

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

Interim Final

Date of Interim Audit Report: July 28, 2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: February 9, 2021

Auditor Information

Name: Darnel Carlson	Email: dmcarlson16@gmail.com
Company Name: Click or tap here to enter text.	
Mailing Address: PO Box 1201	City, State, Zip: Brainerd, MN 56401
Telephone: 218-831-9636	Date of Facility Visit: June 18-19, 2020

Agency Information

Name of Agency: Bethel Work Release			
Governing Authority or Parent Agency (If Applicable): The Duluth Bethel			
Physical Address: 23 Mesaba Avenue		City, State, Zip: Duluth, MN 55806	
Mailing Address: 23 Mesaba Avenue		City, State, Zip: Duluth, MN 55806	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Dennis Cummings	
Email: dcummings@duluthbethel.org	Telephone: 218-722-1724

Agency-Wide PREA Coordinator

Name: Andrea Cowdell	
Email: acowdell@duluthbethel.org	Telephone: 218-727-3828
PREA Coordinator Reports to: Program Director	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Bethel Work Release

Physical Address: 23 Mesaba Avenue

City, State, Zip: Duluth, MN 55806

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

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.duluthbethel.org

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:
MN Department of Corrections, MN Department of Health, Federal Pretrial and Probation

Facility Director

Name: Lisa Rindal

Email: l.rindal@duluthbethel.org

Telephone: 218-740-3779

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 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:

30 males; 15 females

Current Population of Facility:

15 males; 10 females

Average daily population for the past 12 months:	Males – 18.52 days; Females – 12 days	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-90	
Average length of stay or time under supervision	Males – 89 days; Females – 58 days	
Facility security levels/resident custody levels	Minimum Security; State Work Release; Intensive Supervised Release; County Work Release; County Short Term Detention	
Number of residents admitted to facility during the past 12 months	160	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	42	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	109	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: Federal Probation and Pretrial <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	34	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	30	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
<p>Number of single resident cells, rooms, or other enclosures:</p>	3
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	14
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<h3>Investigations</h3>	
<h4>Criminal Investigations</h4>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
<h4>Administrative Investigations</h4>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>1</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) on-site audit The Duluth Bethel – Bethel Work Release located in Duluth Minnesota was conducted June 18-19, 2020.

Pre-Audit preparation included a thorough review of the Pre-Audit Questionnaire and all documentation and materials submitted by the facility. The documentation reviewed included, agency policies, procedures, forms. A copy of the staff schedule and resident roster were provided on the first day of the on-site audit. There were 25 residents in-custody on the first day of the on-site audit. Concerns over the spread of the Coronavirus has reduced the number of in-custody residents.

The audit notices were posted in visible areas throughout the facility 6 weeks before the audit and were still posted during the on-site audit. I did not receive any resident correspondence throughout the audit process.

During the two days of the on-site audit, the auditor was provided a secured office to work and conduct confidential interviews with staff. Seven formal personal interviews were conducted with facility staff representing all shifts. Four random staff members, one staff member who performs risk screenings, one intake staff, and an investigator were interviewed. A personal interview was also conducted with the Director and included questions for the Agency Head or Designee, Warden or Designee, PREA Coordinator, Contract Administrator, and Administrative HR Staff.

Samples of personnel records were reviewed to determine compliance with training mandates, background check procedures, and on-going background checks every 5 years of staff and contractors. Also reviewed was staff training records and training curriculum.

Confidential interviews with residents were conducted in a program room. Ten random residents were interviewed which meets the minimum requirement for a Community Confinement Facility population of 25. There were zero targeted residents identified to interview during the on-site audit.

Samples of resident files were reviewed to evaluate screening and intake procedures. Also, reviewed was resident education documentation and acknowledgments, training curriculum, and the resident handbook.

A facility tour was conducted by the FSO/Training Supervisor. All areas of the facility were toured which included (intake lobby and control room, male and female laundry areas, kitchen, resident program areas, and male and female resident living units). The auditor observed location of cameras, staff supervision of residents, placement of posters, PREA information resources, and security monitoring. The auditor observed private restrooms and showers located in the male and female resident living areas. The auditor was given access to all areas of the facility and talked to staff and residents informally during walk-throughs of the facility during the visit.

The Bethel Work Release employs 34 employees which include the Facility Director, Program Supervisor, 2 – Case Managers, FSO/Training Officer, Information Specialist, Correction Officers, Kitchen Supervisor, 2 Kitchen staff, Maintenance Supervisor, and 2 Maintenance staff.

The Bethel Work Release Leadership implemented a zero-tolerance policy for sexual abuse and sexual harassment prior to the enactment of the Federal Prison Rape Elimination Act. Every allegation of sexual abuse or sexual harassment is taken seriously.

Staff and residents report feeling safe working and living in the Duluth Bethel Work Release. Staff were friendly and readily available for interviews and open to answering questions. Staff understood their responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment in the facility. Leadership of the Duluth Bethel Work Release are dedicated to continuous improvement, staff training, managing staffing levels and maintaining a culture of zero-tolerance of sexual abuse and harassment of residents. The Director and FSO/Training Officer were readily available during the on-site audit.

On July 22, 2016, the Duluth Bethel Work Release was found in compliance with the PREA standards.

During the past 12 months, the Duluth Bethel Work Release reported three allegations of substantiated, unsubstantiated, or unfounded reports of sexual abuse and sexual harassment. One unsubstantiated allegation of staff on resident sexual abuse, XXX. Investigative reports provided by the Duluth Bethel Work Release documented the thorough administrative investigations that were completed for each allegation.

