

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: July 22, 2016

Auditor Information			
Auditor name: Darnel Carlson			
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Email: darnel.carlson@crowwing.us			
Telephone number: 218-822-7007			
Date of facility visit: July 5-6, 2016			
Facility Information			
Facility name: Bethel Work Release Center			
Facility physical address: 23 Mesaba Avenue Duluth, MN 55806			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 218-727-3828			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Dennis Cummings			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 30 Men 15 Women			
Current population of facility: 43 Total – 29 Men 14 Women			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 19-90			
Name of PREA Compliance Manager: Click here to enter text.		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency Information			
Name of agency: Bethel Work Release			
Governing authority or parent agency: <i>(if applicable)</i> The Duluth Bethel			
Physical address: 23 Mesaba Avenue Duluth, MN 55806			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 218-727-3828			
Agency Chief Executive Officer			
Name: Dennis Cummings		Title: Executive Director	
Email address: dcummings@duluthbethel.org		Telephone number: 218-722-1724	
Agency-Wide PREA Coordinator			
Name: Andrea Cowdell		Title: Program Supervisor	
Email address: acowdell@duluthbethel.org		Telephone number: 218-727-3828	

AUDIT FINDINGS

NARRATIVE

The Duluth Bethel Work Release Center was audited on July 5-6, 2016. A review of the pre-audit documents had been conducted prior to the on-site visit. The initial meeting began at approximately 9:00 AM and was attended by Community Corrections Director Lisa Rindal. The Audit process was discussed, the staff schedule, inmate roster, and a list of additional documents were requested for review as part of the audit.

The facility tour was conducted by Director Lisa Rindal. During the initial tour, all areas of the facility were toured, intake lobby area, kitchen and laundry areas, education/programming areas, recreation areas, resident housing areas, female and male room areas located on separate floors, and administrative offices. During the facility tour, this Auditor noted that PREA related material was posted in the facility. The PREA Audit notice was visibly posted throughout the facility. The facility has a CCTV system that covers all areas of the Work Release Center and the exterior of the building with video retention. During the twelve month period prior to the audit, there were zero instances of substantiated; zero unsubstantiated; and zero unfounded incidents of sexual abuse or harassment.

During the onsite audit, this auditor reviewed and requested copies of specific documentation and information for compliance with PREA. This included review of staff backgrounds, staff orientation and training records, contractor and volunteer training and orientation documents, inmate PREA education documents, and, screening tools. Interviews were conducted with the Director, Administrative staff, Investigative staff, Intake staff, random staff, and random male and female residents.

Bethel Work Release Center Mission Statement:

The Duluth Bethel is a spiritually grounded, private nonprofit organization, offering individuals dignity, hope, and the opportunity to improve their quality of life through chemical dependency rehabilitation and community correctional services.

Vision:

Our vision is to continually seek improved methods of providing our community with leading services in the chemical dependency treatment and community corrections field.

Values:

Our values are integrity, respect, excellence, improvement, good will, partnership and diversity.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Duluth Bethel Work Release Center is a Class IV facility as defined by the Minnesota Department of Correction 2911 Rules. A “Class IV facility” means a minimum security adult detention facility used to confine sentenced inmates for a time not to exceed any limits set by Minnesota Statutes or adult pretrial or presentenced detainees indefinitely. A Class IV facility shall also be known as a jail annex. The Duluth Bethel Work Release Center has a facility capacity of 45 total residents a maximum of 30 beds for male residents and a maximum of 15 beds for female residents. The Duluth Bethel Work Release Center has housing contracts with the Minnesota Department of Corrections - Work Release and Supervised Release Units, Arrowhead Regional Corrections – Female Offender Program, and Federal – Work Release and Supervised Release. The Duluth Bethel Building is a well maintained building; built in 1911.

Duluth Bethel is a large four level building that houses The Bethel Port Rehabilitation Program, a residential drug and alcohol treatment program for men and women, and the Work Release Center. Both programs use the same kitchen and gym located on the first floor with residents of each program being separated by staggered eating and gym times. Duluth Bethel Work Release Center residents occupy the third and fourth floor. The floor occupied by the female residents consists of three individual rooms, three - two person rooms, and two – three person rooms, two private restroom and shower areas, laundry area, dayroom, and an administrative office. The floor occupied by the male residents consists of one –two person room, four – three person rooms, and four – four person rooms, three private restroom and shower areas, main lounge, dayroom, visitation room, two administrative offices, and a spare office. There is an area where both female and male residents check in out and an enclosed work room for staff. The male residents share a laundry area with the Port Rehabilitation Program residents on the first floor with schedules to keep participates from each program separate. There is an area on the second floor with a public entrance where the Director’s Office and an administrative work area are located. Staff escort movement between floors within the facility which is augmented with cameras inside and outside the building.

