

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

Interim Final

Date of Report: 10/25/2019

Auditor Information

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Agency Information

Name of Agency: 180 Degrees, Inc.		Governing Authority or Parent Agency (If Applicable): Board of Directors	
Physical Address: 236 Clifton Avenue		City, State, Zip: Minneapolis, MN 55403	
Mailing Address: 236 Clifton Avenue		City, State, Zip: Minneapolis, MN 55403	
Telephone: 612-813-5014		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: 180 Degrees supports individuals and families to overcome barriers, transform lives, and contribute to healthy, multicultural communities.			
Agency Website with PREA Information: https://www.180degrees.org			

Agency Chief Executive Officer

Name: Dan Pfarr	Title: Chief Executive Officer
Email: dan.pfarr@180degrees.org	Telephone: 612-813-5010

Agency-Wide PREA Coordinator

Name: Nuwoe Cooper	Title: Senior Manager
Email: nuwoe.cooper@180degrees.org	Telephone: 612 813-5014
PREA Coordinator Reports to: Richard Coffey, Director of Programming	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Adult Residential Facility

Physical Address: 236 Clifton Avenue, Minneapolis, MN 55403

Mailing Address (if different than above):

Telephone Number: 612-813-5006

The Facility 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

Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: 180 Degrees Adult Residential Facility serves men re-entering communities from correctional facilities. The residential program supports men as they transition back into the community, providing short-term housing and services to help them secure stable employment, maintain sobriety, and establish new living arrangements.

Facility Website with PREA Information: <https://www.180degrees.org>

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Richard Coffey	Title: Director of Programming
Email: Richard.coffey@180degrees.org	Telephone: 651 332-5511

Facility PREA Compliance Manager

Name: Nuwoe Cooper	Title: Senior Manager
Email: nuwoe.cooper@180degrees.org	Telephone: 612-813-5010

Facility Health Service Administrator

Name: N/A	Title: N/A
Email: N/A	Telephone: N/A

Facility Characteristics

Designated Facility Capacity: 37 Beds	Current Population of Facility: 36
Number of residents admitted to facility during the past 12 months	118
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	202

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		118
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		202
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 - 65	<input type="checkbox"/> Juveniles 0
		<input type="checkbox"/> Youthful residents 0
Average length of stay or time under supervision:		60 Days
Facility Security Level:		Low
Resident Custody Levels:		Medium/High
Number of staff currently employed by the facility who may have contact with residents:		9
Number of staff hired by the facility during the past 12 months who may have contact with residents:		5
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
Physical Plant		
Number of Buildings:	1	Number of Single Cell Housing Units: 5 rooms
Number of Multiple Occupancy Cell Housing Units:		12 rooms (2, 3 and 4 bed rooms)
Number of Open Bay/Dorm Housing Units:		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
26 fixed cameras; no audio capabilities.		
Medical		
Type of Medical Facility:		Local Hospital, Hennepin County Medical Center (HCMC)
Forensic sexual assault medical exams are conducted at:		HCMC
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		4
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		3

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Adult Residential Facility (ARF) which is owned and operated by 180 Degrees, Inc. was conducted on February 22, 2019. This was the second Department of Justice (DOJ) PREA audit for this facility. ARF accepts male residents from Federal Pretrial, Minnesota Department of Corrections and Hennepin County. The PREA Audit was coordinated through ARF and Andraska Consulting, LLC and DOJ Certified PREA Auditor David Andraska conducted the audit. A line of communication was developed between ARF's PREA Coordinator and the auditor.

The auditor's pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the Pre-Audit Questionnaire (PAQ). The documentation reviewed by the auditor included both agency and facility policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor contacted Just Detention International (JDI) in reference to any information previously submitted by residents. The auditor also reviewed the 180 Degrees website. The notifications of the on-site audit were posted January 11, 2019. The notices were posted in various locations throughout the facility and observed during the on-site audit.

The Auditor arrived at ARF at approximately 8:00 a.m., on February 22, 2019, to begin the auditing process. An entrance meeting was held with the PREA Coordinator and a tour of the facility was conducted. The auditor was provided with a schematic layout of the building and camera location. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; security mirrors and tested the inmate PREA hotline phone system. Areas visited during the tour included the intake/screening area; visiting area; housing areas; kitchen; laundry, and indoor and outdoor recreation areas. The facility has 26 cameras which were visible throughout the tour. One blind spot was noted involving an area outside two bedrooms and a bathroom. The facility President/CEO and PREA Coordinator are aware of the blind spot and indicate they intend to replace the camera system later this year.

A total of 9 staff interviews were conducted to include those working all shifts. Staff interviews consisted of four random (selected by the auditor) and five specialized. The five specialized staff covers 12 areas of responsibility under the audit questionnaires as staff performs multiple duties due to the small size of the facility. One volunteer was interviewed and no contractors were interviewed as ARF does not employ contractors.

The resident count during the on-site visit was 36. A total of 13 residents were interviewed consisting of twelve randomly selected by the auditor from a resident roster and one targeted (history of victimization). There were no other targeted residents confined at the facility during the on-site audit. No correspondence was received from residents prior to or after the on-site audit and no residents requested to speak to the auditor during the audit.

There were no allegations of sexual abuse reported by residents in the past twelve months. There were two allegations of staff on resident sexual harassment reported in the past twelve months. Both allegations resulted in an administrative investigation. One allegation was determined to be unsubstantiated and one allegation unfounded. There were no substantiated allegations that were referred for criminal prosecution.

