

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: November 28, 2016

Auditor Information			
Auditor name: Walter J. Krauss, Psy.D.			
Address: 66 Elaine Drive, Southbury, CT 06488			
Email: waltjk@aol.com			
Telephone number: (860) 707-4622			
Date of facility visit: October 3 rd & 4 th , 2016			
Facility Information			
Facility name: Olmsted County Adult Detention Center			
Facility physical address: 101 4 th St SE Rochester, MN 55904			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (860) 328-6000			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Brian Howard, Chief Deputy			
Number of staff assigned to the facility in the last 12 months: 74			
Designed facility capacity: 202			
Current population of facility: 153			
Facility security levels/inmate custody levels: Minimum to Maximum			
Age range of the population: 18-84			
Name of PREA Compliance Manager: Durand Ackman		Title: Program Sergeant	
Email address: ackman.durand@olmsted.mn.us		Telephone number: (507) 328-6850	
Agency Information			
Name of agency: Olmsted County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Olmsted County Sheriff			
Physical address: 101 4 th St SE Rochester, MN 55904			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (507) 328-6750			
Agency Chief Executive Officer			
Name: Kevin Torgerson		Title: Sheriff	
Email address: torgerson.kevin@co.olmsted.mn.us		Telephone number: (507) 328-6745	
Agency-Wide PREA Coordinator			
Name: Macey Tesmer		Title: Operations Captain	
Email address: tesmer.macey@co.olmsted.mn.us		Telephone number: (507) 328-6834	

AUDIT FINDINGS

NARRATIVE

Olmsted County Adult Detention Center received an on-site PREA audit on October 3 and October 4, 2016 by DOJ Certified PREA Auditor Walter J. Krauss, Psy.D. The review of policies, procedures and most documentation as well as the written report was completed by Pete Zeegers, DOJ Certified PREA Auditor, in collaboration with W. J. Krauss. During the Pre-Audit phase, the auditors reviewed a variety of documents provided by the agency and facility. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. Dr. Krauss contacted the agency PREA Coordinator prior to the site visit to discuss the agenda and to provide information on how best to facilitate the on-site auditing process. The auditor provided an agenda for the site visit and requested additional information be made available on the first day of the audit. This additional information included detainee rosters with housing unit assignments and staff rosters broken down by job title and shift.

The on-site audit began with a meeting between the PREA Auditor, Chief Deputy, and PREA Coordinator. The discussion focused on the audit process, the interim/final 45-day report, Corrective Action Plan period, and the final report. The meeting was followed by a comprehensive tour of the facility.

During the tour, the auditor observed PREA audit notices announcing this site visit would be occurring October 3rd and 4th and Zero Tolerance posters throughout the facility where both detainees and staff could readily view or access the information. It was noted, however, that there were no zero tolerance posters in the lobby, which was quickly rectified, and no Spanish posters observed during the tour. Within the lobby area and all housing units, detainees have access to a closed circuit television, which shows the information announcing the G4S Youth Services PREA audit as required. TurnKey system kiosks are available for visitors to add money to detainee accounts or through which they may purchase phone cards for them. Each of the housing units has its own TurnKey kiosk for the detainees and serves many additional functions for them. Through this system, detainees may purchase phone cards, add money to their canteen accounts, instant message people outside the facility, and submit medical or mental health requests as well as those directed to programming. Detainees and staff alike refer to requests as 'kites'. Grievances are also submitted in this manner, including those that are PREA-related. Grievances regarding sexual assault or harassment are sent directly to the PREA Compliance Manager. Detainees also have phones on each unit to access outside victim support services.

The tour included the lobby, administration offices, master control room, booking area, library, laundry, storage areas, cleaning closets, sergeant's office, kitchen, loading dock, outdoor recreation areas, five housing units, the medical/mental health area, programming area, gymnasium, and the observation deck.

There were a total of twelve random detainees, which includes two detainees from each unit with one from each of the two tiers on every unit. Two female detainees were interviewed from the female unit, one from the upper tier and the other from the lower tier. One detainee was interviewed who identified himself as gay and who disclosed sexual victimization during risk screening, although the incident occurred when that detainee was a child. Another detainee was interviewed who has significant mental health issues, but nobody was identified as being cognitively limited or developmentally disabled. None of the detainees spoke Spanish with English as a second language and nobody was identified as such within the facility. In the past year, there has been one incident reported that alleged sexual misconduct. This was reported on 9-28-16, four days before the on-site visit. On the same day, the alleged abuser was transferred to the Work Release Facility, although the transfer was reportedly not related to the incident or in an effort to separate the two detainees. There were no allegations of sexual abuse received from another facility or within the facility in the past 12 months.

