

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: October 23, 2021

Auditor Information

Name: Darnel Carlson	Email: dmcarlson16@gmail.com
Company Name: Click or tap here to enter text.	
Mailing Address: P.O. Box 267	City, State, Zip: Pillager, MN 56473
Telephone: 218-831-9636	Date of Facility Visit: September 8, 2021

Agency Information

Name of Agency: Portland House			
Governing Authority or Parent Agency (If Applicable): Lutheran Social Services			
Physical Address: 2485 Como Avenue		City, State, Zip: St. Paul, MN 55108	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Patrick Thueson	
Email: Patrick.Thueson@lssmn.org	Telephone: 651-969-2331

Agency-Wide PREA Coordinator

Name: Laurie Woodard	
Email: lwoodard@lssmn.org	Telephone: 612-331-1087 / 612-221-5560
PREA Coordinator Reports to: Karen Kingsley -Senior Director	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Portland House

Physical Address: 514 11th Avenue SE

City, State, Zip: Minneapolis, MN 55414

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

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.lssmn.org/services/mental-health/specialties/portland-house>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Minnesota Department of Correction Inspection and Enforcement Unit

Facility Director

Name: Laurie Woodard

Email: lwoodard@lssmn.org

Telephone: 612-331-1087

Facility PREA Compliance Manager

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

25

Current Population of Facility:

15

Average daily population for the past 12 months:	15
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-99
Average length of stay or time under supervision	6 months
Facility security levels/resident custody levels	Work Release/ Prison Prevention
Number of residents admitted to facility during the past 12 months	55
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	54
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	51
Does the audited facility hold residents for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	10
Number of staff hired by the facility during the past 12 months who may have contact with residents:	0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	0
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	10
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) onsite audit of the Lutheran Social Services Portland House in Minneapolis, Minnesota, was conducted on September 8, 2021.

Documentation reviewed to demonstrate compliance with the PREA standards include facility policies, procedures, forms, educational materials, training curriculum, organizational chart, posters, client handbook, employee training records, employee handbook, housing contract, Memorandum of Understanding (MOU) for advocacy services, inmate training acknowledgments, Minnesota Department of Corrections Facility Inspection Report, risk assessment form, PREA information on Agency website, and the pre-audit questionnaire.

The PREA Coordinator provided a copy of the staff schedule and client roster on the first day of the onsite audit.

There were 15 clients in custody on the first day of the onsite audit. Concerns over the coronavirus have reduced the number of clients in custody.

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

During the onsite audit on September 8, 2021, I conducted private interviews with staff outside the facility to maintain a reasonable distance due to coronavirus protocols. Three personal interviews were conducted with facility staff. Shift staff is trained to complete client intakes and complete risk assessments; one interview was completed with shift staff and included random staff and intake staff questions. The Program Manager was interviewed as a staff member designated to monitor for retaliation and a staff member that completes risk screenings. The Program Director Lisa Woodard has been designated as the Agency PREA Coordinator.

The PREA Coordinator was also interviewed as the investigator. The facility employs ten employees, the Program Director, the Program Manager, the Program Coordinator, and seven shift staff.

Confidential interviews with clients were conducted outside the facility to maintain a reasonable distance due to coronavirus protocols. Ten random clients were interviewed, which meets the required number of client interviews based on the facility population of 15. No clients were identified that met the criteria to conduct additional interviews related to the targeted class of clients.

The facility reported zero substantiated, unsubstantiated, or unfounded sexual abuse and harassment allegations during the past twelve months.

Client allegations against staff:

Zero substantiated unsubstantiated or unfounded allegations of sexual abuse.

Zero substantiated unsubstantiated or unfounded allegations of sexual harassment.

Client allegations against clients:

Zero substantiated unsubstantiated or unfounded allegations of sexual abuse.

Zero substantiated unsubstantiated or unfounded allegations of sexual harassment.

The facility received zero reports from clients that they were sexually abused in another facility.

The facility received zero reports from another facility that a client was sexually abused or harassed at its facility.

The PREA Coordinator conducted a facility tour. All areas of the facility were toured; the physical layout of the facility consists of staff offices, staff workroom, living room, computer space, flex office set up for zoom meetings, kitchen, client dining room, restrooms, client rooms, client laundry room, and a client recreation room. I observed the placement of posters, and the bathrooms were private with locks on the doors. Client rooms had locking doors, and each client was issued a key for their room. The facility is in the process of refreshing the facility.

Staff reported feeling safe at work and expressed confidence their supervisors would take any reported allegation of sexual abuse, harassment, or retaliation seriously, and a full investigation would be conducted.

Clients also reported feeling safe living in the facility and believed an investigation would be conducted on any sexual abuse or harassment allegation.

On September 26, 2018, the facility was found to be in full compliance with the PREA standards.