The kitchen staff are employees of Duluth Bethel who prepare the meals and do not have any direct contact with the residents.

The Duluth Bethel Work Release Center contracts with Senior Friends to provide medication counts and mantoux shots on-site. Residents use community medical care for their health needs. Residents who are alleged to be victims of sexual abuse would be transported to the nearest hospital for treatment and evaluation.

The Program Director coordinates and facilitates the programs offered to the residents.

SUMMARY OF AUDIT FINDINGS

On July 5-6, 2016 two site visits were completed at Duluth Bethel Work Release Center in St. Louis County, Minnesota. The Duluth Bethel Work Release Center exceeded 1 standards; met 35 standards; 0 standards were not met; 3 standards were not applicable

Number of standards exceeded: 1

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

- (a) Policy – Zero Tolerance Sexual Abuse/Assault Prevention – outlines the Bethel Work Release Center's (BWRC) zero tolerance policy toward all forms of sexual abuse and sexual harassment, and outlines the Agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Section F (1-3) of the policy outlines the sanctions that will be imposed on staff, contractor, volunteers, and residents for violating Duluth Bethel's Zero Tolerance Policy. The BWRC policies Staff Standards of Conduct and Employee Code of Ethics also address this standard.
- (b) Policy – Zero Tolerance Sexual Abuse/Assault Prevention (2) outlines the designation of a PREA Coordinator with the authority to develop, implement, and oversee efforts to comply with PREA standards. The Program Supervisor has been designated as the Agency's PREA Coordinator. An interview with the Director reported the PREA Coordinator is provided the time to work on PREA related duties which she shares with the Program Supervisor. Duluth Bethel exceeds this standard. Interviews with the Director and staff clearly demonstrated that zero tolerance has been part of the culture at BWRC prior to the implementation of the Prison Rape Elimination Act standards.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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This standard is not applicable. The BWRC does not contract with outside agencies for boarding residents, BWRC contracts with several agencies to board their offenders. The Director confirmed BWRC does not board residents with other agencies.

Standard 115.213 Supervision and monitoring

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

Does Not Meet Standard (requires corrective action)

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

- (a) Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.A.1.a-k & 2) states that BWRC will create and revise a staffing plan to provide for adequate levels of staffing and video monitoring to protect residents against sexual abuse. The staffing plan is supplemented with the use of video monitoring and digital recording of the cameras. The staffing plan is predicated on the facility capacity of 45 (30 men and 15 women) and is compliant with the standards in the Statement of Work – established by the Federal Bureau of Prisons and Minnesota Department of Corrections 2911 rules governing the facility. All cameras were in working order and are replaced when needed.
- (b) There have not been any deviations from the staffing plan, if needed mandated and voluntary overtime are used to maintain minimum staffing requirements based on the BWRC staffing plan.
- (c) Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.B) states that at least once every year, and in collaboration with the PREA Coordinator, BWRC shall conduct an assessment to determine whether adjustments are needed to the staffing plan and the deployment of video monitoring systems and other technologies. The interview with the Director verified the staffing plan is reviewed on an annual basis with the PREA Coordinator.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

- (a) Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.D.1.a-d) and Policy – Pat Down Searches, and Policy – Unclothed body searches address this standard. The BWRC has a policy only pat searching residents, except if there is a reasonable suspicion that a resident is bringing contraband into the facility; an unclothed body search may be conducted which is performed by properly trained staff, two staff members of the same gender; one staff will perform the search; the second staff member is in close proximity for safety and assistance and is documented. Body cavity searches are prohibited at the BWRC. In the twelve months prior to the audit, there have been zero cross-gender strip searches and visual body cavity searches of residents.
- (b) BWRC does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. It is the practice of BWRC that staff of the same gender will conduct a pat-down search with the exception of a delay would mean the likely entrance of contraband to the unit, or is operationally inconvenient to arrange for an immediate staff of the same gender. Female staff may conduct a pat down search of male residents however male staff will not pat down female residents. The facility has a practice of a minimum of 1 male and 1 female working at all times. This was verified through interviews with staff and residents. Most programming is conducted on the floor where the residents reside, interviews with female residents confirmed there is always a female staff on duty, and they do not miss out on any programming opportunities. In the twelve months prior to the audit, there have been zero pat-down searches of female inmates conducted by male staff.
- (c) Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.D.2.a-b) addresses (d) of this standard. The shower and bathroom areas allow residents their privacy and staff of the opposite gender announce their presence before

entering a residents room or the restroom/shower areas. Interviews with residents verify that staff of the opposite gender announce their presence and male staff are rarely on the female residents floor, which was observed during the on-site audit by this auditor.