Staff interviews included the Olmsted County Sheriff (Agency Head), Chief Deputy (Facility Director), PREA Coordinator (Operations Captain), PREA Manager (Work Release Sergeant), Medical and Mental Health staff (MEnD Correctional Care, an intermediate or upper level staff (Sergeant) responsible for conducting unannounced rounds, a volunteer who has contact with inmates, intake and screening staff (Detention Deputies), a member of the Incident Review Team, and a staff member who

monitors retaliation. Additionally, and as mentioned above, ten random security staff, five from each of the two shifts, were interviewed as well. There were no staff who had acted as a first responder to a sexual assault.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Olmsted County Adult Detention Center is a division of the Olmsted County Sheriff's Office in Rochester MN that houses up to 202 detainees ranging from minimum to maximum security custody status. On the first day of the onsite PREA audit, there were reportedly 153 detainees at the facility, sixteen of which were females.

The ADC employs 89 staff, including one Chief Deputy, two captains, one clerical employee, eight sergeants (four laterals), five corporals (one lateral), eight lateral detention deputies (Programs, training, court), eight lateral work release detention deputies, eight lateral booking staff and 48 housing unit deputies. The four shift sergeants and housing unit deputies work twelve hour shifts over four platoons. There is one permanent day and night shift and two shifts that rotate days and nights every eight weeks. These deputies work 0600-1800 or 1800-0600. Booking deputies and work release deputies work the same schedule. All others typically work business hours during the week. Staff that are not assigned to a lateral position are all trained and rotate through each housing unit and master control.

The ADC operates under the direct supervision (DS) principles and philosophy in which a Detention Deputy continually supervises detainees through a system of rewards and consequences. The Deputy works within the housing unit and remains in direct contact with the detainees. The 202-bed facility consists of five housing units, programs, booking, master control, court staging, gym, kitchen, laundry, medical, front reception, and library areas. All housing units are two tier units. Detainees can be assigned jobs in the facility, including a facility cleaner and those within the laundry, kitchen, and library.

Upon entrance to the facility, referred to as the reception area, staffing consists of two detention deputies and one clerical employee. The detention staff at the front reception area receive new arrests from court, probation and warrants as well as answer phone calls from the public, assist the media, handle and issue permits to purchase and permits to carry, public finger printing, bookings from court and the monitoring of all incoming/outgoing correspondence. The clerical employee assists with customers and phone calls at the front reception area in addition to many clerical duties.

Detainees enter the facility through the ADC's booking area, which is an open booking post. There are two holding cells with bunks and two holding cells without. There are three interview rooms, an office for the Booking Sergeant and Corporal. The booking post is run by two staff, which could be two detention deputies, or a detention deputy and a corporal. The booking staff are stable lateral deputies and do not rotate to other areas.

Master control is located outside of the secured perimeter on the second floor of the building. Master control is staffed by one deputy. The master control deputy is responsible for running all the intercoms and doors in the ADC, dispatching emergency assistance in the ADC, and monitoring cameras. The master control deputy is also responsible for monitoring and dispatching emergencies for court duress alarms, or alarms that occur in other specific areas of the government center.

The court staging area is located on the 5th floor of the building. It is a secured area with a work space, two holding areas, and a small space for attorneys to meet with their clients. There are four lateral staff assigned to the court division that man the work station, prepare detainees for arraignments and provide assistance with detainee coverage in the court rooms. These staff are supervised by the booking/court Sergeant.

The lower level of the Work Release Facility, located across the street from the ADC, houses the video visiting equipment for friends and family to visit detainees housed both at the Adult Detention Center and Work Release Facility. There are twenty video visiting booths and visiting is offered Tuesday through Sunday in the morning, afternoon, and evenings.

There are two forty eight bed male general population housing units, referred to as the 1801 and 1802 units. Each unit is run by one staff person and consists of twenty four double bunked cells. Each housing unit includes an outdoor recreation area,

vending machines, video visiting, a television and activities for the detainees. Each cell contains a toilet with a privacy wall that allows staff to see the detainees through the cell door viewing panel but still allows for privacy while using the toilet. There are four showers with ¾ doors in the upper tier and five in the lower tier, including a handicapped shower stall on the lower unit.

Unit 1849 is an additional forty two bed housing unit that was intended for male general population detainees. This housing unit includes the same amenities as those indicated above with the exception of an outdoor recreation area. This housing unit was closed in 2013 due to a decrease in population. In the last eighteen months this housing unit has been used for different missions, including housing female detainees, intake detainees, or general population detainees depending on the needs of the facility based on detainee numbers. At the time of the on-site visit, the unit was not in use. Each cell contains a toilet with a privacy wall that allows staff to see the detainees through the cell door viewing panel but still allows for privacy while using the toilet. There are four showers with ¾ doors in the upper tier and five in the lower tier, including a handicapped shower stall on the lower tier.

The 1850 unit is a sixteen bed female housing unit and is run by one staff person. This unit consists of eight cells, all double bunked, and includes an outdoor recreation area, vending machines, video visiting, a television and activities for the detainees. The 1850 unit also has two sub day room areas allowing for separation of intake and segregation status detainees. Within the unit, there are four showers, two on each tier plus another for handicapped detainees on the lower tier. Each shower has three quarter doors and modified shower curtains, which allow for excellent privacy while showering. Female detainees reported having privacy while changing and using the toilet and shower, with no reports or instances of cross gender viewing while doing so.