Lutheran Social Services Mission is:

Lutheran Social Service of Minnesota expresses the love of Christ for all people through service that inspires hope, changes lives, and builds community.

Vision:

All people have the opportunity to live and work in community with full and abundant lives.

Employee Vision:

LSS employees have deeply meaningful work that changes lives, the opportunity for their unique gifts to shine and grow, and abundant and balanced lives.

Anti-Racism & Social Justice

LSS Stand on Anti-Racism

Lutheran Social Service of Minnesota recognizes that race does matter and that living in a racialized society has implications on multiple levels: individuals, cultural, institutional, and societal.

Racism is systemic and traditional patterns and practices that discriminate against many racial and ethnic groups in a way that is so pervasive that it is often invisible. Racism, like other “-isms,” causes pain and humiliation and has far-reaching consequences. It prevents equality in social services, education, jobs, housing, health care, and immigration opportunities.

LSS is committed to the removal of barriers that sustain racism through organizational change and the development and implementation of anti-racist practices and programs.

LSS Policy on Anti-Racism

Lutheran Social Service of Minnesota:

- Promotes a culturally competent and diverse workplace which respects and reflects the people and community we serve.
- Actively fosters an environment that is free of racism, discrimination, bias and harassment where all individuals are treated with dignity, safety and hope.
- Does not tolerate prejudice, racism, discrimination or harassment of any kind on an organizational or personal level. LSS will identify, confront and eliminate barriers that may prevent people of LSS from participating fully in the organization and the larger community.
- Is committed to awareness and appreciation for racial diversity and social justice. We support the understanding that people from diverse racial and diverse social communities contribute to the growth, enrichment and strength of LSS and the larger community.

- Promotes full inclusiveness for all races, languages, faiths and cultures. LSS takes responsibility to ensure that the communities we serve and the members of our organization see themselves valued and reflected within the organization.

The facility has a signed Memorandum of Understanding (MOU) with the Sexual Violence Center <https://www.sexualviolencecenter.org/> to provide emotional support services and accept third-party reports of sexual abuse and sexual harassment allegations for the facility.

Inmate victims of sexual abuse would be transported to Hennepin County Medical Center (HCMC) <https://www.hennepinhealthcare.org/support-services/violence-assault-and-abuse-resources/>. HCMC has a Hennepin Assault Response Team (HART), a specially trained team of SANE nurses (Sexual Assault Nurse Examiners) to provide trauma-informed medical care and support for individuals who have experienced sexual assault. HCMC has SANE staff on staff and has a 24/7 on-call schedule.

Facility Characteristics

Lutheran Social Services: Portland House is provisionally licensed and inspected by the Minnesota Department of Corrections governing Adult Community-Based Residential Correctional Facilities to determine continued compliance with Minnesota 2920 rules.

The facility is physically inspected biennially and completes a self-inspection on the opposite year. The facility was physically inspected by the Department of Corrections on 11/20/2019 and received a 100% compliance rating on mandatory requirements and a 97.40% compliance rating on essential requirements.

Portland House is a three-story renovated house with a basement in a residential neighborhood near the University of Minnesota in Minneapolis, Minnesota. The Department of Corrections licenses the facility to hold a maximum of 25 clients. There were 15 adult male clients in custody on the first day of the PREA audit. This facility only houses adult male clients.

Portland House contracts with the Minnesota Department of Corrections Work Release Program, Hennepin County, and the community EJJ Program.

The facility is a three-story building. There is an entryway; a front office staffed twenty-four hours a day, seven days a week, living room, computer space, program manager's office, flex office set up for zoom meetings, kitchen, client dining room, and a restroom where client urinalysis testing is done.

Client rooms, a restroom with two commodes and a shower, and one with one commode and shower. There are eight client rooms (5-3 bed rooms and 3-3 bed rooms) on the second floor. Stairs are going up to the second floor.

There is a client laundry room, client recreation room, one single restroom with a locked door, and two client rooms (2-3 bed rooms) in the basement.

All the client bedroom doors have locks, and each client is issued a key.

The third floor is locked, and clients do not have access to the third floor.

There is at least a minimum of one staff on duty twenty-four hours a day, seven days a week. Staff completes a minimum of four wellness checks during every eight-hour shift. The facility currently does not have a video surveillance system. The facility would like to install a camera system, but the cost has limited their ability to add a system.

At the time of the onsite audit, the facility has an opening for a part-time cook to prepare meals for the clients. In the interim, meals are being delivered to the facility.

Alternative to Incarceration Service

Portland House is a community-based service offering an alternative to incarceration and prison prevention for those ages 18 and older who identify as male.

Since 1973, we have served thousands of men and support them as they develop meaningful employment and community interaction. Our strengths-based program emphasizes empowering men to learn new skills that promote healthy social interactions, reconnection to the community, family reunification, financial stability, health, positive well-being, healing, and goal-setting skills.