Facility Characteristics

180 Degrees, Inc. was incorporated in 1971 and in 1973 opened the doors to a half-way house in Minneapolis for men re-entering the community after incarceration. Currently ARF serves Federal Pre-trial defendants, Minnesota Department of Corrections (DOC) Work Release and Intensive Supervised Release (ISR) program, and Hennepin County supervised releases and probationers. ARF is in a residential neighborhood in downtown Minneapolis, Minnesota. The building is a large old house with three stories and a basement. The first floor consists of staff offices and common areas to include the resident intake/processing area; case managers' office; President/CEO office; kitchen; combined dining/day room, and the foyer, which also serves as the visiting area. Bedrooms range from single rooms to four beds in a room and are located in the basement, and on the second and third floors. Several resident bathrooms equipped with showers are on all floors with bedrooms. There are two laundry rooms with the basement laundry room containing limited recreation equipment, and a small outdoor courtyard accessible from the basement.

This residential program supports men in their transition back to the community, providing short-term housing and services to help them secure stable employment, maintain sobriety, and establish new living arrangements. Each resident is assigned a case manager to help develop a successful transition plan. Weekly one-to-one meetings are held to monitor each resident's goals and discuss areas of concern. Case managers create and maintain a network of referrals to outside groups such as AA, anger management groups and job training. ARF also offers residents an in house program called Skills Offenders Need in the Community (SONIC).

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The Interim Audit Report, dated April 5, 2019, indicated that Standards 115.217, 115.221, 115.234, 115.241, 115.252, 115.271, 115.276, 115.277 and 115.288 were non-compliant. Therefore, a required corrective action period not to exceed 180 days began. The Auditor recommended corrective action for the facility which they agreed to and began immediate corrections of the Standard found to be in non-compliance. The final corrective action documentation was received by the Auditor on October 4, 2019. The Auditor reviewed all the submitted documentation to determine if full compliance was achieved. A summary of the evidentiary basis for determining full compliance is discussed within the standard that was originally non-compliant. As a result of successful corrective action, the Auditor determined that the 180 Degrees Adult Residential Facility has achieved full compliance.

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*)

ARF Policies and Procedure Manual - PREA and the 180 Degrees Organization chart were reviewed and address the requirements of this standard. The written policy mandates zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of residents with sanctions for those found to have participated in these prohibited behaviors. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. Residents are screened for risk of sexual victimization and abusiveness and receive PREA education during intake and orientation. PREA posters and literature describing the agency's zero

tolerance toward sexual abuse and sexual harassment were observed by the auditor to be strategically located and accessible throughout the facility for staff and resident awareness.

Policy designates the Senior Manager of the facility as the PREA Coordinator. The PREA Coordinator reports to the Director of Programming for the Agency. The PREA Coordinator is responsible for developing, implementing, and overseeing the facility's efforts to comply with the PREA Standards. Per the Interview with the PREA Coordinator, he stated he has sufficient time and authority to oversee and coordinate the PREA program.

The review of policy and procedure, Organization chart, staff PREA training, resident screening, PREA education and information, interviews with staff and residents, observation of bulletin boards, posters and PREA material during the tour of the facility, the designation of a PREA Coordinator indicates compliance with this standard.

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 OR the response to 115.212(a)-1 is "NO".) 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*)

180 Degrees, Inc. is a private agency and does not contract with other private agencies or entities for the confinement of residents. Interviews with the President/CEO and PREA Coordinator confirm ARF does not contract with other entities for the confinement of residents.

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 agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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*)

180 Degrees, Inc. developed a staffing plan for ARF that provides for adequate levels of supervision to protect residents against sexual abuse. The plan will be reviewed at least once a year and approved by Contractors as part of the annual inspection of the facility. ARF Policies and Procedures Manual – PREA establishes procedures to develop and monitor the staffing plan and uses the criteria found in Standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or residents may be isolated); composition of the residents population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan.

Document review and interviews with the President/CEO and PREA Coordinator reveal the facility is staffed with nine full time and one part time staff on a daily basis. These positions include the Senior Manager/PREA Coordinator, Program Manager, two Case Managers, and five full time and one part time Shift Coordinators. The President/CEO, Program Director, and two maintenance staff for 180 Degrees are located off site but have periodic resident contact at ARF. ARF has 26 fixed cameras that are monitored from the Shift Coordinator's office. The cameras are recorded and the recordings kept for sixty days. The auditor reviewed ARF Staffing plan with an effective date of 7/1/2018.

By policy, the facility documents all deviations to the plan and it is reported to the Agency. The facility created a form to document the dates and reason for deviation from the plan. Per the Pre-audit questionnaire and interview with the Senior Manager and review of staffing schedules; there were no deviations from the plan during the audit period. The facility authorizes overtime to fill all required positions. The managers conduct unannounced PREA rounds on all shifts. Staff and resident interviews further confirmed the unannounced rounds by supervisors.

The review of policies, procedures, staffing plan, annual facility assessment, staff and resident interviews, observation while on site, camera placement, and interview with the President/CEO and PREA Coordinator indicates compliance with this standard.

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 less than 50 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 less than 50 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?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering 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*)

The review of ARF Policies and Procedures Manual and interviews with the President/CEO and PREA Coordinator reveal staff are not to conduct any hands-on searches of residents; the only searches to be conducted are with hand held metal detectors. The interviews further

reveal 180 Degrees has a bona fide occupational qualification for ARF allowing them to only hire male staff due to the need to conduct urine analysis tests, and only male residents are accepted at the facility. The policy does indicate cross gender strip or visual body cavity searches are not to be conducted. Policy further states any cross gender pat searches are to be conducted by DOC staff in accordance with established DOC policy (for DOC residents).