The 1953 unit is a podular/remote area with three different sixteen bed housing units (1951, 1952, and 1953) that is run by one primary staff person and at times two staff. Each unit consists of eight cells double bunked, and two sub day room areas. There is one outdoor recreation area that is shared by all three units. One unit (1953) is intended to be for intake status detainees. These detainees are assigned to this area for monitoring and to determine classification. A detainee could be on intake status from three to twenty eight days on their initial classification. The second unit (1952) is occupied by special management detainees. These are detainees that cannot be housed in general population due to medical, mental health, or protective custody issues. This housing unit includes vending machines, video visiting, a television and activities for the detainees. The third housing unit (1953) is intended for segregation status detainees. The detainees in this unit are serving segregation time for formal violations in the ADC. Both the intake and segregation units do not have a television, vending, or activities for the detainees. Each cell has toilets with privacy walls within and the showers on each tier have three quarter doors for privacy.

A review of the surveillance cameras from the control room confirmed that privacy is provided for both the toilets within each cell and the showers.

Within the community area bulletin board on each unit, there is a "No Means No" PREA sign and another closed circuit television that displays the announcement of the PREA audits as required. No Spanish posters were noted throughout the facility and staff were asked to address that concern, which they did after the on-site visit had been completed.

The programs area, gym, library and laundry area are all supervised by the program staff. There are three program deputies, one program corporal, and one program sergeant. Program staff are responsible for conducting gym, supervising the detainee workers, managing the laundry area, conducting needs assessments, coordinating over 100 volunteers, coordinating programs, and handling formal disciplines.

The ADC contracts their food service currently with Aviand's, which provides all the meals and food supplies for the ADC. They also supervise a limited number of detainee workers that are assigned to the kitchen. Meals are provided at 0700, 1130, and 1700 hours.

The medical area consists of one office, one exam room, and another blood draw room. There is an additional space outside of the medical area for the mental health professional that includes the capability for tele-medicine. The ADC currently contracts their medical and mental health services with MEnD, a correctional health care company. The contract provides three registered nurses, a nurse manager, an administrative assistant, a mental health professional, a nurse practitioner, and several health technicians. MEnD provides acute health care, emergency assistance and medication pass. Medical staff are available seven days per week from 7:00 AM to 10:30 PM. Mental Health staff provide coverage two weekdays per week and through the TeleMed system the other weekdays.

In the event of a sexual assault, inmates would be transferred to Mayo Clinic Hospital / St Mary's Emergency Department in Rochester, MN, where there is a Sexual Assault Nurse Examiner (SANE) available on staff. Olmsted County Victim Services in Rochester, MN, are available to detainees for toll free private crisis calls and as victim advocates who can accompany detainees when meeting with the SANE, if requested.

SUMMARY OF AUDIT FINDINGS

It is clear that the Olmsted Adult Detention Center and the Olmsted County Sheriff's Office have a firm commitment to meeting PREA Standard requirements not only in policy, but in practice as well. This auditor left the on-site visit with every confidence that the detainees are safe and have an excellent understanding of what they need to do in the event of sexual harassment or sexual abuse in your facility. Throughout the process, facility staff were professional, organized, and knowledgeable of the PREA requirements as well as most resources available at the facility level. Administration was responsive to concerns, open to suggestions, and encouraged the auditor to provide feedback on how the facility could improve where applicable. Overall, it was an absolute pleasure to work with the Administration and staff during this process, and this auditor was appreciative of the facility's hospitality and ability to facilitate this process efficiently as requested.

Communication and its value in the effective implementation of the PREA requirements were evident throughout this process via documentation and staff interactions with this auditor. Staff use the Pipe guard tour system to conduct rounds. Surveillance camera coverage includes the use of 90 cameras, most of which are Exacqvision pan tilt zoom (PTZ) cameras, which are integrated into a network through a network video recorder that retains data for up to 160 days. This fall, the facility will be replacing 26 older analog cameras with digital Exacqvision PTZ cameras, then moving forward each year twelve new cameras will replace existing cameras. At this time, the new cameras will not provide additional surveillance coverage; however, with the PTZ options, they will have greater capability.

Despite the use of the aforementioned technology, a significant number of blind spots remain where surveillance is not readily available. These blind spots present additional security challenges, which were shared with Administration. Specific concerns related to blind spots/ surveillance camera coverage included, but are not limited to, those found in the Kitchen (no cameras), Intoxilizer and Interview Rooms in Booking, Law Enforcement Officers Station hallway, Sergeant's Office, Weight Room, and stairwell to the upstairs video visiting booths.

While there were multiple minor issues identified during the process in need of corrective action that are addressed within the appropriate Standard description in the next section, the more salient issues will be described in this one below:

Four of twelve random detainees reported that opposite gender staff do not announce their presence when entering a detainee housing unit as part of common practice. Administration was asked to re-educate staff on this requirement and provide evidence of the training, which they did following the on-site visit. Following the site visit and in the interest of enhancing the privacy of phone calls to Olmsted County Victims Services, any phone calls now made to the designated number automatically provide the same level of privacy afforded those detainees contacting their attorneys. This means those conversations are now confidential and no longer monitored.