This Minneapolis residential service specializes in working with individuals to help them establish positive relationships in the community. This is achieved through self-analysis and group dynamics that support responsible choices, clear direction, and clear goals. These processes intentionally use social learning theories to build healthy connections and motivation. Portland House receives referrals from adult correctional departments, agencies, or the courts and is funded through the Minnesota Department of Corrections and the seven metropolitan counties.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility and the governing Agency Lutheran Social Services have implemented a zero-tolerance policy of sexual abuse and sexual harassment by staff or clients. The PREA policy is a comprehensive policy that addresses the facility's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The PREA policy contains sanctions and descriptions of the facility's strategies and responses to sexual abuse and sexual harassment.
- B. The Agency has designated Program Director Laurie Woodard as the PREA Coordinator. She reports directly to the Senior Director. The PREA Coordinator has over 20 years of experience and is well trained. The PREA Coordinator reports having sufficient time and authority to develop, implement, and oversee the Agency's efforts toward PREA compliance.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Agency organizational chart
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility has housing contracts with the Minnesota Department of Corrections Work Release Program, Hennepin County and the EEJ Program with Minnesota Counties to temporarily house youth over the age of 18.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Hennepin County Contract

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The facility reports an average daily population of 15 clients. The staff plan is based on 22 clients.

- A. The facility has a formalized staffing plan that meets the requirements from the Minnesota Department of Corrections 2920 Rules governing Adult Community-Based Residential Correctional Facilities and includes considerations in paragraph (a) of this standard.
- B. The facility does not deviate from the staffing plan. The Program Manager and Program Coordinator are on-call twenty-four hours, seven days a week, and the on-duty staff person cannot leave the facility until their replacement arrives.
- C. The PREA Coordinator reviews the staffing plan at least annually to determine whether any adjustments are needed.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Minnesota Department of Corrections 2920 Rules
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility PREA Policy prohibits staff from conducting pat-down searches or body searches of any client. The facility reports there have been zero cross-gender or visual body cavity searches of clients in the last twelve months.
- B. The facility PREA Policy prohibits staff from conducting pat-down searches of clients. Portland House only houses male clients.
- C. The facility PREA Policy prohibits staff from conducting any searches of clients. Portland House only houses male clients.
- D. The facility has private restrooms with door locks for clients to shower, perform bodily functions, and change clothing in private. The policy and facility practice require the staff of the opposite gender to knock and announce themselves when entering a bedroom or bathroom. Interviews with facility staff, clients, and direct observation confirm this as policy and practice.
- E. The facility PREA Policy prohibits staff from searching any client for any reason.
- F. The facility does not conduct any pat-down or body searches of clients; therefore, the staff does not receive training on conducting body searches.

Random clients interviewed confirmed they could dress, shower, and use the restroom privately.

Random clients verified staff of the opposite gender announces their presence when entering their bedrooms or restrooms.

Random staff confirmed announcing their presence when entering client bedrooms and restrooms of the opposite gender.

During the onsite audit, there were no transgender or intersex clients enrolled in the program.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Interview with staff
- Interviews with clients

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

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A. The facility ensures key information about the Prison Rape Elimination Act (PREA) is continuously and readily available or visible to clients through posters and the client handbook. The case manager reviews a potential client's referral received from the MN Department of Corrections. The review allows the case manager or supervisory staff and the referring Agency until such concern is resolved.
- B. PREA information is posted in English and Spanish, and Arch Language Services <https://www.archlanguage.com/> would translate other languages. Another option is staff reading policies and information out loud to the client.
- C. Facility policy prohibits using client interpreters, except in an emergency, to interpret, read, or provide other types of assistance to another client who is limited English proficient or has another disability. Staff interviewed confirmed they would request a professional interpreter if needed.

There were zero clients with disabilities or limited English proficient residing in the facility during the onsite audit. The facility is not handicap accessible and hasn't housed any disabled or limited English proficient clients since the last PREA audit. The facility would work with the referring Agency to provide the resources to accommodate a disabled or limited English proficient client.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with random staff
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background record check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility PREA Policy outlines the requirements of hiring and promoting anyone who may have contact with clients and will not enlist the services of any contractor or volunteer who may have contact with clients who have engaged in the prohibited conduct specified in paragraph (a) of this standard.
- B. Any incident of sexual harassment is considered in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with clients as outlined in the facility PREA Policy.
- C. The Agency uses Primary Source Verifications [verisys.com/primary-source-verification-is-key-in-provider-credentialing/](https://www.verisys.com/primary-source-verification-is-key-in-provider-credentialing/) to complete thorough background checks before making any job offer. The background check includes local, State, Federal, and professional licensing credentials.
- D. The Agency conducts criminal record background checks on contracted and volunteer workers who may have contact with clients.