- (d) Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.D.d) prohibits staff from conducting a search of a transgender resident solely for the purpose of determining genital status. Compliance was demonstrated through staff interviews. In the twelve months prior to the audit, there have been zero searches described in (e) of this standard.
- (e) Staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional respectful manner. Staff interviews and training records verify staff have been trained. On the dates of the on-site audit, there were zero transgender or intersex residents housed at BWRC.

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

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.E.5) states that appropriate steps to ensure residents with disabilities have an equal opportunity to benefit from all aspects of BWRC’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. BWRC has a Spanish version of documents when needed and will provide an interpreter or translator when necessary. The facility design limits the housing of residents with disabilities. Residents are pre-qualified prior to placement at BWRC and it would be difficult for the BWRC to make all of the required programming available to residents with limited English proficiency. Interviews with staff confirm resident assistants of any kind would not be used. In the twelve months prior to the audit, there were zero instances of resident interpreters, readers, or other types of assistants used. On the dates of the on-site audit, there were zero residents with disabilities who were limited English proficient or deaf or hard of hearing.

Standard 115.217 Hiring and promotion decisions

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.H.1-9) outlines the hiring and promotion practices for the BWRC which prohibits hiring or promoting of anyone who may have contact with residents, and will not enlist

the services of any contractor or volunteer who may have contact with residents who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or
2. Has been convicted of, or civilly or administratively adjudicated for, engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force, or coercion, or if the victim did not consent or was unable to consent.

The BWRC is contractually obligated to submit an applicant's fingerprint card and a signed "Release for Contract Background Investigation" to the Bureau of Prisons (BOP) who conducts the criminal background check and has the final approval for hiring staff. Criminal background checks are completed on all employees of incumbent contractors 60 days prior to the start of a new contract. The BWRC's contract term with the BOP is renewed every five years.

The Director confirmed that unless prohibited by law, the BWRC would provide information on substantiated allegations of sexual abuse or harassment that involve a former employee upon receiving a request from an institutional employer. Agency policy includes discipline up to and including termination of employees who provide false information.

Standard 115.218 Upgrades to facilities and technologies

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.I.1-2) addresses this standard. Since 2012 the BWRC has upgraded their video monitoring system by adding cameras inside and outside of the building taking PREA into consideration. Placement of the new cameras are located in areas of the building with blind spots and limited sight lines for staff to monitor. This information was discussed with the Director, who verified PREA was considered prior to placement of additional cameras in the building.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.D.1-7 & 5.E.4.a-b) addresses this standard. BWRC has a trained investigator to conduct administrative investigations and has an agreement with Duluth Police Department

to conduct all criminal investigation. The Duluth Police Department has a specialized unit SCAN (Sex Crimes, Abuse, and Neglect) for incidents of sexual assault. To the extent the BWRC is not responsible for investigating allegations of sexual abuse; it shall request that the investigating agency follow the requirements of this standard. All victims of sexual abuse shall be offered access to forensic medical examinations, without financial cost to the victim, where evidentiary or medically appropriate. Forensic medical examinations are performed by a SAFE or SANE nurse, if a SAFE or SANE nurse cannot be made available, the examination can be performed by other qualified medical practitioners. Efforts to provide a SAFE or SANE will be documented. Forensic medical examinations will not be performed at BWRC; victims of sexual abuse will be transported to Essentia Health – St. Mary’s Medical Center in Duluth, MN <http://www.essentiahealth.org/stmarysmedicalcenter/find-a-clinic/essentia-healthst-marys-medical-center-duluth-46.aspx> or St. Luke’s Hospital in Duluth, MN <http://www.slhduluth.com/Find-a-Location/St-Lukes-Hospital.aspx> both hospitals have a SANE Nurse available 24/7 to perform forensic medical examinations. Duluth Bethel has an agreement with the Project to Aid Victims of Sexual Assault (PAVSA) <http://www.pavsa.org/> to provide advocacy services to residents. PAVSA’s phone number is posted in the resident handbook each resident is given. There has been zero substantiated claims of sexual abuse and zero forensic medical examinations performed in the twelve months prior to the audit.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.D.1-7) states that it is the policy of the BWRC 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. A trained investigator from the BWRC will conduct all administrative investigations. The BWRC is under the jurisdiction of the Duluth Police Department; and will use the Duluth Police Department for any criminal investigations. Through correspondence with the Duluth Police Department has confirmed they would be responsible for criminal investigations at the BWRC. The BWRC has the investigative information posted on their web-site: <http://www.duluthbethel.org/prea/>. In the twelve months prior to the audit, there were zero allegations of sexual abuse and sexual harassment that resulted in an administrative investigation and there were zero allegations of sexual abuse that resulted in a criminal investigation.