Standards require that both High Risk Abusers and Victimizers are identified in order to provide appropriate protections. The system utilized at the time of the on-site visit did not specifically assign them to those categories, where applicable, and the system for tracking them needed improvement. Administration was asked to develop a system and spreadsheet for logging information related to the identified detainees classified for potential High Risk Abusers and Victimizers, which they did following the on-site visit. Within this system, detainees can now be identified specifically as being in one of those two categories (some can be both when warranted). It also includes the date of their PREA Education, PREA screening, re-screening, where housed, and a section where the actions taken can be specified. In this way, information can be pulled up upon request, high risk detainees can be tracked more efficiently, and it will assist with future PREA audit processes as well.

Five of six random detainees interviewed that had been housed at the facility for more than thirty days reported that they were not re-screened as required. A review of records indicated that three of those six were not re-screened as required. Corrective action was completed in which documentation showed that all detainees had been re-screened and that the system indicated above had been initiated for the 30 days following the on-site visit. The system developed included a spreadsheet documenting all current detainees to include the dates of their PREA education, date of initial screening, risk level, and date of re-screening, consistent with the system indicated above. This spreadsheet was provided as evidence of its development and completion of the re-screenings of the detainees.

Two of twelve detainees had not received the risk assessment intake screen within 72 hours of arrival to the facility while five of twelve had not received the comprehensive PREA education required within thirty days of their arrival to the facility. Staff were asked to ensure all detainees received the appropriate education and screening, which would be included on the spreadsheet/data base to be developed above. Documentation was provided that the screenings had all been completed and the comprehensive education, as provided by a PREA video, was received by those who did not refuse it.

During the on-site process, it was learned that all staff had access to the risk assessment screens. While it is essential that staff are aware of those detainees identified as being High Risk Abusers or Victimizers, it is not necessary that all staff can review detainee responses to the sensitive questions asked on the screening tool. The standards require that access to the sensitive information within the risk assessment is controlled and limited (as needed). Administration was responsive to this identified concern and initiated the process of restricting staff clearances to view this screen to those who need to know. By October 12th, the restrictions had been applied and only staff determined to be in need of that information were cleared to access it.

When inmates arrive at the facility, detainees are immediately provided with a comprehensive facility-based pamphlet entitled, "End the Silence", which clearly states that the facility has zero tolerance for sexual abuse and harassment complete with definitions, examples, tips for avoiding sexual abuse and harassment, their right to report and multiple ways they can report any such instances, both within the facility and to an outside agency, etc. Posters and announcements on the CCTV were found throughout the facility as well; however, no Spanish versions of this information were found. There should be at least one poster on each housing unit, in English and in Spanish, or at least in areas that are frequented by all detainees. Staff were asked to verify the placement of at least one poster on each unit and in the lobby and share copies of the Spanish posters and pamphlets/handouts that will be available for Spanish-speaking detainees to demonstrate compliance. Examples were sent for review as were pictures demonstrating the placement of Spanish and English posters in housing units as well as Spanish pamphlets of PREA education materials.

All medical and mental health staff require the basic PREA training as well as specialized training. At the time of the on-site visit, no staff had received the specialized training to date. Staff were asked to provide a roster of all medical and mental health staff, verifying that they have received and understood both the basic and specialized training indicated in the standard for the corrective action. Administration provided both the specialized training curriculum utilized and verification that the training had been completed for all medical and mental health staff.

Administration was asked to update/integrate the agreement signed by the volunteers/contractors to include the PREA education training with a statement that clearly indicates they have received and understand the required information provided to them. This request was completed and the new form provided to the auditors.

Three of ten random staff interviewed were not aware that detainees cannot be searched or examined for the sole purpose of identifying genital status, including medical staff, and four of ten random staff were unclear or had not been trained on the policy for conducting transgender / intersex searches. Four of ten random staff did not know that inmate interpreters, etc., are not to be used, except in exigent circumstances. Finally, three of ten random staff interviewed were not clear on how investigations of sexual abuse are handled in the facility and by whom. Administration was asked to re-educate staff on these issues, which they did. Evidence of training was provided as requested.

In the past year, there has been one incident reported that alleged sexual misconduct. This was reported on 9-28-16, four days before the on-site visit. On the same day, the alleged abuser was transferred to the Work Release Facility, although the transfer was reportedly scheduled and not related to the incident or in an effort to separate the two detainees. Information was sent to the Sheriff's Department for review and investigation with results currently pending. There were no allegations of sexual abuse received from another facility or within the facility in the past 12 months. No letters were received from detainees in advance of the audit nor were there any detainees that reported being sexually assaulted while at the facility during the site visit or within documentation reviewed within the past twelve months.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Policies 11-01, 11-02, the Administrative and Platoon Rosters were reviewed. The Sheriff, PREA Coordinator, and PREA Compliance Manager were interviewed.