- E. The facility PREA Policy requires criminal record background checks at least every five years of current and employees and contractors who have contact with clients. The Agency has a software program that tracks the dates of employees' completed background checks.
- F. During interviews, applicants who may have contact with clients are asked about previous misconduct described in paragraph (a) of this standard. Employees are required to answer specific questions about any misconduct outlined in paragraph (a) of this standard on their evaluation and continuing duty to disclose any misconduct outlined in paragraph (a) of this standard. Each employee is issued an employee handbook.
- G. Providing false information or the failure to disclose information regarding misconduct in paragraph (a) of this standard is grounds for termination.
- H. The Agency will provide information to an institutional employer for whom an employee has applied to work on substantiated allegations of sexual abuse or harassment upon receiving a signed release.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Employment application

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

- A. Since the last PREA audit, the facility reports there have not been any substantial expansions or modifications to the facility. The facility is in the process of refreshing different areas in the house.
- B. Since the last PREA audit, the facility reports there have not been new cameras added to the facility. The facility does not have a monitoring system; installing a system has been cost-prohibitive for the facility. The safety of clients would be considered when installing a monitoring system.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Observations during the facility tour

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility uses a trained investigator to conduct administrative investigations of sexual abuse and harassment. Criminal investigations are referred to the Minneapolis Police Department. The Minneapolis Police Department, Special Crimes Division, is responsible for investigating sexual abuse allegations.
- B. The Minneapolis Police Department, Special Crimes Division, will conduct criminal investigations. The information is published on the Agency's website. <https://www.lssmn.org/services/mental-health/specialties/portland-house>
- C. Forensic Medical Examinations will be conducted free of charge to the victim at Hennepin County Medical Center (HCMC) in Minneapolis, Minnesota <https://www.hennepinhealthcare.org/support-services/violence-assault-and-abuse-resources/>. HCMC has a Hennepin Assault Response Team (HART), a specially trained team of SANE nurses (Sexual Assault Nurse Examiners) to provide trauma-informed medical care and support for individuals who have experienced sexual assault. HCMC has SANE staff on staff and has a 24/7 on-call schedule.
- D. The facility has a Memorandum of Understanding (MOU) with the Sexual Violence Center (SVC) <https://www.sexualviolencecenter.org/> to provide advocacy services. The facility will provide a victim advocate from the Sexual Violence Center (SVC) at the victim's request. Contact information for SVC is posted at the facility.
- E. A victim advocate from the Sexual Violence Center (SVC) will be provided at the victim's request. The HART team also has an agreement with the Sexual Violence Center (SVC) to provide advocacy services to victims of sexual abuse received at HCMC.
- F. The Minneapolis Police Department will investigate according to their Agency policy and procedures.

The facility reports there have been zero forensic medical examinations conducted during the past twelve months.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Conversation with Program Director of the HART Team at HCMC
- Minneapolis Police Department
- Random staff interviews
- Interview with Laurie Woodard (PREA Coordinator)
- MOU with Sexual Violence Center
- Agency website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The facility reported zero allegations of sexual abuse or harassment in the past twelve months.
- B. Facility policy requires all allegations of sexual abuse and sexual harassment to be referred for investigation. The Minneapolis Police Department conducts criminal investigations, and the facility conducts administrative investigations. The information is published on the Agency's website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>.
- C. The Agency has its investigative policy published on its website.

Policy, Materials, Interviews, and other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Investigative policy on website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility PREA Policy outlines the training topics all employees who have contact with clients receive on preventing, detecting, and responding to sexual abuse and sexual harassment. All current staff has received training on the ten topics listed in paragraph (a) of this standard.
- B. The training is designed for the unique needs of the clients in the facility. Portland House houses male clients.
- C. The facility ensures all employees receive PREA training during orientation and annually after that. The facility uses the training curriculum developed by the MN Department of Corrections for staff training. Training is separated into five topics.
 1. PREA training and Portland House specific
 2. Avoiding client set-up and cross-gender supervision
 3. Staff conduct and staff boundaries with clients
 4. Searches
 5. Urinalysis collection
- D. Staff sign an acknowledgment of completion and understanding of the PREA training they received.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with random staff
- Interview with Laurie Woodard (PREA Coordinator)
- Staff training information
- PREA training