Standard 115.231 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (6.A.1-4) addresses this standard. BWRC uses training curriculum from the “Moss Group” for educating their staff. BWRC has provided training for current staff and provides training for all new hires. PREA Training will be conducted on an annual basis and the training officer maintains signed verification that employees understand the training they have received. Interviews with staff verified receiving PREA training annually.

Standard 115.232 Volunteer and contractor training

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (6.C.1-3) and Policy - Volunteer Recruitment and Services addresses this standard. BWRC provides training to contractors and volunteers based on the level of contact they have with residents. The training officer maintains signed verification that volunteers and contractors understand the training they have received. Food Service employees are employed by the BWRC and medical services are scheduled with community medical providers. There were no contractors or volunteers in the building during the on-site audit.

Standard 115.233 Resident education

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (6.B.1-6) addresses this standard. Residents receive a handout during the intake process that explains BWRC’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Generally within twenty-four hours of intake, residents are shown a PREA video and a time for questions and answers. Residents are provided with a handbook which contains PREA information and contact telephone numbers and addresses. Residents participation is documented in their case file. There are posters located on each floor of the resident living areas. Interviews with staff confirm providing a brochure at the time of intake and generally within twenty-

four hours of intake, residents receive additional PREA training. Resident interviews verify receipt of training and being provided PREA information during intake and additional training within the first couple of days after arrival.

Standard 115.234 Specialized training: Investigations

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (6.A.5.a-b) states that to the extent BWRC conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement. BWRC has one employee who has received specialized training for investigating allegations of sexual abuse in a confinement setting through the NIC Learning Center. BWRC is under the jurisdiction of the Duluth Police Department who confirmed they would conduct the criminal investigations. An interview with the BWRC investigator corroborated compliance with this standard.

Standard 115.235 Specialized training: Medical and mental health care

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

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

This standard is not applicable. Residents would immediately be taken off-site for medical treatment. The Director explained during her interview that BWRC has a contract for four hours of nursing weekly. The nurse is responsible for medication reviews, administering mantoux shots, and training BWRC staff to pass medication. There is a FAQ that exempts this facility from this standard.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.F.1) states that all residents shall be assessed during an intake screening and upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. Intake screenings shall ordinarily take place within 72 hours of arrival at the facility. The BWRC risk screening is an objective screening instrument that considers D91-10) & (e) of this standard. Interviews with residents verify being asked questions from the assessment during the intake process. Interviews with staff confirm that a risk screening is completed as part of the intake process of a new resident. Policy states that within 30 days from the resident’s arrival, BWRC shall reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. Residents will be reassessed 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. Interviews with staff verify a resident would be reassessed if they received additional information relevant to the victimization or abusiveness of a resident. Residents will not be disciplined for refusing to answer or not disclosing complete information asked pursuant to paragraphs (d)(1); (d)(7); (d)(8); or (d)(9) of this standard. Staff and resident interviews verify residents are not or have not been disciplined for refusing or not disclosing questions pursuant to the above listed paragraphs. PREA Risk Assessments are securely stored in the resident’s case file.