The Duluth Bethel Work Release received zero reports from residents that they were sexually abused or sexually harassed in another facility and received zero reports from another facility that a resident was sexually abused or harassed at the Duluth Bethel Work Release.

Interviews with residents confirmed they are provided PREA education and understood the agency's zero-tolerance policy. During the intake process residents receive a handout that explains the Duluth Bethel Work Releases zero tolerance policy regarding sexual abuse and harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, telephone numbers, and addresses. Generally, within twenty-four hours of intake residents are shown a PREA video and time for questions and answers. Residents are given a handbook which contains additional PREA information, telephone numbers, and addresses. Residents participation in PREA education is documented in their case file.

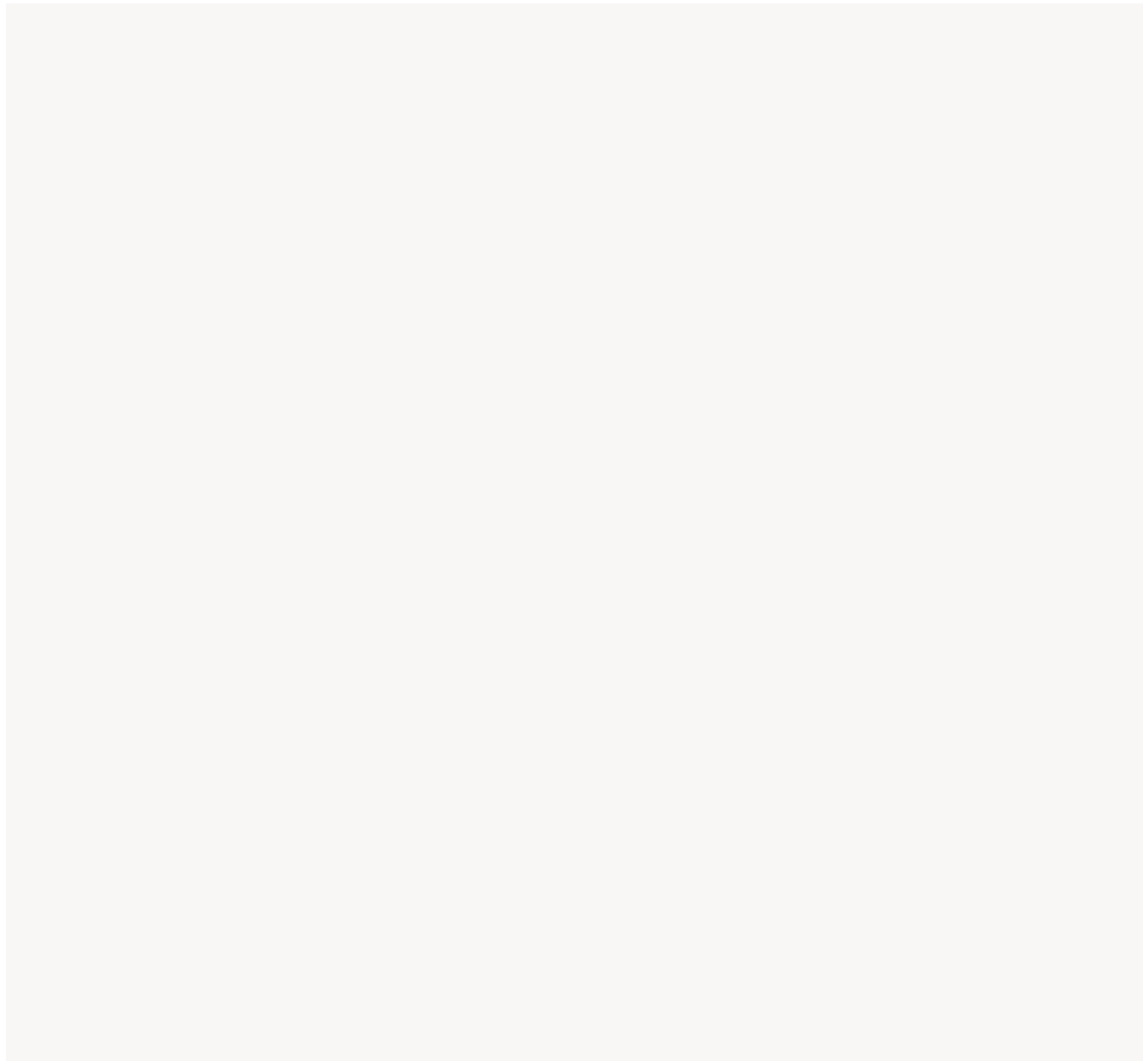
Interviews with staff verified initial and ongoing PREA training. Responses to the questions asked verified their knowledge of their responsibilities in detecting, preventing, reporting, and responding to sexual abuse and sexual harassment. Staff was able to articulate the different ways residents and staff could report sexual abuse or sexual harassment and steps to follow if he/she were the first to respond to an incident. Staff expressed confidence that their administration takes all reports of sexual abuse and sexual harassment seriously and would investigate every allegation and would not tolerate any form of retaliation against staff or residents. Staff reported feeling safe working at the Duluth Bethel Work Release.