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility does not have any volunteers coming in to meet with clients. The facility reports twelve contractors have been trained on its PREA Policy. Twelve contractors have received training on the facility's zero-tolerance; all the contractors do not have unescorted contact with clients.
- B. The contractors have received training on the facility's PREA Policy.
- C. Contractors sign an acknowledgment of receipt and understanding of the facility's PREA Policy they reviewed.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports 55 clients have been admitted in the past twelve months, and 51 of those clients' length of stay was for thirty days or more. The facility prescreens all applicants before approving them as a client in its program. Upon arrival at the facility, facility staff completes the intake process. The staff member provides each client with a sexual violence card, reviews policy and procedures and how to report allegations, completes the intake screening, reviews the intake packet that includes a client handbook, an open discussion with the client, and answers any client's questions. The handbook provides information about PREA. The orientation takes about four hours to complete. Staff and clients interviewed confirmed this process is completed upon arrival during intake.
- B. The admission process is the same for every client.
- C. PREA information is posted in English and Spanish; Arch Language Services <https://www.archlanguage.com/> would translate the information in other languages, or staff would read the information to the client. The facility would work with the referring Agency to make sure the client's needs would be met.
- D. Clients sign an acknowledgment of PREA training during the intake process.
- E. The facility ensures essential information about PREA is continuously and readily available or visible to clients on posters (English and Spanish) posted in the facility, client handbook, and sexual violence card.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Client acknowledgment forms
- Client training information
- PREA posters
- Interviews with intake staff
- Interviews with clients

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

- A. The facility PREA Policy outlines the requirement that all investigative staff receives specialized investigation training. The Minneapolis Police Department (MPD) is responsible for conducting criminal investigations. The Agency has one trained investigator who conducts administrative investigations. The Agency investigator has over twenty-one years of experience working at the facility and completed the specialized training for investigations through the National Institute of Corrections and the Minnesota Community of Corrections Association titled “Sexual Violence 01 and PREA.” The investigator treats every report the same and will thoroughly investigate each allegation.
- B. The specialized training includes the topics listed in paragraph (b) of this standard.
- C. The facility maintains certificates of training.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with the investigator who conducts administrative investigations
- Copy of training certificates

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility PREA Policy outlines the procedures for screening clients during the intake process for their risk of being sexually abused by other clients or sexually abusive toward other clients.
- B.** The facility PREA policy requires the intake screening be completed on the first day of entry for each client.
- C.** The facility uses a comprehensive assessment tool for screening for the risk of victimization and abusiveness.
- D.** The facility screening for risk of victimization and abusiveness reflects all aspects of paragraph (d) of this standard, including age, physical build, first incarceration, and mental, physical, or developmental disabilities.
- E.** The screening form considers prior acts of sexual abuse adult or child victims, history of prior sexual victimization, and prior crimes of violence.
- F.** Clients are reassessed within ten days of intake. Interviews with staff confirmed reassessments are conducted within ten days.

- G. A clients risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on a client's risk of being sexually abused or abusive. Interviews with staff confirmed a client would be reassessed if additional information is received.
- H. The PREA policy prohibits clients from being disciplined for refusing to answer or not disclosing complete information in response to the risk screening. Staff interviews verified that clients have not and will not be disciplined.
- I. Risk assessments are maintained in the clients file; the files are securely stored in a locked staff office. The facility employs ten staff; all staff need to have access to the information.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Completed risk assessments
- Interview with the Program Manager
- Interview with Laurie Woodard (PREA Coordinator)
- Interview with staff responsible for risk screening
- Interviews with clients

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility uses information from the assessment to determine room placement. The vulnerability assessment conclusion on the risk assessment determines the vulnerability or aggressiveness of clients.
- B. Interviews with the PREA Coordinator and staff confirmed individual determinations are made to ensure the safety of each client.
- C. The PREA Coordinator and staff confirmed that transgender or intersex clients' room assignments would be case-by-case. The facility hasn't housed a transgender or intersex client in the past three years.
- D. The PREA Coordinator and staff interviewed verified serious consideration would be given to transgender or intersex clients' views of their safety.
- E. The showers in the facility are private and have locks on the doors.
- F. The facility is not under a consent decree, legal settlement, or legal judgment to place lesbian, gay, bisexual, transgender, or intersex clients in dedicated rooms.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Interview with staff
- Observations during the facility tour

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A. The facility provides clients with multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Clients can make reports to staff in person or by telephone, in writing, anonymously, or from a third party.
- B. The facility has a Memorandum of Understanding (MOU) with the Sexual Violence Center <https://www.sexualviolencecenter.org/> for clients to make reports of sexual abuse and harassment to an outside Agency. The Sexual Violence Center will forward reports back to the facility and allow the reporting party to remain anonymous. Contact information for the Sexual Violence Center is available on posters in the facility and outlined in the client handbook.
- C. The facility PREA Policy mandates staff to accept reports verbally, in writing, anonymously, and from third parties, document verbal reports as soon as possible, and immediately report the allegation to the PREA Coordinator. Staff interviewed confirmed they would accept any report and would document a verbal report as soon as possible.
- D. Staff members interviewed stated they would privately report to the PREA Coordinator or call the Sexual Violence Center hotline.