Observation during the tour of the facility and interviews with random staff and random residents reveal residents are able to shower, use the toilet and change clothing without viewing by staff of the opposite gender. While only male staff works at the facility, policy does require if a female is being escorted through the facility, staff is to make an announcement to the residents of the female's presence.

A review of policy confirms staff are prohibited from searching or physically examining a transgender/intersex resident for the sole purpose of determining their sex. An interview with the PREA Coordinator confirms the facility is notified of a transgender identity prior to their arrival at the facility, and the agencies sending residents to the facility are aware the contract is for male residents only. As a result, transgender residents are not searched to determine their sex.

Policy review and interviews with the PREA Coordinator and random staff reveal training on searches has not been conducted as staff do not conduct any pat, strip, or visual body cavity searches of residents.

The review of policies, procedures, observation during the tour and random staff and resident interviews indicates compliance with this standard.

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*)

The review of ARF Policies and Procedures Manual - PREA Policy and Procedures and - Program Referrals, Admission and Progress, Resident Handbook, Resident PREA Intake form and PREA Education Video were reviewed and address the requirements of this standard. The policies reveals it specifies PREA material is to be presented to residents in both verbal and written form with special consideration for those who have limited reading ability, who are hearing and/or vision impaired, disabled, or who are limited English proficient. An interview with the PREA Coordinator reveals it is rare for ARF to receive a non-English speaking resident. If a non-English speaking resident is admitted, the facility is made aware of this information ahead of time and between the facility and Probation Officer, interpretative services are contracted for on an as needed basis. Due to the facility's location in a large metropolitan area, several interpretative services are available, to include interpretive services for deaf or blind residents. A review of the resident PREA video confirms the video is thorough and gives an excellent overview of PREA. The video is available in English, Spanish and Hmong.

Random staff interviews reveal staff are aware on how to present PREA information to non-English speaking residents, or those with disabilities rendering them unable to read or understand the material. None of the random staff interviewed reported having had the need for interpretative services, but stated they would contact the PREA Coordinator for guidance if the need arose. Staff indicates they read the PREA Intake Form to residents as well as provide residents a handbook which contains PREA information. Staff indicates if a resident was blind, they would read material to them; deaf, they would have the resident read the form, and if a resident had intellectual disabilities, they would explain PREA in a manner understandable to the resident.

There were no limited English proficient (LEP) residents, nor residents with visual, intellectual disabilities or hearing impaired at ARF during the on-site audit.

The review of policy, PREA forms and information and interviews with staff and residents indicates compliance with this standard.

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, or 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)

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

Auditor Overall Compliance Determination

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

ARF Policy and Procedures Manual - PREA Policy, - Staffing Plan, ARF Staff Eligibility Assessment and 180 Degrees Employee Handbook were reviewed and address the requirement of this standard. The policy states the facility will exclude any potential staff member that has been convicted of, or attempted to engage in, any form of sexual abuse from being hired or promoted. Policy indicates the facility will make a reasonable attempt to determine if a new employee has been civilly or administratively adjudicated to have engaged in inappropriate sexual conduct as described in the standard.

The policy indicates background checks of staff are conducted prior to employment and every five years. Policy indicates contact with prior institutional employers will be made if applicable. A review of employee files, along with a tracking form for completed background checks, confirms background checks are conducted on all staff who have daily resident contact. During the corrective action period all administrative and maintenance staff have had background checks completed. An interview with the PREA Coordinator and review of documentation confirms compliance with this requirement.

The review of the completed PAQ and interview with the PREA Coordinator reveal ARF does not have any contract staff. However, in the event ARF should hire contract staff in the future, it is recommended policy include the requirements in section (a) of the standard and the requirements for conducting background checks/rechecks for contract staff.

The policy requires applicants are to be asked about previous misconduct described in the standard and the questions are listed on the Staff Eligibility Assessment Form. Per policy employees have a continuing affirmative duty to disclose misconduct as described in sub section (a) of the standard and that material omission or providing false information to be grounds for termination. The policy was recently revised to include these requirements and during the corrective action period, the employee handbook was revised to inform employees of these requirements.

The policy has procedures to provide other institutions information on substantiated allegations of sexual abuse/harassment involving former employees upon request from an institutional employer for whom the employee has applied for work.

Corrective Action Plan: Documentation of revision to the employee handbook and provide documentation that new, promotional and 5 year background checks were completed in past 12 months.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on July 17, 2019 and September 23, 2019 to evidence and demonstrate corrective action taken by ARF and 180 Degrees, Inc. regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Revised Employee Handbook
2. Background check documentation

180 Degrees, Inc. revised its Employee Handbook to incorporate language per this PREA standard. The facility also provided a listing of all background checks completed in the past 12 months. This documentation showed background checks for all new hires, promotions and 5 year background checks. This Standard is now fully compliant.

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*)

There has been no expansion or modification to ARF since the last PREA audit. Observation during the tour of the facility and interviews with the PREA Coordinator and President/CEO confirm ARF has not had any modification or upgrades to the facility.

