allegation of sexual abuse, sexual harassment, retaliation and staff policy violation for neglect of their responsibilities that may have contributed to the incident or retaliation, including 3rd party reports. The agency’s policy directs the facility staff including medical and mental health personnel as mandatory reporters of child abuse, to immediately report the information, complete an incident report and forward it to the Facility Director. The Facility Director or designee will then report the allegation to the appropriate authorities and to the Anoka County CID. During the staff interviews they demonstrated knowledge regarding their reporting responsibilities including notification to their immediate supervisor, the Facility Director, local law enforcement, the internal investigators, the alleged victim’s parent, legal guardian, lawyers and to the court of jurisdiction if applicable. The facility also provided other related policies

regarding their internal processes, personnel action and the first responders responsibilities and duties of the staff including referrals to be made to Anoka County and referral for treatment as necessary, thus demonstrating compliance with this standard.

**Standard 115.362 Agency protection duties**

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

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

The Anoka County Juvenile Centers policy outlines their internal processes regarding the agency's protection duties. The specialized and random staff interviews verified their knowledge and compliance with this standard. The facility provided evidence and a written policy which stated that they had zero youth in isolation who were subject to any type of substantial risk of imminent sexual abuse while in their facility, thus demonstrating compliance with this standard.

**Standard 115.363 Reporting to other confinement facilities**

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

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

The Anoka County Juvenile Centers policy outlines the staff's requirement of reporting to other confinement facilities within 72 hour of being informed during Intake of an allegation being made by a youth of sexual abuse and sexual harassment and that it will be documented in the youth's file. The interviews conducted with the Intake staff as well as with the administrative/supervisory staff demonstrated their knowledge and understanding of this reporting requirement and policy adherence. The Anoka County Juvenile Centers provided information stating that were zero cases reporting to another confinement facility an allegation of sexual abuse and sexual harassment that occurred and was verified by the PREA Coordinator during interviews. They random staff, during their interviews, verbalized the notification protocol as well as provided written evidence to demonstrate that the alleged facility of occurrence would be notified well within 72 hours of the sexual abuse and sexual harassment allegation and that the case would be properly investigated and closed by the investigative entities, thus demonstrating compliance with this standard.

**Standard 115.364 Staff first responder duties**

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

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

The Anoka County Juvenile Centers has established a policy that outlines the first responder duties for responding to sexual abuse and sexual harassment allegations. The facility reported there were no instances of securing evidence during an investigation. The facility provided information stating there were zero times that the crime scene and or evidence needed to be preserved, zero times where requested of a victim not to take any action, zero times requested of the abuser not to take action, zero times that non-security staff had to respond, and in all times was the security staff notified and responded to the allegation. All of the random staff interviewed were able to articulate their knowledge, understanding, responsibilities and duties as a first responder including informing the victim and the abuser not to destroy evidence by washing, eating, changing clothes, drinking, defecating or brushing teeth. The first responders acted in accordance with the agency's policy and the facility's protocol, thus demonstrating compliance with this standard.

#### **Standard 115.365 Coordinated response**

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

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

The Anoka County Juvenile Centers Coordinated Response Plan for Acute Allegations of Sexual Abuse policy outlines the procedure for specific staff's response to allegations of sexual abuse and sexual harassment. The Anoka County Juvenile Center's staff, as verified by the interview with members of the Administration, that they knew of the process for reporting a sexual abuse and sexual harassment allegations, the responsibilities of the facility administrator, medical and mental health personnel, the investigator and the responsibility of a first responders. The PREA Coordinator did in policy provide the auditor with a copy their written coordinated response plan to demonstrate compliance with this standard.

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

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

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

The Anoka County Juvenile Centers provided written evidence in the form of policy and the PREA language is imbedded in the 2 labor contracts (1 contract completed and 1 contract in negotiations). Again as they do enter into collective bargaining agreements and the facility's policies do allows for an alleged staff abuser to be removed from contact when a pending an investigation or of a determination of whether and what extent discipline is warranted, thus demonstrating compliance with this standard.

### **Standard 115.367 Agency protection against retaliation**

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

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

The Anoka County Juvenile Centers policy outlines their response to retaliation and protection for all youth and staff members who report an allegation of sexual abuse and sexual harassment and or who cooperates with an investigation. The facility has designated all of their staff who are responsible for monitoring youth and staff against retaliation for reporting a sexual abuse or sexual harassment allegation. The facility's policy indicates that they employ multiple protective measures to protect a youth from changing housing assignments, removing them from the facility to another, removing the abuser or alleged staff member from contact with the victim, and providing emotional support to the victim. The facility policy states that a youth's conduct would be monitored up to 90 days against retaliation, that they would promptly remedy any such retaliation, will provide treatment services as needed and will protect any other individual who cooperates with an investigation who may express fear of retaliation. The facility provided written evidence in the form of policy and thus demonstrates compliance with this standard.