The facility's landline telephone is not recorded, and most clients have rented flip cell phones from the facility to make private, confidential calls. Most clients interviewed said they would use their cell phones to make calls.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interview with Laurie Woodard (PREA Coordinator)
- Interviews with clients
- Posters
- Client handbook
- MOU with the Sexual Violence Center

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in

the administrative remedy process.) (N/A if agency is exempt from this standard.)

Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)

Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports zero grievances or emergency grievances filed alleging sexual abuse or harassment in the past twelve months. The facility PREA Policy outlines the grievance process and includes the requirements of this standard. The facility considers any grievance submitted that references sexual abuse or harassment a priority and would immediately protect the client. The grievance process is outlined in the client handbook.
- B.** The policy does not limit when a client can file a grievance regarding sexual abuse or harassment allegation. Clients are not required to use an informal grievance process or attempt to resolve an alleged incident of sexual abuse with staff. The PREA Coordinator is responsible for resolving grievances regarding sexual abuse and harassment. If the PREA Coordinator is the subject of the complaint, the grievance will be forwarded to the Senior Director.
- C.** A grievance filed by a client does not have to be submitted to the staff member who is the subject of the complaint. The PREA Coordinator is responsible for resolving sexual abuse or harassment grievances. If the PREA Coordinator is the subject of the complaint, the grievance will be forwarded to the Senior Director.
- D.** The facility PREA Policy allows the facility up to 90 days to issue a final decision on the grievance; however, the program structure requires most decisions be made within five days.
- E.** The facility PREA Policy allows for third parties (clients, staff members, family members, attorneys, and outside advocates) to assist clients in filing a grievance relating to allegations of sexual abuse and filing such grievance on behalf of a client. A client must agree to have a grievance filed on their behalf by a third party. A client's decision to decline the filing of the third-party grievance will be documented in their file.
- F.** An emergency grievance an inmate is in imminent danger of sexual abuse will immediately be forwarded to the PREA Coordinator for immediate action. An initial response will be given within 48 hours and a final decision within five days.
- G.** The facility will only discipline a client for filing a grievance related to alleged sexual abuse only when the facility demonstrates that the client filed a grievance in bad faith.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Staff interviews
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility has telephone numbers and addresses to contact an outside advocacy agency displayed on posters and outlined in the client handbook. Communication between clients and advocacy agencies is confidential. The landline in the facility is not recorded, and most clients rent a flip cell phone from the facility. Clients interviewed said they would use their flip cell phones to make any calls.
- B.** The landline telephone clients have access to is not recorded or monitored. The clients are allowed to keep their facility-issued flip cell phones on their person.

- C. The facility has a Memorandum of Understanding (MOU) with the Sexual Violence Center <https://www.sexualviolencecenter.org/> to provide confidential support services related to sexual abuse to clients.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with staff
- Interviews with clients
- MOU with the Sexual Violence Center
- Client handbook
- Posters
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The facility has a method of receiving third-party reports of sexual abuse and harassment of clients. The information on how to report is posted on the Agency's website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Agency website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A.** The facility PREA Policy outlines the procedures and expectations for any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse and harassment. Retaliation against clients or staff and any staff neglect that may have contributed to such incident or retaliation shall immediately report according to Agency policy. Staff interviewed confirmed receiving training and understood their duty to report.
- B.** Staff are bound by confidentiality and can't disclose any information about a sexual abuse report except to report to required entities and help coordinate services and response plans.
- C.** The facility does not have medical or mental health staff onsite.
- D.** The facility does not accept clients under the age of eighteen. If the victim is a vulnerable adult, the facility will report the incident to the designated Agency. The PREA Coordinator confirmed the appropriate Agencies would be contacted.
- E.** Facility policy requires staff to report any allegation of sexual abuse or harassment to the PREA Coordinator. The facility investigator conducts administrative investigations, and the Minneapolis Police Department (MPD) conducts criminal investigations.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

A. The facility reports that there have been zero instances where the facility determined a client was subject to a substantial risk of imminent sexual abuse. Interviews with the PREA Coordinator and random staff confirmed the safety of the client is their first concern and would take immediate action to protect the client.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Interviews with staff

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A. The facility PREA Policy requires the PREA Coordinator to report any abuse allegations received regarding a client being abused at another facility to the head of that facility. Staff interviewed have been trained and understand their duty to report any allegation to the PREA Coordinator immediately.
- B. The facility PREA Policy requires the PREA Coordinator to provide notification within 72 hours of the report.
- C. The notifications would be documented in the client's file.
- D. Facility policy requires all incidents or allegations of suspected sexual abuse or harassment will be investigated.