Standard 115.242 Use of screening information

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

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Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.F.2) requires BWRC to use information from the risk screening to inform housing, bed, work, education, 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. Staff interviews confirm the risk screening tool is used to determine where a resident would be housed. Individualized determinations are made on each resident. BWRC will consider on a case-by-case basis housing assignments for transgender and intersex residents based on ensuring the resident’s health and safety, and whether the placement would present management or security decisions. Serious consideration will be given to a transgender or intersex residents own views with respect to his or her own safety. BWRC does not place lesbian, gay, bisexual transgender, or intersex residents in dedicated rooms based solely on their identification status. BWRC has private showers and restrooms that would allow for a transgender or intersex resident to shower separately from other residents. Interviews with staff confirm BWRC would follow established policy for housing transgender and intersex inmates on a case-by-base basis. At the time of the on-site audit and the twelve months prior to the audit, there were zero transgender or intersex residents admitted to the facility.

Standard 115.251 Resident reporting

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.A.1.a1-a3) Outlines multiple internal ways residents can privately report sexual abuse and sexual harassment which include: verbal report to Correctional Officers, written or verbal report to a Case Manager, written or verbal report to the PREA Coordinator, and outside reporting through PAVSA. BWRC has an agreement with PAVSA for residents to make a third party report of sexual abuse and sexual harassment. Residents are able to contact PAVSA via a hotline number (218-726-1931 or 1-866-229-7425). The PREA Brochure and Resident Handbook provided to the residents explains the options residents have to report sexual abuse and sexual harassment. Interviews with staff verify they would accept reports made verbally, in writing, anonymously, and from a third party; staff would promptly document all verbal reports. Staff can privately report sexual abuse and sexual harassment of inmates by calling the PAVSA hotline, speaking with the Director, or writing a note. Interviews with residents verified they had been provided the information for reporting sexual abuse and sexual harassment. Residents stated they would either tell a staff person, make a written report, or call the hotline. Staff voiced confidence in their Administration’s zero tolerance for sexual abuse and sexual harassment and would take all reports of sexual abuse and sexual harassment seriously and would investigate all reported claims. Staff expressed certainty that they would not be disciplined or retaliated against for making a report.

Standard 115.252 Exhaustion of administrative remedies

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.G.2.a-b)(5.A.1.b.b1-b7)(5.A.3.a-d) and Policy - Grievance/Complaint does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Residents are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A resident can register verbally or in writing a grievance/complaint with the corrections case manager assigned to the resident. If the matter is not resolved; the resident can submit in writing to the Director of the facility. Third parties are permitted to assist the resident in filing requests for administrative remedies relating to allegations of sexual abuse and also file such requests on behalf of the resident. The Federal Bureau of Prisons Statement of Work and MN Department of Corrections 2911 rules require the agency have a grievance procedure in place for residents. All emergency grievances alleging a resident is subject to a substantial risk of imminent sexual abuse will immediately be forwarded to a level of review

at which immediate corrective action may be taken and an initial response will be provided within forty-eight hours; and a final decision will be issued within five calendar days. The Director verified that there is no time limit imposed for a resident to submit a grievance related to allegations of sexual abuse. The Resident Handbook has verbiage stating that timeframes will be waived for any allegations of sexual abuse or harassment. There were zero emergency grievances filed alleging sexual abuse or harassment, or substantiated risk of imminent sexual abuse in the twelve months prior to the audit.

Standard 115.253 Resident access to outside confidential support services

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.E.2.a-c) addresses this standard. BWRC has a signed agreement with the Project to Aid Victims of Sexual Assault (PAVSA) <http://www.pavsa.org/> who will provide outside advocacy services for emotional support to residents. PAVSA’s phone number is listed in the brochure and resident handbook each resident is given. Residents are able to speak to advocates from PAVSA privately.

Standard 115.254 Third-party reporting

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.A.3.a-d) addresses this standard. BWRC has an agreement with PAVSA to receive third-party reports of sexual abuse and harassment. BWRC has PAVSA’s telephone number posted on their web-site: <http://www.duluthbethel.org/prea/> and the information is listed in the resident brochure and handbook. Interviews with residents confirmed knowledge that a third-party could make a report on their behalf. Interviews with staff verified that they would accept, document, report, and investigate any third-party reports received.

Standard 115.261 Staff and agency reporting duties

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.A.2.a-b) requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation. BWRC does not house residents under the age of 18. Staff interviews verify they would report any information to the Director and are trained on dissemination of confidential information.

Standard 115.262 Agency protection duties

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (3.G.1) addresses this standard. Interviews with the Director and staff disclosed that a resident's safety is of the highest importance and immediate action would be taken to protect the resident who is subject to a substantial risk of imminent sexual abuse. In the twelve months prior to the audit, there has been zero instances the facility has concluded that a resident was subject to a substantial risk of imminent sexual abuse.