ARF has upgraded the camera system since the last PREA audit. The interviews did reveal the camera system was updated. The interviews confirm prior to any modification or upgrade to ARF or updating monitoring technology consideration is given how the changes will protect residents from sexual abuse.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- 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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

The ARF Policies and Procedures Manual and Resident handbook were reviewed and address the requirements of this standard. All allegations are investigated by the PREA Coordinator or agency staff. The Minneapolis Police Department investigates the allegation if it appears

criminal. The policy confirms resident victims of sexual abuse are to be offered access to forensic medical examinations by Hennepin County Medical Center HCMC SANE at no cost. It also states victims are to be provided advocate services. Interviews with the PREA Coordinator confirm that HCMC provides forensic medical examinations and ARF policy is to take victims of sexual abuse to HCMC for a forensic medical exam and to meet with a rape crisis advocate from the Sexual Violence Center (SVC). Flyers are posted throughout the facility with contact information for SVC, and the information is contained in policy and the resident handbook. ARF has entered into a Memorandum of Understanding (MOU) with SVC for services to provide when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals.

In the past twelve months there were no allegations of sexual abuse. No forensic exams were requires nor requests for victim advocacy services.

Corrective Action Plan: Develop a uniform evidence protocol that meets the requirements of sections (a) and (b) of the standard.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on April 26, 2019 to evidence and demonstrate corrective action taken by ARF regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Services provided by Hennepin County Medical Center Sexual Assault Resource Services
2. Revised Policy and Procedures manual
3. Confirmation that the Minneapolis Police Department follows a uniform evidence protocol

ARF policy was revised to meet the requirements of this standard. Documentation provided that outside agencies conducting investigations follow requirement for evidence collection required by this standard. This Standard is now fully compliant.

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 such publication 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*)

The ARF Policies and Procedure Manual - Referrals of Allegations and the 180 Degrees' website were reviewed and address the requirements of this standard. The policy indicates an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment, with criminal investigations conducted by the Minneapolis Police Department. The policy describes the responsibilities of both agencies. There were no allegations of sexual abuse reported by residents in the past twelve months. There were two allegations of staff on resident sexual harassment reported in the past twelve months. Both allegations resulted in an administrative investigation. There were no substantiated allegations that were referred for criminal prosecution.

Interviews with the President/CEO, PREA Coordinator and random staff confirm staff are knowledgeable about investigations being required and who completes the investigations. A review of the agency's website indicated the policy is posted.

The review of policy, procedure, agency website and interviews with the President/CEO, Program Director, PREA Coordinator and random staff indicates compliance with this standard.

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 juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? 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*)

The review of the ARF Policies and Procedures Manual - Training and Development, PREA Training Power Point Slides, PREA Training Attendance Sheet and Staff Training Records were reviewed and address the requirements of this standard. The policy requires new staff to receive 40-hours of training to include a PREA overview prior to working a shift. PREA in depth training is to be given to all staff once a year. Policy indicates PREA information is also discussed at quarterly staff meetings. The PREA staff training curriculum was created by the Moss Group for the PREA Resource Center (PRC). A review of the training confirms it provides a detailed overview of all areas required by the standard. The staff training curriculum is tailored to male residents.

A review of staff training records and interview with the Program Manager who has oversight for training indicated all staff members had completed the PREA training and acknowledged they completed and understood the training. Staff interviewed were well versed in the zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties and evidence preservation. They do not conduct any hands on searches. A review of training records confirmed all staff completed PREA training.

The review of policy, staff training curriculum, rosters, signed training acknowledgments and interviews with the Program Manager and staff indicates compliance with this standard.

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*)

The ARF Policies and Procedures Manual, training material and signed volunteer training acknowledgement were reviewed and address the requirements of this standard. ARF has volunteers who provide services to residents; ARF does not utilize contract staff. The training

material was reviewed and found to be comprehensive with the objectives of the training ensuring that volunteers are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. An interview with a volunteer demonstrated his knowledge of PREA, his responsibilities, and the agency zero tolerance policy. All volunteers who have contact with residents have been trained on their responsibilities under the agency's PREA policy. The auditor reviewed training records and signed acknowledgments that volunteers received and understand the PREA training.

The review of policy, training material and supporting documentation and interviews with the PREA coordinator and a volunteer indicates compliance with this standard.

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*)

The review of ARF Policy and Procedures Manual - Program Admission, Referrals and Progress, Resident Files, PREA Intake Form and Resident Handbook were reviewed and meet the requirements of this standard. The policy requires PREA material is to be presented to residents in both verbal and written form with special consideration for those who have limited reading ability, who are hearing and/or vision impaired, disabled, and those with limited English proficiency. An interview with the PREA Coordinator reveals most residents admitted to ARF are English speaking. If a non-English speaking resident is admitted, the facility is made aware of this information ahead of time and between the facility and Probation Officer, interpretative services are contracted for on an as needed basis to include services for deaf or blind residents.

Interviews with random staff reveal upon intake of a resident, staff read residents the PREA Intake Form and issue the resident handbook. Staff indicated any resident who arrives at the facility receives the PREA information, including those who previously resided at ARF. Residents acknowledge in writing the PREA Intake Form was read to them and receipt of the handbook. The PREA Intake Form and handbook detail ARF's zero tolerance for sexual abuse/assault/harassment; explains criminal and/or administrative investigations will be conducted, and explains reporting methods. Residents upon intake also view a PREA video

which gives an excellent overview of PREA. The video is available in English, Spanish, and Hmong.