ADC has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outline the prevention, detecting, reporting, and response to sexual abuse and sexual harassment allegations. Definitions that mirror the PREA Standards are included in the policy 11-01, as well as sanctions for those who violated policy. All interviewed shared their knowledge of the strategies and responses towards PREA allegations. The PREA Compliance Manager/Program Sergeant reported sufficient time to attend to PREA duties. This person reports directly to the Administrative Captain, the Agency PREA Coordinator, who also reported sufficient time to attend to PREA duties.

ADC is committed to maintaining an environment free from sexual abuse and sexual harassment of detainees. Zero tolerance regarding inmate sexual assault and harassment is mandated. Sexual abuse and sexual harassment of detainees is prohibited by State and Federal law. (28 CFR 115.11) All staff will have access to and be familiar with the Prison Rape Elimination Act Standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

All contracts with entities to house Olmsted County detainees will include the requirement that the entity be PREA compliant. Contract management and compliance will be the responsibility of Olmsted County Purchasing. In addition, the PREA Coordinator will make a site visit annually during the first quarter, of all contracted agencies, interview any/all Olmsted County detainees that are housed there, and request aggregate data on sexual abuse incidents. Policy 11-02 addresses this standard.

Standard 115.13 Supervision and monitoring

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

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

Policies 11-02, 2-05, the PREA Monitoring Review, and examples of unannounced rounds were reviewed. Additionally, interviews were conducted to further determine compliance. Staff were asked to indicate more specifically document who completes the unannounced rounds in the log book, which was addressed.

Whenever necessary but no less frequently than once each year in the third quarter, for each facility and in consultation with the PREA Coordinator, the director will assess, determine, and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems or other technologies, and resources the facility has available to commit to ensure adherence to the staffing plan.

Sergeants and higher level command staff will conduct unannounced rounds to identify and deter staff sexual abuse and harassment. Staff is prohibited from alerting other staff members when any member of the leadership team is conducting rounds.

Standard 115.14 Youthful inmates

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

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

Juveniles under the age of 18 (eighteen) are not accepted at the facility and, as a result, this standard is not applicable (3-ALDF-4B-04). Persons under the age of 18 (eighteen) will be allowed only in the booking area when all of the following conditions exist:

- a. They are in custody for a DWI arrest.
 - b. They are escorted at all times by the arresting authority.
 - c. They remain in the booking area no longer than necessary to facilitate the collection of identification data through photographs, fingerprints and DWI testing. (Less than four (4) hours).
 - d. All detainees are secured in cells with cell windows covered to prevent contact with the Juvenile.
2. A juvenile 16 (sixteen) or 17 (seventeen) years old that has been indicted for murder in the first degree may be held with adults. (MN Statute 641.14)

3. A juvenile that has been committed to the commissioner of corrections under section 609.105 may be held with adults. (MN Statute 641.14)
4. A juvenile that has been certified for adult prosecution and the prosecuting authority has filed a notice of intent to prosecute the matter under section 260-125 may be held with adults. (MN Statute 641.14)

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policies 3-13, 11-02, various Search Training Modules, and PREA Search Training Acknowledgment Forms were reviewed. Interviews were also conducted to assist with the determination of compliance or non-compliance.

Staff will not physically search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee's genital status.

Staff of the opposite gender are trained to announce their presence when entering a housing unit when there is not another staff member of opposite gender already assigned to the post. The announcement must be loud enough that detainees can hear the announcement.

Training documents reviewed indicated that staff have completed appropriate training.

Four of twelve random detainees reported that opposite gender staff do not announce their presence when entering a detainee housing unit as part of common practice. Administration was asked to re-educate staff on this requirement and provide evidence of the training, which they did following the on-site visit.

Three of ten random staff interviewed were not aware that detainees cannot be searched or examined for the sole purpose of identifying genital status, including medical staff, and four of ten random staff were unclear or had not been trained on the policy for conducting transgender / intersex searches. Administration was asked to re-educate staff on these issues, which they did. Evidence of training was provided as requested.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

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

Policy 11-14, Telephonic Interpreter Services Contract, Interpreter Services Contracts [Intercultural Mutual Assistance Associates (IMAA) and Garden and Associates Translation], various training rosters, and the Olmsted County Adult Detention Center PREA Training Power Point were reviewed.

The agency has established policy to provide for educational services for inmates with disabilities to be provided information at intake and assistance on PREA allegations, including reporting. Staff arrange for education in formats for those inmates identified as disabled. Agency policy also addresses the provision of interpreters to those inmates with a non-English primary language. There is a contract in effect with Telephonic Interpreter Services to provide language interpreter services for those appropriate detainees.