The Duluth Bethel Work released has a signed agreement with the Program to Aid Victims of Sexual Assault (PAVSA) <https://pavsa.org/> to provide emotional support and be a third-party reporter. The Duluth Bethel Work Release does not have medical or mental health care professionals on staff. Security staff would protect the alleged victim until the alleged victim of sexual abuse is transported to Essentia Health – St. Mary's Medical Center located in Duluth, Minnesota <https://www.essentiahealth.org/find-facility/profile/essentia-health-st-marys-medical-center-duluth/> or St. Luke's Hospital located in Duluth, Minnesota <https://www.slhduluth.com/> to provide community level of care and treatment to resident victims of sexual abuse. PASVA, Essentia Health- St. Mary's Medical Center and St. Luke's Hospital work in collaboration to provide trained Sexual Assault Nurse Examiners (SANE) to conduct forensic medical examinations.

The contact information for PAVSA is in the resident handbook, PREA brochure, and posted throughout the facility. Prior to the coronavirus, staff from PAVSA would be on-site at the facility every week.

After a review of documentation, information gathered during the on-site audit, and staff and resident interviews, this auditor found the Duluth Bethel Work Release leadership to understand their

responsibilities to provide staff training and educate residents about PREA and promote a culture of zero-tolerance for sexual abuse and sexual harassment.



Facility Characteristics

The Duluth Bethel Work Release is a class IV facility under the Minnesota Department of Corrections (MNDOC) 2911 rules governing adult detention facilities in Minnesota. The Duluth Bethel Work Release is provisionally licensed and inspected by the MNDOC to determine continued compliance with Minnesota Chapter 2911 rules governing adult detention facilities in Minnesota. The Duluth Bethel Work Release uses indirect supervision of residents. Custody staff complete resident well-being checks every 30 minutes.

The Duluth Bethel is a well-maintained large four level building built in 1911. The building is divided to accommodate two programs. The Bethel Port Rehabilitation Program, a residential drug and alcohol treatment program for men and women, and Duluth Bethel Work Release. The facility is licensed by the Minnesota Department of Corrections to hold a maximum of 45 residents (30 male residents and 15 female residents) with an average daily population of 18.52 male residents and 12 female residents. There were 20 adult male residents and 15 adult female residents in custody on the first day of the PREA Audit. The facility does not hold juvenile residents. The Duluth Bethel Work Release houses sentenced adult residents for a time not to exceed any limits set by Minnesota Statutes or adult pretrial or presentenced residents indefinitely. The Duluth Bethel Work Release has housing contracts with the Minnesota Department (MNDOC) Work Release Offender and Supervised Release Offender Programs, Arrowhead Regional Corrections – Female Offender Program, and the Federal Supervised Release Program.

The building is four levels. The gym, kitchen, male resident laundry room, and dining room are located on the first floor. Residents of both programs use the first floor supervised by correctional staff and video monitoring. Staggered eating and gym schedules maintain separation between residents of each program and female and male residents. Male residents from the Duluth Bethel Work Release Program are supervised by correctional staff and video monitoring when using the laundry room. You enter the lobby of the work release program through a secure door on the second floor. The enclosed officer work area is located adjacent to the lobby.

Male residents sleeping units, restrooms, and showers are located on the second floor. Off one corridor on the second floor are staff offices, the offices are locked when staff are out of their office. There is a conference room and two – 4-person sleep units, one - 2-person sleep unit, resident restroom, and a secured door leading to a set of stairs to the third floor used by female residents to access the second floor supervised by correctional staff. Located off another corridor on the second floor are two shower rooms with three individual showers, a restroom, lounge area, four – 4-person sleep units, and two – 3-person sleep units.

The female unit is located on the third floor. The lounge, a case worker office, restroom and shower, laundry room, one – 2-bed sleep unit, three – 2-bed sleep units, and one – 3-bed sleep unit off one corridor and two restrooms and showers, one – 1-bed sleep unit and one – 3-bed sleep unit off the second corridor.

The video monitoring system is in the enclosed officer work area. Officers are responsible for monitoring the interior and exterior cameras. Resident intake and releases are conducted in the lobby.

The kitchen is located on the first floor and contains a food preparation area, dishwashing area, walk-in cooler and freezer, pantry, and staff breakroom.

The Program Director's office and the IT office are in a separate section of the building adjacent to the Work Release Program accessed through a separate entrance.

The kitchen is managed by the kitchen supervisor who has two employees to prep and cook meals, wash dishes, and clean the kitchen. Residents eat their meals in the dining room adjacent to the kitchen. Residents do not work in the kitchen or have contact with the kitchen employees. The kitchen supervisor and staff are employees of Duluth Bethel and receive annual PREA training.

Residents use community medical and mental health practitioners for appointments. Residents who are alleged to be victims of sexual abuse would be transported to Essentia Health – St. Mary’s Medical Center emergency department or St. Luke’s Hospital emergency department for evaluation and treatment.

Most of the residents use community providers for services, therefore, there are limited programming opportunities in the facility.

To reduce the chance of spreading the Coronavirus, the Duluth Bethel Work Release has suspended resident visitation, and professional visitors entering the building.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

115.213 –

Duluth Bethel Work Release has a staffing plan that was approved by the Minnesota Department of Corrections. Facility does not have a written staffing plan taking into consideration the requirements of paragraph (a) of this standard.

Corrective Action Required:

Facility should develop and document a staffing plan that takes into consideration sentences 1-4 of paragraph (a) of this standard.

Corrective Action:

On October 9, 2020 the facility provided documentation of its updated staffing plan.