During interviews, residents acknowledged the information being provided upon arrival and orientation, and has seen posters displayed throughout the institution. The residents interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the audit, the auditor reviewed two examples of a resident documenting training and while on-site reviewed additional signed resident training acknowledgements which demonstrated residents received PREA information upon arrival, and acknowledged through signature they have received the education manual, watched the PREA video and understood the training. There were neither non-English speaking residents, nor residents with visual, hearing or intellectual disabilities at ARF during the on-site audit. The facility reported that all 207 residents admitted during the past twelve months received training on arrival.

The review of policy, documentation, observation of PREA posters with reporting information and zero tolerance statements throughout the facility and interviews with staff and residents indicates compliance with this standard.

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 have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(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*)

ARF Policies and Procedures Manual - Administrative Duties was reviewed and addresses the requirement of this standard. The policy indicates the PREA Coordinator is responsible for conducting administrative investigations of sexual abuse allegations. Per interviews with the Program Director, he indicated that he and the Human Resource Manager also would conduct investigations of staff sexual abuse allegations. An interview with the PREA Coordinator reveals he has received specialized training on conducting sexual abuse investigations in confinement settings and provided his training certificate.

Corrective Action Plan: Provide documentation showing agency staff received specialized training on conducting sexual abuse investigations in confinement settings.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on August 15, 2019 to evidence and demonstrate corrective action taken by ARF regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Training certificate from NIC for the course, PREA: Investigating Sexual Abuse in a Confinement Setting

The Program Director for 180 Degrees, Inc. who conducts staff sexual abuse allegations successfully completed the specialized training. This Standard is now fully compliant.

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

115.235 (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 medical staff at the facility 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? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] 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*)

ARF has no full or part time medical/mental health practitioners. All medical and mental health referrals are made to off-site providers. This was confirmed by review of the ARF Policies and Procedures Manual and interview with the PREA Coordinator.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

ARF Policy and Procedures Manual -Program Referrals, Admission and Progress, PREA screening form and Resident Files were reviewed and address the requirements of this standard. The policy requires that residents are screened for their risk of sexual victimization or abusive behaviors. Per policy, the screening is to be completed within 24-hours of the resident's arrival; a follow-up screening for risk of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the resident's arrival at the facility; and

reassesses resident's risk level again 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 or abusiveness.. ARF utilizes an objective screening form to conduct the assessments. Interviews with random staff confirm staff complete the screening upon resident intake. Completed screening forms were reviewed in resident files. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other residents.

A review of resident files indicated documentation of all reassessments of residents were not filed or maintained. Review of ARF policy and resident handbook reveal they do not state residents will not be disciplined if they refuse to answer questions in the assessment/reassessment.

Corrective Action Plan: Provide documentation to demonstrate all residents were reassessed within 30 days of arrival on their risk of being sexually abused/abusive. Revise policy and resident handbook to indicate residents will not be disciplined if they refuse to answer any of the questions on the assessment.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on April 26, 2019 and August 15, 2019 to evidence and demonstrate corrective action taken by ARF regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Completed Initial PREA screening forms
2. Completed 30 day PREA reassessment forms
3. Revised Policy and Procedure manual
4. Revised Resident handbook

ARF provided documentation that during the corrective action period all residents that were at the facility for more than 30 days were reassessed within 30 days of arrival at the facility. ARF's policy and procedure manual and resident handbook were revised to meet the requirement of this standard. This standard is now fully compliant.

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? Yes No

- 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? Yes No

- 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? 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*)

ARF Policies and Procedures Manual - Program Referrals, Admission and Progress and resident files were reviewed and address the requirements of this standard. The review of policy and interviews with case managers confirm staff use the screening information to make individualized determinations for safely assigning housing, bed and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each resident.

An interview with the PREA Coordinator reveals the facility is notified of a transgender's identity prior to their arrival at the facility, and the agencies sending residents to the facility are aware the contract is for male residents. Review of the screening assessment reveals all residents are asked if they have concerns for their safety.

Observation during the tour confirms separate showers are available for transgender/intersex residents if requested. An interview with the PREA Coordinator reveals transgender residents are assigned to bedrooms with individual bathrooms to allow for privacy while showering. There were no transgender residents at the facility during the on-site audit. Observation during the tour and interviews with the President/CEO and PREA Coordinator confirm ARF does not

place gay, bisexual, transgender/intersex residents in dedicated wings solely based on such identification.

The review of policy, procedures and interviews with the PREA Coordinator, intake staff and case managers indicates compliance with this standard.

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*)

ARF Policy and Procedures Manual- Program Referrals, Admission and Progress, Resident Handbooks PREA posters were reviewed and address the requirements of this standard. The resident handbook and PREA Posters confirms residents are informed of multiple ways to report sexual abuse, to include to an outside agency not part of 180 Degrees. The handbook lists contact numbers for Law Enforcement, HCMC SARS, and the SVC Advocacy 24-hour Crisis Line. Interviews with residents confirm they are aware of the various ways to report sexual abuse and are aware of the different telephone numbers posted throughout the facility. During the tour, the Crisis Line was checked and found to be in working order

The policy indicates residents or third parties may report sexual abuse verbally, in writing, and anonymously. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are require to promptly documenting any verbal reports. The policy also indicates how staff can privately report incidents of sexual abuse.

The review of policy, Resident Handbook, PREA information posted for residents, observation during the tour and interviews with staff and residents indicates compliance with this standard.