### **Standard 115.368 Post-allegation protective custody**

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

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

The Anoka County Juvenile Centers policy does state the use of segregation and or seclusion to protect a youth who have alleged sexual abuse and sexual harassment. The facility did provide evidence indicating that there were zero youth who were held in isolation who alleged sexual abuse and sexual harassment or who suffered sexual abuse in the last 12 months the facility's PREA Coordinator and the Program Directors stated during their interviews that they did not use segregation and or seclusion to protect a youth from sexual abuse or sexual harassment in the past 12 months and demonstrated compliance with this standard.

### **Standard 115.371 Criminal and administrative agency investigations**

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

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

The Anoka County Juvenile Centers policy outlines that they conduct all administrative investigations and that the Anoka County CID will conduct all criminal investigations of sexual abuse and sexual harassment. The Anoka County Juvenile Centesr did provide written evidence of a case for sexual abuse or sexual harassment that occurred in their facility, which was investigated by the appropriate entities. The PRERA Coordinator described how they remained in contact with the investigative authorities during that time and was closed in addordance with the facility’s policy. They also reported that zero substantiated investigative cases had been referred for prosecution and that they would retain these case files as long as the abuser was incarcerated and according to their policy and applicable law. The Anoka County Juvenile Centers did have written evidence of their investigators records as verification, thus demonstrating compliance with this standard.

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

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

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

The Anoka County Juvenile Centers policy does state that the standard used for proof when determining substantiation of an allegation for sexual abuse and sexual harassment in an administrative investigations is the preponderance of evidence, thus demonstrating compliance with this standard.

### **Standard 115.373 Reporting to residents**

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

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

The Anoka County Juvenile Centers policy outlines the facility's responsibility in notifying a youth regarding the initiation and the outcome of an investigation for sexual abuse and sexual harassment. The facility had informed the youth of outcomes, and did provide written evidence in the form of policy stating that notification had been given to the youth during, the initial of and at the conclusion of an investigation. The facility indicated that there have not been any indictments, no referrals for prosecution or convictions of an abuser for sexual abuse and sexual harassment thus demonstrating compliance with this standard.

### Standard 115.376 Disciplinary sanctions for staff

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

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

The Anoka County Juvenile Centers policy outlines the steps to be taken to discipline a staff for sexual abuse and sexual harassment. The Anoka County Juvenile Centers reported did provide written evidence that there have not been any staff disciplinary actions taken during the past 12 months due a to violation of the agency's policy of sexual abuse and sexual harassment as well as there were zero referrals for sexual abuse and sexual harassment allegations to a law enforcement entity.

### Standard 115.377 Corrective action for contractors and volunteers

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

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

The Anoka County Juvenile Centers policy outlines the steps to be taken when disciplining volunteers and contractors for sexual abuse and sexual harassment violations. The facility has reported that there were zero cases where a volunteer and or a contractor received disciplinary action due to violation of the agency's policy of sexual abuse and sexual harassment. The facility indicated that there were zero reports made to local law enforcement or to a relevant licensing body for a contractor or volunteer engaging in sexual abuse with a youth, demonstrating compliance with this standard.

### Standard 115.378 Disciplinary sanctions for residents

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

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

The Anoka County Juvenile Centers policy outlines the process for taking disciplinary action against a youth when they participate in sexual misconduct with another youth, staff, volunteer or contractor in the facility including if the youth's mental disabilities and mental illness contributed to the behavior. The facility's policy indicates that they do not impose disciplinary sanctions if a youth makes a report of sexual abuse and sexual harassment in good faith. The Anoka County Juvenile Centers policy prohibits denying a youth large muscle exercise, daily visits, educational programming, and access to other programs as a disciplinary sanction. During this reporting period the facility reported that zero youths were placed in isolation as a disciplinary sanction for a youth on youth sexual abuse and sexual harassment allegation, thus demonstrating compliance with this standard.