115.241-

The facility completes a Mental Health Screening Form on all residents as part of the intake process. The screening form includes some of the criteria required in this standard.

Corrective Action Required:

Duluth Bethel Work Release should implement an objective risk screening tool that meets the criteria of paragraph (d) of this standard.

Corrective Action:

On January 11, 2021 the facility provided documentation of implementing a risk assessment that meets the criteria of paragraph (d) of this standard.

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: 42

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

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 Zero Tolerance Sexual Abuse/Assault Prevention policy which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy also outlines disciplinary sanctions for those found to have participated in prohibited behavior.
- B. The facility has designated the Program Director as the PREA Coordinator who reports to the Program Director. The PREA Coordinator reports having sufficient time and authority to develop, implement, and oversee the agency's efforts toward PREA compliance at the facility.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl

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

The facility houses residents for Federal, State, and local agencies.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The facility reports that the average male daily population is 21 and the average female daily population is 12. The staffing plan is based on 45 residents.

- A. The facility Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the requirements of the formalized written staffing plan which includes considerations (1-4) of this standard and the rules set by the Minnesota Department of Corrections (2911.0900 rule.) The facility did not have a written staffing plan as outlined in its policy. The facility has completed an updated staffing plan which considers components of (1-4) in paragraph “a” of this standard. On October 9, 2020 the facility provided documentation of its updated staffing plan.
- B. The facility does not deviate from the staffing plan. Voluntary or mandated overtime would be used to maintain minimum staffing. The facility reports zero deviations from the staffing plan.
- C. The facility Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the requirements of the PREA Coordinator reviewing the staffing plan a minimum of once per year.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Staffing plan

Duluth Bethel Work Release has a staffing plan that was approved by the Minnesota Department of Corrections. Facility does not have a written staffing plan taking into consideration the requirements of paragraph (a) of this standard.

Corrective Action Required:

Facility should develop and document a staffing plan that takes into consideration sentences 1-4 of paragraph (a) of this standard.

Corrective Action:

On October 9, 2020 the facility provided documentation of its updated staffing plan.

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.** Facility policies Pat Down Searches and Zero Tolerance Sexual Abuse/Assault Prevention prohibit staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances except in exigent circumstances or when performed by medical practitioners. The facility reports in the past 12 months, there has been zero cross-gender strip searches or cross-gender visual body cavity searches of residents.
- B.** Facility policies Pat Down Searches and Zero Tolerance Sexual Abuse/Assault Prevention state the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The facility reports in the past 12 months there has been zero pat-down searches of female residents conducted by male staff. Also, in the past 12 months there has been zero pat-down searches of female residents by male staff due to exigent circumstances. Female residents interviewed verified the facility practice is to have a female officer assigned to their floor and they always have access to attend their programs.
- C.** Facility policies Pat Down Searches and Zero Tolerance Sexual Abuse/Assault Prevention require staff to document all cross-gender strip searches and visual body cavity searches of residents and all cross-gender pat-down searches of female residents by male staff.
- D.** Facility policies Pat Down Searches and Zero Tolerance Sexual Abuse/Assault Prevention ensure residents are permitted 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 room checks. Random

residents interviewed verified they have privacy when taking a shower, using the restroom, and changing clothes. Policy requires staff of the opposite gender announce their presence when entering rooms that house residents of the opposite gender.

- E. Facility policies Pat Down Searches and Zero Tolerance Sexual Abuse/Assault Prevention prohibits staff from searching or physically examining transgender or intersex residents for the sole purpose of determining the residents' genital status.
- F. The facility has trained 100 percent of their staff to conduct cross-gender pat-down searches and searches of transgender or intersex residents in a professional and respectful manner.

Random resident interviews confirmed staff of the opposite gender make an announcement when entering their area.

Random interviews with staff verified male staff do not conduct any searches of female residents and they announce their presence before entering a housing area that houses residents of the opposite gender.

During the on-site audit, there was zero transgender or intersex residents identified to interview.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Pat Down Searches policy
- Facility Zero Tolerance Sexual Abuse/Assault Prevention Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Random staff interviews
- Random resident interviews
- Training records
- Observations during the facility tour

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

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility ensures key information about the Prison Rape Elimination Act (PREA) is continuously and readily available or visible to residents through posters, resident handbook, and an educational video. The facility uses local Spanish interpreters, Spanish versions of the resident handbook and educational video and closed caption video. The Program Director verified that services would be provided to residents with disabilities and limited English proficient.
- B. The facility would utilize a language line translation service, Spanish version of the resident handbook, educational video, and other documents. The facility provides housing for residents transitioning from Federal, State, and local facilities back into society and rarely houses residents with disabilities.
- C. Facility policy prohibits using resident interpreters, readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first-responder duties, or the investigation of a resident's allegation.

During the on-site audit there was zero residents with disabilities or limited English proficient residents in the facility. Random staff interviews confirmed they would only use qualified interpreters to communicate with residents.

The facility reports zero instances in the past 12 months of resident interpreters, readers, or another type of resident assistant used to assist in first responder duties, or the investigation of the resident's allegation.