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 NA

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*)

The ARF Policies and Procedures Manual – PREA Policy – PREA Grievances and the Resident Handbook were reviewed and address the requirements of this standard. The policy requires residents are to be informed how to file PREA related grievances. ARF does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse; does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures 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, and such grievance is not referred to a staff member who is the subject of the complaint. Third parties, including other residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing grievance relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. There were no PREA grievances files in the past 12 months. It was noted that the PREA Grievance procedure was not included in the Resident Handbook.

Corrective Action Plan: Revise resident handbook to address PREA grievances.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on September 11, 2019 to evidence and demonstrate corrective action taken by ARF regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. PREA grievance procedure updated in resident handbook.

ARF provided documentation the PREA grievance procedure per the facility’s policy and procedure manual was included in the resident handbook. This Standard is now fully compliant.

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*)

The ARF Policies and Procedures Manual, MOU with SVC and PREA notices were reviewed and address the requirements of this standard. Observation during the tour confirms ARF has information posted regarding confidential support services through SVC and that such calls are not monitored or recorded. ARF has entered into a MOU with SVC for emotional support services related to sexual abuse. The MOU describes the services to be provided which includes confidential support services 24 hours a day, seven days a week. Phone numbers are provided to the residents on PREA notices. Interviews with residents found most residents were aware of the confidential support services provided.

The review of policies, MOU and PREA notices, along with interviews of staff and residents indicates compliance with this standard.

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*)

ARF Policies and Procedures Manual - Program Referrals, Admission and Progress, - Third Party Reporting and 180 Degree website were reviewed and address the requirements of this standard. The policy indicates staff are to report to the supervisor on duty any third party or anonymous PREA report made on behalf of residents. Random staff interviews confirm staff are knowledgeable on receiving third party reports. The 180 Degrees' website outlines methods to report sexual abuse and sexual harassment on behalf of a resident. The website provides a number and mailing address. Interviews with residents demonstrated they knew how third-party reporting could be accomplished.

The review of policies, the website and interviews with staff and residents indicates compliance with this standard.

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*)

ARF Policy and Procedures Manual - Reporting PREA Violation and PREA training curriculum were reviewed and address the requirements of this standard. The policy requires staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, including incidences that occurred at other facilities, and retaliation. Staff are to report to the PREA Coordinator, who is responsible for ensuring an investigation is conducted. Interviews with staff verified staff were aware they must immediately report to the PREA Coordinator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report.

The policy requires staff, contractors, and volunteers keep sexual abuse information confidential and discuss the information only with appropriate officials on a need to know basis.

Interviews with random staff and a volunteer confirmed they are aware of confidentiality requirements.

ARF does not employ nor contract medical or mental health practitioners. Residents requiring medical or mental health services seek services through local hospital and providers.

ARF only accepts adult male offenders. There were no incidents involving vulnerable adults that required mandatory reporting per State Statutes.

The review of policy, documentation, the training curriculum and interviews with staff indicates compliance with this standard

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*)

Policies and Procedures Manual - Program Referral, Admission and Progress, - PREA and PREA training curriculum were reviewed and address the requirements of this standard. The policy indicates if staff learns a resident is subject to substantial risk of imminent sexual assault, immediate action is to be taken to protect the resident. Random staff interviews confirm staff are knowledgeable about the need to protect residents at substantial risk of sexual assault. Most staff report they would escort the resident to their office and maintain constant supervision of the resident.

Per interviews with the PREA Coordinator, immediate action includes: separation; monitoring; change housing and/or work assignments; placing the abuser in another facility or request a transfer. Per the PAQ, no residents reported being at substantial risk of imminent sexual abuse during the past twelve months.

A review of policy, the PREA training curriculum and interviews with the PREA Coordinator and staff indicates compliance with this standard.

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*)

ARF Policies and Procedures Manual – PREA was reviewed and addresses the requirement of this standard. The policy requires notification be completed within 72 hours and documented. An interview with the PREA coordinator confirms he is responsible and knowledgeable of this requirement. There were no allegations reported that a resident was sexually abused while confined at another institution in the past 12 months. ARF did not receive information from another facility of a resident alleging sexual abuse while housed at ARF in the past 12 months.

The review of policies and interview with the PREA Coordinator indicates compliance with this standard.

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*)

ARF Policies and Procedures Manual – PREA and the PREA training curriculum were reviewed and address the requirement of this standard. Policies outline procedures to respond to an allegation of sexual abuse. Random interviews with staff confirmed staff were very knowledgeable about what to do upon learning a resident was sexually abused to include separating the alleged victim and abuser and to preserve and protect the crime scene. If the

abuse occurred within a time period that still allows for the collection of physical evidence; staff would request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. ARF did not have any instances in which first responder duties had to be implemented during the past 12 months.

The A review of policy, the training curriculum and interviews with staff indicate compliance with this standard.

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*)

ARF Policies and Procedures Manual – PREA and the Coordinated Response Plan was reviewed and address the requirements of this standard. ARF has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff, first responders, investigators, and facility leadership. ARF Coordinated Response Plan was very thorough and comprehensive in describing required actions. Interviews with staff confirmed staff were knowledgeable about the Response plan and the coordinated duties and collaborative responsibilities.

The review of policy, the Coordinated Response Plan and interviews with staff indicates compliance with this standard.

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*)

ARF has not entered into or renewed any collective bargaining agreement or other agreement that limits the facility’s ability to remove alleged employee sexual abusers from contact with any resident in the facility or program pending the outcome of an investigation. An interview with the President/CEO and PREA Coordinator confirm 180 Degrees does not have bargaining unit for employees.