When inmates arrive at the facility, detainees are immediately provided with a comprehensive facility-based pamphlet entitled, "End the Silence", which clearly states that the facility has zero tolerance for sexual abuse and harassment complete with definitions, examples, tips for avoiding sexual abuse and harassment, their right to report and multiple ways they can report any such instances, both within the facility and to an outside agency, etc. Posters and announcements on the CCTV were found throughout the facility as well; however, no Spanish versions of this information was found. There should be at least one poster on each housing unit, in English and in Spanish, or at least in areas that are frequented by all detainees and staff. Staff were asked to verify the placement of at least one poster on each unit and in the lobby and share copies of the Spanish posters and pamphlets/handouts that will be available for Spanish-speaking detainees to demonstrate compliance. Examples were sent for review as were pictures demonstrating the placement of Spanish and English posters in housing units as well as Spanish pamphlets of PREA education materials.

Four of ten random staff did not know that inmate interpreters, etc., are not to be used, except in exigent circumstances. Administration was asked to re-educate staff on these issues, which they did. Evidence of training was provided as requested.

Standard 115.17 Hiring and promotion decisions

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

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

Policy 11-15 was reviewed. Interviews were conducted to assist with determining compliance.

ADC shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. An applicant shall not be considered for hire if they have 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 refuse; or has been civilly or administratively adjudicated to have engaged in the activity.

The agency will ask all applicants and employees who may have contact with detainees directly about previous misconduct in the pre-employment background investigation document and during performance evaluation discussions as part of individual job standards ratings.

All staff has an ongoing affirmative duty to disclose any such misconduct to their supervisor who will report to their respective captain. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Unless prohibited by law the agency will provide information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request and a signed authorization of release from an institutional employer for whom such an employee has applied to work. Criminal history checks are conducted on every employee and contractor every five years. Background checks will be accompanied by a PREA background consent form and will be kept in a locked area.

Standard 115.18 Upgrades to facilities and technologies

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

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

Policy 11-02 states that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse. When installing or updating monitoring technology, electronic surveillance systems, or other monitoring technology the agency will consider how such technology may enhance the agency's ability to protect detainees from sexual abuse. There were no modifications in the last 12 months.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Policy 11-03, an MOU with Olmsted County Victim Services for advocacy services, and a memo addressing PREA evidence collection and investigative standards dated 8/29/16 were reviewed. Interviews also provided information in the determination of compliance.

The agency follows a uniform evidence protocol when investigating allegations of sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol has been 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.

The agency offers all victims of sexual abuse a forensic medical examination at St Mary's Hospital without cost where evidentiary or medically appropriate. Sexual Assault Nurse Examiners (SANEs) are available at St Mary's Hospital and will be requested. If SANEs are not available for any reason, the examination may be conducted by other qualified medical practitioners and the agency will document its efforts to provide SANEs.

The Olmsted County Adult Detention Center staff will not be responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. If it appears there has been an incident of sexual abuse the Sheriff's Office detective division will be notified and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no memorandum of understanding is necessary. In the event that the alleged abuser is an employee, the evidence would still be collected by the detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation.

Evidence that needs to be obtained from a victim's person will be acquired by the hospital emergency department. The contracted medical care company at the detention center will not perform any exams in the event of a sexual abuse case. They will only provide emergency care in the event of an external trauma injury.

Following the on-site visit and in the interest of enhancing the privacy of phone calls to Olmsted County Victims Services, any phone calls made to the designated number automatically provide the same level of privacy afforded those detainees contacting their attorneys. This means those conversations are now confidential and no longer monitored. Finally, three of ten random staff interviewed were not clear on how investigations of sexual abuse are handled in the facility and by whom. Administration was asked to re-educate staff on these issues, which they did. Evidence of training was provided as requested.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Policy 11-03 was reviewed. Interviews were conducted.

The Olmsted County Adult Detention Center staff will not be responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. If it appears there has been an incident of sexual abuse the Sheriff's Office detective division will be notified and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no memorandum of understanding is necessary. In the event that the alleged abuser is an employee, the evidence would still be collected by our detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation.

Evidence that needs to be obtained from a victim's person will be acquired by the emergency department. The contracted medical care company at the detention center will not perform any exams in the event of a sexual abuse case. They will only provide emergency care in the event of an external trauma injury.

Standard 115.31 Employee training

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

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

Policy 2-12 and various proof of training were reviewed. Interviews with staff were also conducted.

The agency policy requires annual training for all staff in all areas identified within the standard. The staff receive a refresher training every two years. Interviews with staff confirmed they completed training and understand the material presented. Employee training documentation found that all staff had completed their training (PREA: Sexual Abuse and Sexual Harassment 101). Staff were able to articulate the training they had received.

All staff are trained on the Prison Rape Elimination Act (PREA) within the first year of employment and receive a refresher every two years to include the following;

- The zero tolerance policy for sexual abuse and sexual harassment
- How to fulfill their responsibilities under the PREA policies
- Detainee's rights to be free from sexual harassment or sexual abuse
- The rights of detainees and employees to be free of retaliation for reporting sexual abuse or sexual harassment
- The dynamics of sexual abuse and sexual harassment in confinement
- The common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened or actual sexual abuse
- How to avoid inappropriate relationships with inmates
- How to communicate effectively and professionally with detainees, including those that identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

Standard 115.32 Volunteer and contractor training

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

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

Policy 2-13, Civilian Acknowledgement/Understanding of ADC PREA Policy and Guidelines form, Court Security Staff Acknowledgement/Understanding of ADC PREA Policy and Guidelines form, examples of training records, and other documents were reviewed. Volunteer interview also confirmed training.