Standard 115.263 Reporting to other confinement facilities

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

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

corrective actions taken by the facility.

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.G.1-3) addresses this standard. The Director confirmed that BWRC would notify the facility head of the agency where the alleged abuse occurred. BWRC would investigate any reports of sexual abuse alleged to have occurred at BWRC after notification from another agency. In the twelve months prior to the audit, BWRC received zero allegations that a resident was abused in another facility. In the twelve months prior to the audit, there was zero allegations of sexual abuse BWRC received from another agency.

Standard 115.264 Staff first responder duties

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.C.1-2) outlines the first responder duties for staff to follow after a report of a sexual assault. Staff interviews verified they have been trained on their first responder duties following an alleged sexual assault which includes: separating the victim from the perpetrator; secure the scene; asking and ensuring the alleged victim and perpetrator do not do anything that could destroy physical evidence. Policy requires if the first responder is not a security staff member, they shall request that the alleged victim not take any action that could destroy physical evidence and then notify security staff. In the twelve months prior to the audit, there were zero allegations that a resident had been sexually abused.

Standard 115.265 Coordinated response

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.B) addresses this standard. BWRC has a detailed, comprehensive plan for responses to incidents of sexual abuse. The plan outlines the responsibilities for first responders, Program Supervisor or Program Director, Community Mental Health Staff, Law Enforcement Investigator, Transporting Officer, Facility Staff, and Retaliation Officer.

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

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

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

This standard is not applicable. The positions held at BWRC are non-contract. The Director verified that an employee would be reassigned or disciplined up to and including termination if a claim of sexual abuse or harassment has been determined to be a founded complaint. The BWRC must follow the Statement of Work by the Federal Bureau of Prisons (BOP). Based on BOP policy an employee accused of inappropriate conduct or harassment will be removed from their work assignment until an investigation by the Federal Government is completed and a final disposition imposed.

Standard 115.267 Agency protection against retaliation

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.E.1-4) addresses this standard. The Director verified during an interview that their facility is not designed with a separate protective custody area. BWRC would employ room changes, increased supervision, and staff shift changes to protect residents and staff from retaliation. BWRC has a monitoring form to assist the Director or designee when monitoring staff or residents for retaliation. If the abuser is from the Federal Bureau of Prisons, the BOP would remove the abuser from BWRC. If the abuser is from the MN. Department of Corrections, the MN. Department of Corrections would remove the abuser from BWRC. In the twelve months prior to the audit, there has been zero incidents of retaliation that occurred.

Standard 115.271 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.D.3-12) reflects the requirements of this standard. BWRC has one staff member who has received specialized training pursuant to standard 115.234 who will conduct administrative investigations. The Duluth Police Department will conduct all criminal investigations for BWRC; Duluth P.D. has a SCAN Unit (Sex Crimes, Abuse, Neglect). The Duluth Police Chief has confirmed this via email. BWRC will cooperate with Duluth P.D. and maintain contact to keep informed of the investigation. In the twelve months prior to the audit, there was zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.D.8.d) states BWRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. It was confirmed during the interview with the Investigator, that the evidentiary standard for administrative investigations is the preponderance of the evidence.

Standard 115.273 Reporting to residents

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.D.14-17) states that BWRC shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The resident would be notified verbally and or in writing whether the allegation has determined to be substantiated, unsubstantiated, or unfounded. If a staff member is the accused (unless the allegation has been determined to be unfounded) BWRC shall subsequently inform the resident whenever: the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; BWRC learns that the staff member has

been charged with, indicted, or convicted on a charge related to sexual abuse within the facility. If another resident is the accused BWRC shall subsequently inform the alleged victim whenever: BWRC learns that the alleged abuser has been charged with, indicted, or convicted on a charge related to sexual abuse within the facility. Interviews with the Director and Investigator confirmed that the resident would be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the twelve months prior to the audit, there was zero residents notified of the results of a sexual abuse investigation.