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*)

ARF Policies and Procedures Manual – PREA and the Resident Handbook were reviewed and address the requirements of this standard. The policy prohibits retaliation against staff or residents who report allegations of sexual abuse or sexual harassment. Staff are required to report any information related to retaliation. Retaliation monitoring duties and specific area to monitor are included in the policy. Monitoring is required for a minimum of 90 days and allows for the continuation beyond 90 days if warranted. The PREA Coordinator is designated as the responsible staff to monitor retaliation of staff and residents. An interview with the PREA Coordinator confirmed he is knowledgeable of his retaliation monitoring duties. Per the PAQ and interview with the PREA Coordinator, there were no incidents of retaliation in the past 12 months.

The review of policy and interview with the PREA Coordinator indicates compliance with this standard.

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*)

ARF Policies and Procedures Manual, - Administrative Duties, and Referral of Allegations was reviewed and address the requirement of this standard. The policy requires all allegations of sexual abuse/harassment be investigated immediately, to include anonymous and third-party allegations. Staff interviews confirm staff are aware they need to immediately report all allegations to the PREA Coordinator and to call the Minneapolis Police Department if the

allegation appears criminal. During the past 12 months, ARF had no allegations of sexual abuse resulting in no investigative files reviewed.

The PREA Coordinator conducts resident sexual abuse investigation and has received specialized training. The Program Director conducts staff sexual abuse investigations and has not received specialized training. The policy indicates the investigator will gather and preserve evidence, interview alleged victims, perpetrators and witnesses and review prior complaints/reports of sexual abuse involving the suspected perpetrator. Policy prohibits polygraph examinations as a condition of proceeding with the investigation.

The policy regarding administrative investigations includes documenting if staff actions or failure to act contributed to the abuse and the report describes the evidence, reasoning behind credibility assessments, and investigative facts and findings.

The policy and staff interviews confirm criminal investigations are not conducted by facility staff. Policy requires allegations appearing to be criminal be referred to the Minneapolis Police Department. An interview with the PREA Coordinator confirms he would stay in contact with the Police Department and cooperate as needed. Policy requires all documents be retained for no less than seven years beyond the staff's or resident's departure from ARF. The departure of the alleged abuser or victim is not grounds for terminating the investigation.

Corrective Action Plan: Provide documentation that all staff who conduct sexual abuse investigations has completed specialized training on conducting sexual abuse investigations in confinement settings.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on August 15, 2019 to evidence and demonstrate corrective action taken by ARF regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Training certificate from NIC for the course, PREA: Investigating Sexual Abuse in a Confinement Setting

The Program Director for 180 Degrees, Inc. who conducts staff sexual abuse allegations successfully completed the specialized training. This Standard is now fully compliant.

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*)

An interview with the PREA Coordinator, who is responsible for conducting administrative investigations, and ARF policy review, confirm ARF imposes no standard higher than a preponderance of evidence for administrative investigations.

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 an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (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*)

The ARF Policies and Procedures Manual – PREA was reviewed and addresses the requirement of this standard. The policies requires the facility at the conclusion of every investigation to inform the resident as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the resident whenever the staff member is no longer posted within the resident's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related

to sexual abuse within the institution; if the resident allegation is against a resident be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility; and that all notifications will be documented. The PREA Coordinator is designated as the person responsible for providing notification to residents of the outcome of investigations. An interview with the PREA Coordinator confirms he is aware of his responsibilities regarding notification.

The review of policy, investigative file and notification form and interview with the PREA Coordinator indicates compliance with this standard.

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*)

The ARF Policy and Procedures Manual - PREA Procedures and the Employees Handbook were reviewed and address the requirements of this standard. The policy indicates any staff found to have violated PREA policy will be subject to disciplinary measures up to and including termination; termination is the presumptive sanction for staff found to have sexually abused a resident; sanctions will be commensurate with the employee's disciplinary history and consistent with other staff found to have violated the PREA policy. Policy states ARF will assist in criminally prosecuting any staff member found to commit sexual abuse of a resident and the Minneapolis Police Department contacted. A review of the employee handbook confirms it informs staff of the same statement. Neither the policy nor the employee handbook indicates that relevant licensing bodies will be notified.

Corrective Action Plan: Revise policy/procedures and handbook to include that terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation are reported to relevant licensing bodies.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on September 10, 2019 to evidence and demonstrate corrective action taken by ARF regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Revised ARF Policy and Procedures Manual
2. Revised Employee Handbook

180 Degrees, Inc. revised the PREA policy and Employee Handbook to include language that relevant licensing bodies will be notified if staff are terminated or would have been terminated if not for their resignation for violating the agency sexual abuse or sexual harassment policies. This Standard is now fully compliant.

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*)

ARF Policy and Procedures Manual – PREA Policy and Procedures, - Staff, Contractor, and Volunteer Discipline for Violations were reviewed and address the requirement of this standard. The policy indicates contractors or volunteers found to have violated the PREA policy will be subject to disciplinary measures up to and including termination. It further states ARF will assist in criminally prosecuting any contractor or volunteer found to have sexually abused a resident and the Minneapolis Police Department will be contacted. The policy does not state that relevant licensing bodies will be notified.

Corrective Action Needed: Revise policy to include that volunteer found to have sexually abused a resident will be reported to relevant licensing bodies.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on September 10, 2019 to evidence and demonstrate corrective action taken by ARF regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Revised ARF Policy and Procedures Manual
2. Revised Employee Handbook

180 Degrees, Inc. revised the PREA policy and Employee Handbook to include language that volunteers and contractor found to have sexually abused a resident will be reported to relevant licensing bodies. This Standard is now fully compliant.