Policy, Material, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault policy
- Completed Pre-Audit Questionnaire submitted by the Agency

- Interview with Program Director Lisa Rindahl
- Random staff interviews

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. Facility policy Zero Tolerance Sexual Abuse/Assault Prevention outlines the requirements of 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 the prohibited conduct specified in paragraph “a” of this standard.
- B. Any incident of sexual harassment will be considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with residents. This information is outlined in the Zero Tolerance Sexual Abuse/Assault Prevention policy.
- C. Before hiring new employees, Duluth Bethel will perform a full background check which includes conducting a criminal history performed through the Minnesota Bureau of Criminal Apprehension (BCA) which includes local, State, Federal, and predatory offender registers. The Program Director confirmed background checks are completed before hiring new employees as outlined in the Zero Tolerance Sexual Abuse/Assault Prevention policy.
- D. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy states a criminal background records check shall be performed before retaining the services of any contractor who may have unsupervised contact with residents.
- E. The facility conducts criminal records background checks every 5 years for current employees and contractors who have contact with residents which was confirmed by the Program Director.
- F. Facility reports all applicants and employees who may have contact with residents are asked about previous misconduct describe in paragraph “a” of this standard.
- G. Employees are required to disclose any information regarding misconduct and grounds for termination for nondisclosure of such.
- H. The facility will 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, unless prohibited by law.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Employee personal file review
- Criminal records background checks review

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 has not made any substantial expansion or modifications to the facility.
- B. Since the last PREA audit the facility has added additional cameras to its video monitoring system.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- 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 sexual harassment. The facility has an agreement with the Duluth Police Department to conduct all criminal investigations. The Duluth Police Department has a specialized unit SCAN (Sex crimes abuse and neglect) for investigating incidents of sexual assault.
- B. The Duluth Police Department follows policy 601 to investigate allegations of sexual abuse.
- C. Forensic medical examinations will be conducted at Essentia Health St. Mary's Hospital <https://www.essentiahealth.org/contact-us/> or St. Luke's Hospital <https://www.slhduluth.com/>

located in Duluth, Minnesota. Forensic medical examinations will be performed by SANE certified medical personnel without financial cost to the resident.

- D. The facility has a signed agreement with Program for Aid to Victims of Sexual Assault (PAVSA) <https://pavsa.org/> to provide victim support services for residents who are victims of sexual assault.
- E. A victim advocate from PAVSA will be provided at the request of the victim.
- F. The Duluth Police Department will conduct criminal investigations. The Agency's policy follows the requirements of paragraphs "a" through "e" of this standard.

The facility reports zero forensic medical examinations conducted in the past 12 months.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with facility investigator (conducts administrative investigations)
- Interview with Program Director Lisa Rindahl
- Interviews with random staff
- Agreement between the facility and PAVSA <https://pavsa.org/>

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 3 allegations of sexual abuse or sexual harassment in the past 12 months.
- B. Facility policy requires all allegations of sexual abuse or harassment are referred for investigation. The facility publishes its policy regarding the referral of allegations of sexual abuse or harassment for criminal investigations on its website: www.duluthbethel.org
- C. The facility has its investigative policy published on its website: www.duluthbethel.org

Policy, Materials, Interviews, and other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Duluth Bethel website: www.duluthbethel.org
- Interview with Program Director Lisa Rindahl
- Interview with investigator (conducts administrative investigations)

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 Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the training topics all employees who have contact with residents receive on preventing, detecting, and responding to sexual abuse and sexual harassment of residents. All current staff have received training on the eleven topics listed in paragraph “a” of this standard.
- B.** The training is designed for the unique needs of the residents in the facility. Duluth Bethel operates one facility which houses female and male resident.
- C.** The facility ensures all employees receive training on the Prison Rape Elimination Act (PREA) during orientation and annually thereafter. The facility uses the training curriculum developed by the Moss Group.
- D.** The training officer maintains signed verification acknowledging receipt and understanding of the PREA training.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- PREA training plan
- Signed training acknowledgments
- Interview with training officer
- Interviews with random staff

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 will train any volunteers or contractors who have contact with residents. Currently, all visitors are prohibited from entering the building. Generally, visitors that meet with residents at the facility are professional visitors. The food service employees do not have any contact with the residents.
- B. The training officer would facilitate training for volunteers and contractors who would have contact with residents based on the level of services and contact with residents.
- C. The training officer would maintain signed documentation of volunteer and contractor understanding of PREA training.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency

- Interview with training officer
- Training curriculum

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 that 160 residents have been admitted in the past 12 months and 109 of those residents' length of stay was for 30 days or more. Residents are given 2 pamphlets and a handbook upon admission. Within 48 hours the residents are shown a PREA video and sign an acknowledgment of understanding. The handbook is reviewed and the residents are given an opportunity to ask questions.
- B. The admission process for every resident is the same. Every resident is given 2 pamphlets, a handbook and shown a PREA video.
- C. The facility would utilize a language line translation service, Spanish version of the resident handbook, educational video, and other documents. The facility provides housing for residents transitioning from Federal, State, and local facilities back into society and rarely house residents with disabilities.
- D. The facility maintains signed documentation of participation and understanding of PREA training in each resident's case file.
- E. Key information about PREA is visible on posters placed on each floor of the facility. Residents are given a resident handbook and 2 PREA pamphlets.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- PREA posters displayed
- Interview with intake staff
- Interview with random residents

- Resident handbook
- PREA pamphlets

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. Facility policy Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the requirement that all investigative staff receive specialized investigation training. The Agency has one trained investigator who conducts administrative investigations. The investigator has several years of investigative experience and completed the specialized training for investigations through the National Institute of Corrections. The investigator treats any report the same and would thoroughly investigate every allegation.
- B. The specialized training includes all the topics listed in paragraph “b” of this standard.
- C. Certificates of training are maintained by the facility.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Pre-Audit Questionnaire submitted by the Agency
- Interview with investigator
- Training certificate