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with staff
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

A. The facility PREA Policy outlines the duties of the first responder.

A security staff first responder is required to:

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

B. Contractors approved to be in the building are escorted by facility staff. The contractors must read the PREA Policy (first responder duties are outlined in the PREA Policy) and sign an acknowledgment of understanding.

The facility reports zero allegations that a client was sexually abused.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The plan outlines the responsibilities among staff first responders, facility leadership, and coordination with outside community partners.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Facility PREA response
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

- A. All employees of Lutheran Social Services are “at-will” employees. Suppose an allegation of sexual abuse or harassment against a staff member is reported. In that case, Lutheran Social Services will immediately place the staff member on administrative leave or terminate them from employment.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Employee handbook
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The facility reports zero incidents of retaliation occurring in the past twelve months.

- A. The facility PREA Policy protects clients and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other clients and staff. Lutheran Social Services has an agency policy that protects staff members from retaliation for reporting any misconduct. The Program Director, Program Manager, or Program Coordinator would be responsible for monitoring for retaliation.
- B. The facility would use protective measures such as a room or floor change. The alleged abuser would be terminated from the program and returned to the referring Agency.
- C. The supervisor who is monitoring for retaliation would monitor for at least 90 days. Clients meet with their case manager weekly, and their safety is discussed at each meeting.
- D. Clients meet with their case manager weekly; monitoring for retaliation would be discussed with the client.
- E. The Agency would protect all individuals from retaliation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Interview with the Program Manager

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility PREA Policy ensures all suspected sexual abuse or sexual harassment incidents are thoroughly investigated promptly and objectively. A trained facility investigator conducts administrative investigations, and the Minneapolis Police Department (MPD) conducts criminal investigations.
- B. The facility investigator has received training according to standard 115.234. The Minneapolis Police Department (MPD) has a special division assigned to investigate sexual abuse allegations. Criminal allegations will be conducted according to the Minneapolis Police Department's policy and procedure by licensed officers.

- C. The facility investigator interviewed explained the investigative process and evidence collections for administrative investigations. Licensed investigators from the Minneapolis Police Department (MPD) conduct criminal investigations.
- D. The Minneapolis Police Department (MPD) would consult with the Hennepin County Attorney's Office during the criminal investigation. Facility staff is trained to secure the scene until the Minneapolis Police Department officers arrive at the facility.
- E. Licensed investigators from the Minneapolis Police Department would handle decisions on how to proceed with the criminal case. Minnesota State Statute 611A.26.S.1 prohibits the use of polygraphs on victims of sexual abuse as part of or the condition for proceeding with the investigation, charging, or prosecution of such offense.
- F. The "Log of PREA Incident Form" is used by the facility investigator to document the investigation and recommendations.
- G. The Minneapolis Police Department (MPD) policy requires all necessary reports, including the offense/incident report, the property inventory report, and all statements are completed by the responding officer(s).
- H. The Minneapolis Police Department (MPD) would be responsible for referring a case to the Hennepin County Attorney's Office for prosecution.
- I. The facility retains all written reports from administrative and criminal investigations for as long as the alleged abuser is incarcerated or employed by the Agency, plus five years.
- J. The investigation would not be terminated because the alleged abuser or victim left employment or control of the Agency. The PREA Coordinator confirmed the investigation would not be closed if the victim or abuser left the facility.
- L. The Agency will cooperate with the Minneapolis Police Department (MPD), and the PREA Coordinator will maintain contact with MPD on the progress of the investigation.

The facility reports that there have been zero substantiated allegations that appear to be criminal reported in the past twelve months.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- PREA brochure
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interviews with the PREA Team.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports that it does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports zero criminal or administrative investigations completed in the twelve months before the audit. The facility PREA Policy outlines the procedures for notifying clients in writing the final disposition of the investigation into the client's allegation that they suffered sexual abuse in the facility, which is consistent with paragraph (a) of this standard.
- B. When a criminal investigation is being conducted by the Minneapolis Police Department (MPD), the PREA Coordinator will maintain contact with the department through the investigation.
- C. The facility PREA Policy outlines the information the facility will provide the client on the status of the accused staff member (as detailed in this standard.)
- D. The facility PREA Policy outlines the information the facility will provide the client on the status of the alleged abuser if another client is the accused (as detailed in this standard.)
- E. The PREA Coordinator verified the facility would document all notifications as outlined in the facility PREA Policy.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports that zero staff has been disciplined, terminated, or reassigned for violating facility policies in the past twelve months. The facility reports that zero staff members have been reported to law enforcement or licensing boards for violating facility policies in the past twelve months. The facility PREA Policy and Agency policies outline the disciplinary sanctions, including termination for violating sexual abuse and sexual harassment policies.
- B. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of clients.
- C. The progressive discipline of staff members will be issued to staff members for violations of the facility's sexual abuse and harassment policies (other than engaging in sexual abuse.)
- D. All terminations for violations of facility policies, or resignations by a member who would have been terminated if not for their resignation, will immediately be reported to law enforcement agencies.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Employee handbook
- Interview with Laurie Woodard (PREA Coordinator)