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)

- 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*)

The ARF Policies and Procedures Manual – PREA and the Resident Handbook were reviewed and address the requirements of this standard. The resident handbook indicates residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse; sanctions are 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; and considers whether an resident’s mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the past 12 months, there have been no substantiated findings or disciplinary sanctions for violations of sexual abuse. ARF prohibits all sexual activity between residents and discipline residents for such activity.

The review of policies, practices, Resident Handbook and interview with the PREA Coordinator indicates compliance with this standard.

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*)

ARF Policy and Procedures Manual - Program Referrals, Admissions and Progress was reviewed and addresses the requirement of this standard. Staff interviews and policy review confirm residents of sexual abuse are to be offered referrals for emergency medical and mental health evaluations. Policy requires that residents are provided timely access to information about sexually transmitted infection and all services will be provided at no cost to the resident including cases where the resident does not name their abuser or cooperate with the investigation. ARF has no full or part time medical/mental health practitioners. All medical and mental health referrals are made to off-site providers. Staff interviews confirm staff are knowledgeable of their responsibility to protect the victim until the victim can be taken for medical and mental health evaluations. There were no forensic examinations conducted in the past 12 months.

The review of policy and interviews with staff indicates compliance with this standard.

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.) 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.) 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*)

The ARF Policies and Procedures Manual - Program Referrals, Admission and Progress was reviewed and addresses the requirement of this standard. The policy confirms residents of sexual abuse will be offered referrals for emergency medical and mental health evaluations. Staff interviews confirm staff are knowledgeable of their responsibility to protect the victim until the victim can be taken to HCMC for medical and mental health evaluations. Policy requires residents be provided timely access to information about sexually transmitted infection and all services will be provided at no cost to the resident including cases where the resident does not name their abuser or cooperate with the investigation. Policy indicates medical and mental health services will be available on an ongoing basis, and the evaluation and treatment will include follow-up services, treatment plans, and referrals for continued care following their transfer to another facility or release from custody. ARF only houses male residents.

The policy and interview with the PREA Coordinator reveals ARF does have procedures to attempt mental health evaluations for all known resident-on-resident abusers within 60 days of learning of such abuse history.

The review of policies, documentation and interviews with the PREA Coordinator indicates compliance with this standard.

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*)

The ARF Policies and Procedures Manual - PREA was reviewed and address the requirement of this standard. An interview with the PREA coordinator confirmed there have been no allegations of sexual abuse resulting in the need to conduct an incident review. As a result there were no completed incident review reports to review.

A review of policies and interviews with the PREA Coordinator indicates compliance with this standard.

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*)

The ARF Policy and Procedures Manual and 2017 Annual PREA Report was reviewed and address the requirements of this standard. The policies require data collection procedures as required by this standard. The PREA Coordinator is responsible for data collection and understands the requirement.

The review of policies and procedures, 2017 Annual PREA reports and interview with the PREA Coordinator indicates compliance with this standard.

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*)

The ARF Policies and Procedures Manual, 2017 Annual PREA Report and 180 Degrees' Website was reviewed. The 2017 Annual PREA Report was completed but it was not signed or approved by the agency head and it does not make a comparison to previous year data nor assess progress in addressing sexual abuse. The Report is not posted on the agency's website.

Corrective Action: Provide a revised 2017 Annual Report included data required by this standard and provide documentation the data has been made public.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on October 4, 2019 to evidence and demonstrate corrective action taken by ARF regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. 2017 Revised Annual PREA Report
2. 2018 Annual PREA Report
3. 180 Degrees, Inc. Website

180 Degrees Inc. provided annual reports for 2017 and 2018 that were signed and approved by the PREA Coordinator and the CEO. The reports included information and comparison of data required by this standard. Both reports are posted on the agency's website. This Standard is now fully compliant.

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*)

The ARF Policy and Procedures Manual and the 180 Degrees' Website were reviewed and address the requirements of this standard. Document review and interview with the PREA Coordinator confirm ARF does have procedures regarding data storage, and record retention as required by the standard. Review of the website revealed the agency make all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually through its website. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Information received from the PREA Coordinator reveals in the first audit cycle, 180 Degrees operated two facilities that fell under DOJ PREA guidelines. ARF, underwent a PREA audit in

2014, and the second facility closed. During the end of the third year of cycle one, 180 Degrees finalized the acquisition of two juvenile facilities that were under DHS PREA guidelines and converted to DOJ PREA guidelines. The two juvenile facilities were audited in January 2017(second audit cycle). With the current ARF audit, 180 Degrees has had all three facilities undergo PREA audits during the second audit cycle.

The auditor was given access to and an opportunity to tour and visit all areas of the facility. During the PREA audit of ARF, the auditor was able view all policies, memos, and other documents necessary to make assessments on PREA compliance. All areas of the facility were observed and revisited as necessary. Interviews of staff and residents were accommodated in private areas, and the auditor was able to interview staff on various shifts. The audit notices were posted and no correspondence was received prior to nor during or after the on-site audit.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Review of ARF website at <https://www.180degrees.org/prea.html> confirms that the agency ensures that the auditor's final report is published on the agency's website. The ARF website has PREA audit reports posted for two facilities. ARF's initial PREA audit was conducted December 15, 2014, with the final report issued January 14, 2015.

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.

David Andraska Auditor ID P5115

10/25/2019

Auditor Signature

Date