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

1115.241 (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. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the procedure for assessing residents during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents.
- B. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy requires the intake screening to ordinarily take place within 72 hours of arrival at the facility.
- C. The facility completes a Mental Health Screening Form on all residents as part of the intake process but does not include all the criteria required in paragraph "d" of this standard. The facility implemented a new risk screening and provided copies of completed risk assessments on residents.
- D. The Mental Health Screening Form does not include all the criteria required in this paragraph. The facility implemented a new risk screening and provided copies of completed risk assessments on residents.
- E. The Mental Health Screening Form does consider prior acts of sexual abuse, prior convictions of sexual abuse but does not consider prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency. The facility implemented a new risk screening and provided copies of completed risk assessments on residents.

- F. Within 30 days from the resident’s arrival, the facility shall reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- G. The facility reassesses a resident’s risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization.
- H. Facility policy prohibits residents from being disciplined for refusing to answer (d)(1); (d)(7); (d)(8); or (d)(9) of paragraph “d” of this standard.
- I. Only the case managers and supervisors have access to the completed risk assessments.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Mental Health Screening Form
- Interview with Program Director Lisa Rindahl
- Interview with staff responsible for risk screening
- Interviews with random residents

The facility completes a Mental Health Screening Form on all residents as part of the intake process. The screening form includes some of the criteria required in this standard.

Corrective Action Required:

Duluth Bethel Work Release should implement an objective risk screening tool that meets the criteria of paragraph (d) of this standard.

Corrective Action:

On January 11, 2021 the facility provided documentation of implementing a risk assessment that meets the criteria of paragraph (d) of this standard.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility uses information from the risk screening to determine room placement. Programming and education for the residents is scheduled at community providers. The facility does not use residents for inhouse workers.

- B.** Interviews with the Program Director and staff confirmed individual determinations are made about how to ensure the safety of each resident.

- C.** The Program Director verified that a transgender or intersex room assignment would be considered on a case-by-case basis.

- D.** The Program Director confirmed a transgender or intersex resident’s view of their own safety will be given serious consideration.

- E.** All the showers in the facility are private.

- F.** The facility is not under a consent decree, legal settlement, or legal judgment to place lesbian, gay, bisexual, transgender, or intersex residents in a dedicated wing.

The facility has not housed any transgender or intersex residents in the 12 months prior to the audit or during the on-site audit.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Interviews with staff who perform risk screenings

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility provides residents multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Residents can make reports verbally to a correction officer, in writing or verbally to a case manager, in writing or verbally to the PREA Coordinator. Staff will also accept anonymous and third-party reports.
- B.** The facility has an agreement with the Program for Aid to Victims of Sexual Assault (PAVSA) <https://pavsa.org/> to act as an outside reporting agency for residents. The PREA pamphlet and resident handbook include contact information for PAVSA. The Program Director verified the agreement with PAVSA to accept calls from residents. Resident interviews confirmed knowledge of the different ways they could make a report. Residents believed that staff would accept reports and the reports would be investigated.
- C.** Facility Zero Tolerance Sexual Abuse/Assault policy requires staff to accept reports made verbally, in writing, anonymously and from third-parties. Staff are required to promptly document any verbal reports. Interviews with staff verified they would accept any report of an allegation of sexual abuse and would document a verbal report as soon as possible.
- D.** Staff can privately report sexual abuse or harassment of residents to the Program Director, PREA Coordinator, in writing, or calling the PAVSA hotline. Staff interviewed would make a report to a case manager, PREA Coordinator, or Program Director. Staff expressed confidence in their administration taking all allegations seriously and would investigate every report.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Random staff interviews
- Random resident interviews
- Posters
- Resident handbook
- Resident PREA pamphlet
- Agreement between the facility and PAVSA <https://pavsa.org/>

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 there has been 1 grievance filed alleging sexual abuse or sexual harassment in the past 12 months. A final decision was provided within 90 days. The facility reports there has been zero emergency grievances filed alleging sexual abuse or sexual harassment in the past 12 months.
- B. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy ensures there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident will not be required to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- C. Residents who allege sexual abuse will not be required to submit a grievance to a staff member who is the subject of the complaint. Grievances alleging sexual abuse or harassment will not be referred to the staff member who is the subject of the allegation.
- D. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy requires a final decision on 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 will not include time used by residents to prepare their administrative appeal. The facility may claim an extension of up to 70 days to respond, if the normal time period is not sufficient to make an appropriate decision. The resident will be notified in writing of the extension.
- E. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents to file for administrative remedies. Third parties are permitted to file such requests on behalf of the resident.
- F. Any grievance received alleging a resident is subject to a substantial risk of imminent sexual abuse will be immediately forwarded to a level of review at which immediate corrective action may be taken. An initial response will be provided within 48 hours and a final decision will be issued within 5 calendar days.