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. In the twelve months before the audit, the facility reports that zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of clients.
- B. It is the policy of the Agency to prohibit a contractor or volunteer from the facility for any violation of its PREA policy. Any incident would be noted in the PREA folder and the facility's contract services folder.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

- A. The facility discipline plan is included in the PREA Policy and client handbook.
- B. The facility does not have secure holding rooms for clients. A client abuser would be terminated from the program and placed back in the custody of the referral Agency. A client who has engaged in sexual activity attempted to engage in sexual activity or engaged in sexual harassment would be disciplined and most often include termination from the program. Behavior that is considered sexually offensive but not a terminable offense would be given additional education materials and may have to attend groups or informational sessions to prevent sexual abuse or harassment.
- C. A client's mental disability or illness would be taken into consideration.
- D. This paragraph is not applicable; the Agency does not offer services (as outlined in this paragraph.)
- E. The client will not be disciplined for sexual contact with staff only upon finding the staff member did not consent to the conduct.
- F. The client will not be disciplined for reporting sexual abuse in good faith, even if an investigation does not establish evidence to substantiate the allegation.
- G. The facility prohibits all sexual activity on its premises.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Client handbook
- Interview with Laurie Woodard (PREA Coordinator)

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. Client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment. Victims are transported to Hennepin County Medical Center for treatment.
- B. The facility does not have medical or mental health staff onsite. Facility policy requires staff to take preliminary steps to protect the victim. Staff would request emergency medical services to transport the client to Hennepin County Medical Center.

- C. The facility would ensure the client victim is offered access to community medical providers for information about timely access to emergency contraception and sexually transmitted infectious prophylaxis.
- D. The policy requires that treatment and services will be provided to client victims of sexual abuse free of charge.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility will offer medical and mental health evaluations and appropriate treatment to any client who has been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
- B. The client would be provided ongoing treatment by community medical and mental health practitioners. Referrals for continued care will be forwarded with a client being released or transferred.
- C. All clients are referred to community medical and mental health practitioners.
- D. The facility houses male clients.
- E. The facility houses male clients.
- F. The facility will refer a client to the appropriate community medical provider for sexually transmitted infections testing.

G. Treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with the investigation.

H. A client-on-client abuser would not qualify for admission into the program.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The facility reports zero-incident reviews completed in the past twelve months. The PREA Policy ensures an incident review will be conducted after every substantiated or unsubstantiated sexual abuse investigation.
- B. The review is generally completed within thirty days after a substantiated or unsubstantiated sexual abuse investigation.
- C. The Program Director and the Program Manager are members of the incident review team.
- D. The review team will consider (1-6) in paragraph (d) of this standard.
- E. Recommendations for improvement would be implemented or the reason documented for not doing so.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

A&C. The facility collects data for every allegation of sexual abuse and sexual harassment

B. The PREA Coordinator completes an annual review of the data.

- D. The facility maintains, reviews, and collects data as needed from all available incident-based data.
- E. This paragraph is not applicable; the facility does not contract with a private facility for clients' confinement.
- F. The Department of Justice has not requested data from this Agency.

Policy, Materials, Interviews, and Other Evidence Reviewed:

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The Agency reviews data collected and uses the data for ongoing improvement and corrective action in its facility.
- B. The Agency provides annual reports that compare current year's data and previous years' data on its website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>.
- C. The Program Director approves the annual report.
- D. The nature of the information that is redacted is indicated in the report.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Agency website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- A. The Agency stores its data electronically in its secured server.
- B. The Agency publishes its sexual abuse data on its website:
<https://www.lssmn.org/services/mental-health/specialties/portland-house>
- C. The Agency redacts all personal identifiers before making the information public.
- D. Policy dictates that sexual abuse data is maintained for a minimum of ten years after the initial data collection.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility PREA Policy
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Laurie Woodard (PREA Coordinator)
- Agency website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

This is the third PREA audit for Lutheran Social Services Portland House. The facility was found to be in full compliance with the Prison Rape Elimination Act (PREA) standards on September 26, 2018. I

was given all access to the facility and received all requested relevant documentation. I was permitted to conduct private interviews with staff and clients and did not receive any confidential correspondence from staff or clients. Audit notices were posted six weeks before the audit, and the clients interviewed confirmed the notices had been posted in the facility.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- Lutheran Social Services Portland House has their past audit reports on its website: <https://www.lssmn.org/services/mental-health/specialties/portland-house>. The contract agreement requires the Agency to post a copy of the final audit report within 90 days of receipt.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Darnel Carlson

October 23, 2021

Auditor Signature

Date

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

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