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

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

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

The Anoka County Juvenile Centers policy outlines the procedure to follow for medical and mental health screenings consisting of the youth's history of sexual abuse, if applicable. The electronic files held by our medical and mental workers containing some of this information is not accessible to non-treatment staff. The Anoka County Juvenile Centers identified youth who had disclosed a prior sexual victimization, which occurred either at another confinement facility or in a community setting, and provides written evidence demonstrating that medical and mental health follow up assessments were offered to youth within 14 days of Intake. The facility's Zero Tolerance policy states that all staff are considered mandatory reporters of child abuse according to their State law which include medical and mental health practitioners, thus demonstrating compliance with this standard.

**Standard 115.382 Access to emergency medical and mental health services**

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

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

The Anoka County Juvenile Centers reported that there were zero cases of sexual abuse requiring medical attention at this facility during the past 12 months and the facility's policy outlines how a youth have access to these emergency services. The facility did provide written evidence that access to emergency medical and mental health services would be provided at the Mercy Medical Center. There were zero sexual abuse and sexual harassment cases to review that required a youth emergency access to medical and mental health services according to the staff and administration during their interviews. Demonstrating compliance with this standard.

**Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

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

The Anoka County Juvenile Centers policy outlines the procedure for a sexual abuse victim and or abuser regarding their receiving ongoing medical and mental health care. The facility did provide written policy stating that these services will be provided to those youth who have been ordered to their programs, that they are provided free of charge to the youth, that they do attempt to conduct an evaluation on the committed youth abuser within 60 days of learning of the abuse history and that they are offer treatment as deemed appropriate by the mental health practitioner. The Medical and Mental Health staff, during their interviews, indicated that the mental health and medical services are consistent with the community level of care. The Anoka County Juvenile Centers reported that there were zero youth identified as a sexual abuse victim and or abuser who required ongoing medical and mental health services which demonstrated compliance with this standard.

**Standard 115.386 Sexual abuse incident reviews**

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

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

The Anoka County Juvenile Centers policy outlines the process for conducting sexual abuse reviews for substantiated and unsubstantiated cases of sexual abuse and sexual harassment and that a review would not be held for unfounded cases. The facility has reported zero allegations of sexual harassment during the last 12 months and zero reviews were conducted since the alleged sexual abuse cases were Unfounded. Their sexual abuse team is represented by the agency head, the Facility Director, the Superintendent, the PREA Coordinator, and the Medical and or Mental health practitioner, which is convened within 30 days of the conclusion of an administrative and or criminal investigation for sexual abuse and sexual harassment. The meeting is facilitated by the Superintendent and the PREA Coordinator as co-chair, who prepares the minutes and report recommendations for improvement as applicable. The Anoka County Juvenile Centers provided written evidence indicating that there were zero sexual abuse reviews held. The facility policy stating that there were no sexual abuse and sexual harassment allegations substantiated or unsubstantiated that required the SART to convene, demonstrating compliance with this standard.

### **Standard 115.387 Data collection**

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

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

The Anoka County Juvenile Centers policy outlines the procedure for collecting uniform data on all allegations of sexual abuse and sexual harassment at all their facilities including private contractors if applicable, using a standardized instrument to demonstrate compliance with this standard. The Anoka County Juvenile Centers has written policy of their annual Review of Sexual Victimization, the last one being for 2016, as the standardized instrument for capturing this aggregate data annually, which was confirmed through an interview with the agency's PREA Coordinator. The facility's PREA Coordinator, during the interview, indicated that he reviews, collects all the data including investigative reports and files, identifies trends, implements recommendations and documents the reason for not doing so locally, thus demonstrating compliance with this standard.

### **Standard 115.388 Data review for corrective action**

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

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

The Anoka County Juvenile Centers policy outlines the review of aggregate sexual abuse and sexual harassment data, including that of their private contractors, to assess and improve the effectiveness of the agency's policies, practices and training. The facility provided written policy that demonstrated a review of the data collected, identification of trends, problem areas, and subsequent corrective action to be taken in accordance with this standards. The facility's PREA Coordinator indicated during the interview that they prepare a report from these findings, comparing the current year's data with the prior year data, documenting any information that may present a clear and specific threat to the safety and security of the facilities, and provided a upon request, thus demonstrating compliance with this standard.

### **Standard 115.389 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Anoka County Juvenile Centers policy outlines that all sexual abuse data is under their control, that all personal identifiers are identified and documented and that this information is retained securely. A review of this policy and during the interview with the PREA Coordinator this practice was verified. Furthermore, the Anoka County Juvenile Centers policy states that all sexual abuse data is retained securely and will be maintained for at least 10 years after the date of the initial collection, thus demonstrating compliance with this standard.

### **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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Darin Balken

5-10-2017

Auditor Signature

Date