- G. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy allows for a resident to be disciplined if the facility finds the grievance was filed in bad faith.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Resident handbook
- Grievance

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 entered an agreement for collaborative services with the Program for Aid to Victims of Sexual Assault (PAVSA) located in Duluth, Minnesota <https://pavsa.org/>. The telephone number and mailing address for this service is visibly posted within the facility, published in the resident handbook and PREA pamphlet. Calls to PAVSA are free and confidential for the residents.
- B. The facility publishes the calls are free and confidential in the resident handbook and PREA pamphlet. Residents interviewed understood the calls to be free and confidential.
- C. The facility has an agreement with PAVSA <https://pavsa.org/> to provide residents with confidential support services related to sexual abuse. Prior to COVID, the Director of PAVSA was coming into the facility to provide resources for residents.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Posters
- Resident handbook
- PREA pamphlet
- Agreement between the facility and PAVSA <https://pavsa.org/>
- Random staff interviews
- Random resident interviews

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

The facility has a method for receiving third-party reports of sexual abuse or harassment of residents. Information on how to report is posted on the agency's website: <http://www.duluthbethel.org/prea/> Reporting options include contacting the Bethel Work Release Center, contact the Bethel Work Release Center and speak with a shift supervisor, or call PAVSA.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Duluth Bethel website: <http://www.duluthbethel.org/prea/>
- Agreement between the facility and PAVSA <https://pavsa.org/>
- Posted materials

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. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy outline the procedures and expectations that any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation against residents or staff, and any staff neglect that may have contributed to such incident or retaliation shall immediately report according to agency policy. Random staff interviewed would immediately contact a case manager, PREA Coordinator, or Program Director.
- B. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy prohibits staff from revealing any information related to a sexual abuse report to anyone except designated supervisors or officials.
- C. The facility does not have medical practitioners in the facility.
- D. The facility does not house residents under the age of 18. The facility would follow laws for reporting if the alleged victim is a vulnerable adult.
- E. The facility reports all administrative allegations of sexual abuse to the facility investigator. All criminal allegations of sexual abuse would be reported to the Duluth Police Department.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Random staff interviews

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

The facility reports that in the past 12 months, there has been zero instances where the facility determined a resident was subject to a substantial risk of imminent sexual abuse. Interviews with the Program Director and staff confirmed immediate action would be taken to protect the resident.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- 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. Facility policy states upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility shall notify the head of the facility or agency where the alleged abuse occurred.
- B. Facility policy states such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- C. Facility policy requires the notification be documented.
- D. Facility policy requires that an administrative and/or criminal investigation is completed for all allegations of sexual abuse or harassment.

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl

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

The facility reports in the past 12 months there has been zero investigations that a resident was sexually abused.

A. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy details the duties of the first responder.

A security staff first responder is required to:

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

B. When the first responder is not a security staff member, they shall request that the alleged victim not take any actions that could destroy physical evidence, and the notify security staff.

Interviews with staff confirmed they understood their first responder duties.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Random staff interviews

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Coordinated Response Plan
- Interview with Program Director Lisa Rindahl

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

Employees are non-contract and would immediately be placed on administrative leave pending the final disposition of a resident allegation of sexual abuse or sexual harassment.

Policy, Materials, Interviews and Other Evidence Reviewed:

Completed Pre-Audit Questionnaire submitted by the Agency
Interview with Program Director Lisa Rindahl

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 reports that in the past 12 months, there has been zero incidents of retaliation reported, known, or suspected. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy ensures protection for all residents and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The designated staff members charged with monitoring would be case workers and the training officer.
- B. Multiple protection measures such as housing changes or transfers for victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents and staff who fear retaliation.
- C. The Program Director verified for at least 90 days following a report of sexual abuse, the facility will monitor the conduct and treatment of residents or staff who reported sexual abuse or who have suffered sexual abuse. Monitoring will continue beyond 90 days if the initial monitoring indicates an ongoing need.
- D. Facility policy requires periodic in-person conversations with residents.
- E. Any individual who cooperates with an investigation expresses fear of retaliation the facility will take reasonable measures to protect that individual against retaliation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl

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. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy states when the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

- B. The facility investigator who conducts administrative investigations has received training pursuant to standard 115.34. The investigator is well trained and experienced in conducting administrative investigations.
- C. The facility investigator interviewed explained the investigative process and evidence collected for administrative investigations. The facility investigator would secure the scene and evidence for investigators of the Duluth Police Department for criminal cases.
- D. The Duluth Police Department would consult with the St. Louis County Attorney's Office about conducting compelled interviews.
- E. The Duluth Police Department would follow their sexual assault investigative policy. 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. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the requirements of this paragraph in response to administrative investigations. The facility investigator interviewed will gather all the evidence and conduct interviews, and investigative facts and findings. A written report is completed on the investigation.
- G. The Duluth Police Department is responsible for conducting criminal investigations according to their policies and procedures.
- H. The Duluth Police Department is responsible for referring allegations for prosecution.
- I. The facility retains all written reports from administrative and criminal investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- J. The facility would continue with an administrative investigation regardless of the departure of the alleged abuser or victim from the employment or control of the facility.
- L. The Program Director or designated staff member would maintain contact with the Duluth Police Department on the progress of the investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Interview with investigator (conducts administrative investigations)
- Review of administrative investigations conducted

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

The investigator reports not imposing a standard higher than a preponderance (more than 50 percent) of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with investigator
- Completed investigation reports

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. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy requires the facility to inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility reports in the past 12 months, there have been three investigations of alleged resident sexual abuse and sexual harassment completed by the facility.
- B. The allegations reported did not meet the criteria for a criminal investigation.
- C. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the information that would be provided to the resident on the status of the accused staff member. (as detailed in this standard)
- D. Facility Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the information that would be provided to the resident on the status of the alleged abuser if another resident is accused. (as detailed in this standard)
- E. Facility policy requires all notifications to be documented.