The agency requires all volunteers to complete the same training as a staff. Interviews showed that there was an understanding how to report. The file review contained a signed Acknowledgement forms.

Administration was asked to update/integrate the agreement signed by the volunteers/contractors to include the PREA education training with a statement that clearly indicates they have received and understand the required information provided to them. This request was completed and the new form provided to the auditors.

All support staff with regular or daily contact with detainees will receive 40 hours of training in addition to orientation training during their first year of employment. This will include Non Security Staff Training, Direct Supervision, IPC, PREA, and 40 hours of training each year thereafter.

Standard 115.33 Inmate education

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

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

Policy 11-04, as well as assorted documents and posters were reviewed. Inmate interviews were conducted.

Interviews with inmates confirmed the receipt of facility specific information at intake. Informational posters were observed around the facility on the PREA boards in the housing areas.

During the booking process, detainees receive information explaining the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions. A comprehensive education session will be provided to detainees within 30 days of their admittance. This education session may be in person or through video. The education session will cover their rights to be free from sexual abuse and sexual harassment and cover agency policy and procedure on response to reported incidents. The agency provides education in formats accessible to all detainees, including those who are limited in English proficiency, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. The Programs Division will maintain documentation of detainee participation in any education sessions. Key information is continuously and readily available in one or all of the following formats; the detainee handbook, on the kiosk, and on the CCTV.

Two of twelve detainees had not received the risk assessment intake screen within 72 hours of arrival to the facility while five of twelve had not received the comprehensive PREA education required within thirty days of their arrival to the facility. Staff were asked to ensure all detainees received the appropriate education and screening, which would be included on the spreadsheet/data base to be developed. Documentation was provided that the screenings had all been completed and the comprehensive education, as provided by a PREA video, was received by those who did not refuse it.

Standard 115.34 Specialized training: Investigations

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

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

Policy 11-08 was reviewed. The auditor reviewed training documentation of identified investigators although staff involvement in investigations is limited as indicated below.

The Olmsted County Adult Detention Center staff will not be responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. If it appears there has been an incident of sexual abuse the Sheriff's Office detective division will be notified and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no memorandum of understanding is necessary. In the event that the alleged abuser is an employee, the evidence would still be collected by our detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation.

Evidence that needs to be obtained from a victim's person will be acquired by the emergency department. The contracted medical care company at the detention center will not perform any exams in the event of a sexual abuse case. They will only provide emergency care in the event of an external trauma injury.

Investigations will be conducted promptly, thoroughly, and objectively for all allegations, including third party reports. Where sexual abuse is alleged, the agency will use investigators who have received special training in sexual abuse investigations pursuant to 115.34 and 115.234. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with the County Attorney's Office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as a detainee or staff. The agency will not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations will include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations will be done by the Olmsted County Sheriff's Office Investigations Division and documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. The investigation may be referred to an outside agency if staff are alleged to be involved. The agency will retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus seven years. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. The agency will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. (CFR 115.72 and 115.272).

Standard 115.35 Specialized training: Medical and mental health care

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

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

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

Policy 11-11, Specialized Training Curriculum, and MEnD PP handout were reviewed. Training files for medical staff and mental health staff were reviewed. Interviews were completed.

All full and part time medical and mental health practitioners will be trained in the following;

1. How to detect and assess signs of sexual abuse and sexual harassment
2. How to preserve physical evidence of sexual abuse
3. How to respond to victims of sexual abuse and sexual harassment
4. How to report allegations or suspicions of sexual abuse or sexual assault

The agency shall maintain documentation that medical and mental health have received the training referenced in this standard. The documentation will be maintained by the PREA coordinator. If the screening pursuant to 115.41 indicates that a detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, medical staff will ensure that the detainee is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, jobs, education, and program assignments. Medical and mental health practitioners will obtain informed consent for detainees before reporting information about prior sexual victimization that did not occur in an institutional setting.

Detainee 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. Victims will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards or case, where medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

The agency will offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse. The evaluation and treatment of victims will include, as appropriate, follow up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities, or their release from custody. Victims will be provided medical and mental health services consistent with the community level of care. Detainee victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results from this conduct, the agency will provide the victim with timely and comprehensive information about and timely access to all lawful pregnancy related services. Victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Treatment services will be 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.

All medical and mental health staff require the basic PREA training as well as specialized training. At the time of the on-site visit, no staff had received the specialized training to date. Staff were asked to provide a roster of all medical and mental health staff, verifying that they have received and understood both the basic and specialized training indicated in the standard for the corrective action. Administration was also asked to provide a copy or reference for the specialized training curriculum utilized. This training and information was provided after the on-site audit.

Standard 115.41 Screening for risk of victimization and abusiveness

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

- Does Not Meet Standard (requires corrective action)

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

Policy 11-05 and a risk screening sample were reviewed. A selection of inmate files were also reviewed. Interviews were conducted.