Standard 115.276 Disciplinary sanctions for staff

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.F.1.a-d) outlines the disciplinary sanctions BWRC staff are subject to for violating BWRC Zero Tolerance Policy. BWRC staff will be subject to disciplinary actions up to and including termination for violating the BWRC sexual abuse or sexual harassment policies. All other discipline will commensurate with the nature and circumstances of the acts committed, the staff member’s discipline history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The BWRC staff are non-contract employees and BWRC must follow the Statement of Work from the Federal Bureau of Prisons which states that an employee must be cleared by the Federal government before returning to work. There were zero BWRC staff who were disciplined or terminated for violating BWRC sexual abuse or sexual harassment policies in the twelve months prior to the audit.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.f.2.a-b) states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. BWRC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of BWRC sexual abuse or sexual harassment policies by a contractor or volunteer. The Director was clear

that any contractor or volunteer found in violation of this policy would lose his/her access to work or volunteer at the BWRC. The Federal Bureau of Prisons – Statement of Work stipulates that a contractor or volunteer must be cleared by the Federal government prior to the contractor or volunteer being approved to work or volunteer at the BWRC. In the twelve months prior to the audit, there were zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of a resident.

Standard 115.278 Disciplinary sanctions for residents

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.F.3.a-f) and Policy – Discipline And Removal outline the disciplinary procedures given to residents. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be 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. BWRC prohibits all sexual activity between residents and may discipline residents for such activity. BWRC will not, however, deem such activity to constitute sexual abuse if it determines the activity is not coerced. BWRC may discipline a resident for sexual activity with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief will not be disciplined for falsely reporting an incident or lying, even if the evidence does not establish evidence sufficient to substantiate the report. The resident handbook explains facility rules, discipline, and the appeal process. In the twelve months prior to the audit, there has been zero administrative findings of resident-on-resident sexual abuse and zero criminal findings of resident-on-resident sexual abuse.

Standard 115.282 Access to emergency medical and mental health services

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.D.1.a-c) and Policy – Routine and Emergency Medical Care address this standard. BWRC does not have any medical or mental health care professionals on staff. Security staff would protect the victim prior to the victim being transported to Essentia Health – St. Mary’s Medical Center or

St. Luke's Hospital both are located in Duluth, MN for further treatment. Treatment services would be provided without financial cost regardless of whether the victim names the abuser or cooperates with any investigation.

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

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.D.3.a-g) and Policy Medical Attention addresses this standard. The BWRC does not have on-site medical and mental health care. BWRC will make sure that the victim is provided ongoing medical and mental health care following the recommended treatment plan by Essentia Health – St. Mary's Medical Center or St. Luke's Hospital at no cost to the victim.

Standard 115.286 Sexual abuse incident reviews

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (5.D.18.a-e) outlines the personnel that comprises of the Incident Review Team, when the review will ordinarily occur, what the review team shall consider, and the preparation of a report of its findings. The review team is comprised of five staff members and will seek input from line supervisors, investigators, and qualified medical and or mental health professionals, as appropriate. BWRC has a "Sexual Assault Incident Checklist" to assist the review team in determining factors contributing to an incident and recommendations to deter any future incidents. In the twelve months prior to the audit, there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. In the twelve months prior to the audit, there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

Standard 115.287 Data collection

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (7.A.1-6) addresses this standard. BWRC has a method of collecting aggregated data for every allegation of sexual abuse on an annual basis. The BOP Statement of Work requires BWRC to submit a written report on any unusual occurrences related to BOP residents. MN DOC 2911 rules require BWRC to submit a written report on any unusual occurrence. Upon request, the BWRC is prepared to provide their data to the U.S. Department of Justice from the previous calendar year no later than June 30th. The Director and the PREA Coordinator securely maintain the data.

Standard 115.288 Data review for corrective action

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (7.B.1-4) addresses this standard. The BOP Statement of Work requires secure storage of BOP resident files. MN DOC 2911 requires secured storage of residents records and adherence of Minnesota Statute Chapter 13 MN Data Practices. BWRC reviews all data on an annual basis and completes a report that has been approved by the Director. The 2015 report does not include compiled data from 2015; the 2016 report will reflect comparison data.

Standard 115.289 Data storage, publication, and destruction

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

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

Policy – Zero Tolerance Sexual Abuse/Assault Prevention (7.C.1-4) addresses this standard. BWRC securely retains collected sexual abuse and sexual harassment data and abides by MN DOC 2911.2100 rule and BOP Statement of Work requirements. BWRC maintains sexual abuse data pursuant to standard 115.287 for at least ten years after the date of initial collection unless Federal, State, or local law requires otherwise. BWRC has annual data available for review at the BWRC; in 2017 annual data will be available on their web-site.

AUDITOR CERTIFICATION

I certify that:

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

Darnel Carlson

July 30, 2016

Auditor Signature

Date