The facility investigator provides notifications on final disposition to the victim.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Interview with investigator (conducts administrative investigations)
- Investigation file review

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 in the past 12 months, there has been one staff member from the facility who was terminated for violating the Zero Tolerance Sexual Abuse/Assault Prevention policy. The staff member was terminated for making inappropriate comments to residents. Additionally, in the past 12 months, there has been zero staff members reported to law enforcement or licensing boards for violating agency policies. The Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the disciplinary sanctions up to and including termination for violating sexual abuse and harassment policies.
- B. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of residents.
- C. The Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the progressive discipline of staff members for violations of policies related to sexual abuse or harassment (other than engaging in sexual abuse.)
- D. All terminations for violations of this policy, 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 clearly not criminal, and to any relevant licensing bodies.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Interview with facility investigator (conducts administrative investigations)

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports that in the past 12 months, there has been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.
- B. In the case of any other violation of agency sexual abuse or sexual harassment policies, the volunteer or contractor would be prohibited from further contact with residents.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl

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

- A. The facility has a formalized discipline plan applicable to residents that is followed as outlined in policy and published in the resident handbook. The discipline plan includes due process that allows residents the right to a disciplinary hearing within two business days by an impartial hearing officer assigned by the Program Director.
- B. Disciplinary sanctions are based on the nature and circumstances of the abuse committed, the residents discipline history, and the sanctions imposed for comparable offenses by other residents.
- C. A resident's mental disability or illness will be taken into consideration when determining the disciplinary sanction.
- D. The facility does not offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for offending residents. Appointments would be scheduled for the resident to receive treatment in the community.
- E. A resident will be disciplined for sexual contact with staff only upon finding the staff member did not consent to such conduct.
- F. A resident will not be disciplined for making a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred even if the investigation does not establish evidence sufficient to substantiate the allegation.
- G. Sexually activity between residents is a major rule violation; residents will be subject to disciplinary sanctions if it is determined to activity is not coerced.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Resident handbook

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment. Victims will be transported to Essential Health St. Mary's Hospital or St. Luke's Hospital for treatment.
- B.** Facility policy requires staff to take preliminary steps to protect the victim. Staff would contact the emergency department of the hospital.
- C.** The resident victim would be offered information about timely access to emergency contraception and sexually transmitted infectious prophylaxis from the SANE professional based on their judgment according to professionally accepted standards of care.

- D. Facility policy states treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with the investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility does not have medical or mental health care in the facility. Appointments will be scheduled for residents at community medical and mental health providers.
- B.** The resident would be provided ongoing treatment at community medical and mental health providers. The facility will forward referrals for continued care with residents being transferred or released from the facility.
- C.** Residents would receive medical and mental health services with community providers.
- D.** Pregnancy tests would be offered from community medical providers.
- E.** The facility will refer the resident victim to the appropriate community medical provider to provide comprehensive information about all lawful pregnancy related medical services.
- F.** The facility will refer the resident victim to the appropriate community medical provider for tests for sexually transmitted infections.
- G.** Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl

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 conducting three incident reviews in the past 12 months.
- B. The reviews were conducted within 30 days of the conclusion of the investigation.
- C. The incident review team consists of the Program Director, Chaplain, Case Manager, and Investigator. Additional review team members are included depending on the incident.
- 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 Zero Tolerance Sexual Abuse/Assault Prevention policy
- Facility Sexual Abuse Reporting Investigations policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- Incident reviews

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 Program Director and PREA Coordinator review the data annually.
- D.** The facility maintains, reviews, and collects data as needed from all available incident-based data.
- E.** This paragraph is not applicable; the facility does not contract with a private facility for the confinement of residents.

F. This paragraph is not applicable; the Department of Justice has not requested agency data.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl

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 facility reviews data collected and uses the data for ongoing improvement and corrective action in its facility.
- B. The facility includes a comparison of current year's data from prior years data on its website.
- C. The facility posts comparison data on its website: <http://www.duluthbethel.org/prea/> The facility does not complete an annual report.
- D. Sensitive data is redacted from the comparison report available on its website.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- PREA Annual Statistics Report website: <http://www.duluthbethel.org/prea/>

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The documentation collected from standard 115.87 is securely stored by the Program Director.
- B. The facility publishes all aggregated sexual abuse data on its website:
<http://www.duluthbethel.org/prea/>
- C. Personal identifiers are redacted.
- D. Policy dictates that sexual abuse data is maintained for a minimum of 10 years after the date of the initial collection.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility Zero Tolerance Sexual Abuse/Assault Prevention policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Program Director Lisa Rindahl
- PREA Annual Statistics Report website: <http://www.duluthbethel.org/prea/>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

This is Duluth Bethel's second PREA audit. Duluth Bethel was found to be in full compliance with the Prison Rape Elimination Act (PREA) standards on July 22, 2016. I had access to all areas of the facility and received all the relevant documents that were requested. I was permitted to conduct private interviews with residents and did not receive any confidential correspondence from residents or staff.

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

Duluth Bethel has its final audit report published on its website: <http://www.duluthbethel.org/prea/> The contract agreement requires the facility to post a copy of the final audit report within 90 days of receipt.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Darnel Carlson

February 9, 2021

Auditor Signature

Date

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

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