Policy requires that screening for risk of victimization and abusiveness is conducted during the initial booking process. This does not include book and release detainees. Within 30 days of a detainee's arrival the detainees are reassessed for risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. Detainees transferred to another Olmsted County facility are assessed for risk of being sexually abused or sexually abusive. Results of the screening are sent to the receiving facility. A detainee's initial risk screening results, if they were determined as high risk and if they were involved in any PREA relate incident are forwarded to facilities outside Olmsted County. This information will be on/and attached to the transfer form.

Standards require that both High Risk Abusers and Victimizers are identified in order to provide appropriate protections. The system utilized at the time of the on-site visit did not specifically assign them to those categories, where applicable, and the system for tracking them needed improvement. Administration was asked to develop a system and spreadsheet for logging information related to the identified detainees classified for potential High Risk Abusers and Victimizers, which they did following the on-site visit. Within this system, detainees can now be identified specifically as being in one of those two categories (some can be both when warranted). It also includes the date of their PREA Education, PREA screening, re-screening, where housed, and a section where the actions taken can be specified. In this way, information can be pulled up upon request, high risk detainees can be tracked more efficiently, and it will assist with future PREA audit processes as well.

Five of six random detainees interviewed that had been housed at the facility for more than thirty days reported that they were not re-screened as required. A review of records indicated that three of those six were not re-screened as required. Corrective action was completed in which documentation showed that all detainees had been re-screened and that the system indicated above had been initiated for the 30 days following the on-site visit. The system developed included a spreadsheet documenting all current detainees to include the dates of their PREA education, date of initial screening, risk level, and date of re-screening, consistent with the system indicated above. This spreadsheet was provided as evidence of its development and completion of the re-screenings of the detainees.

Two of twelve detainees had not received the risk assessment intake screen within 72 hours of arrival to the facility while five of twelve had not received the comprehensive PREA education required within thirty days of their arrival to the facility. Staff were asked to ensure all detainees received the appropriate education and screening, which would be included on the spreadsheet/data base to be developed above. Documentation was provided that the screenings had all been completed and the comprehensive education, as provided by a PREA video, was received by those who did not refuse it.

During the on-site process, it was learned that all staff had access to the risk assessment screens. While it is essential that staff are aware of those detainees identified as being High Risk Abusers or Victimizers, it is not necessary that all staff can review detainee responses to the sensitive questions asked on the screening tool. The standards require that access to the sensitive information within the risk assessment is controlled and limited (as needed). Administration was responsive to this identified concern and initiated the process of restricting staff clearances to view this screen to those who need to know. By October 12th, the restrictions had been applied and only staff determined to be in need of that information were cleared to access it.

Standard 115.42 Use of screening information

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

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

Policies 8.09, 9.07 and Form "Consideration for Placement of Transgender or Intersex Inmates" were reviewed. Interviews were conducted. The policy addresses clear guidelines, including limits, for housing and work assignments based on the safety of all inmates. The policy requires a bi-annual review of housing for transgender and intersex inmates. The policy also provides for all transgender and intersex inmates to shower separately from all other inmates, and are assessed for their own perception of risk at the facility.

The Program Sergeant will be responsible to ensure that males and females are provided equal opportunities for participation in programs and services. The Program Staff will develop schedules and turn them into the Program Sergeant for review and approval. Males and females will be provided separate sleeping quarters but equal access to all available services and programs. Neither sex is denied opportunities solely on the basis of their smaller number in the population. Detainees placed in involuntary segregation housing as a result of being considered a risk of sexual victimization in accordance with (CFR 115.43 (a)), will have access to programs privileges, education and work opportunities to the extent possible. If access is restricted the facility shall document the restriction including what opportunities have been limited, the duration of the limitation and the reason for the limitation. During the booking process, detainees displaying special needs, high risk of victimization, and transgender or intersex may be kept in booking, placed on sub dayroom status in intake or housed in the special management unit. If the detainee is being booked at the work release facility they will be moved to the detention center and housed as dictated above until they can be evaluated by the classification committee. The duty sergeant or corporal will write a report documenting the reasons for the special housing and forward it to administration.

Standard 115.43 Protective custody

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

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

Policies 8.09, 8-10, 9.07, 30 Day Risk Screening samples, and Initial Risk Screening samples were reviewed. Interviews were conducted.

The classification committee will review the status of detainees in special management, administrative segregation, and protective custody, including those placed as a result of being identified as a high risk of victimization of sexual abuse or high

risk of being sexually abusive. This review will be conducted every seven days for the first two months and at least once every thirty days thereafter. The review will be recorded in the detainee's jacket.

Detainees placed in involuntary segregation housing as a result of being considered a risk of sexual victimization in accordance with policy, will have access to programs privileges, education and work opportunities to the extent possible. If access is restricted the facility documents the restriction including what opportunities have been limited, the duration of the limitation and the reason for the limitation. When any staff member, volunteer, or contractor becomes aware that a detainee is subject to a substantial risk of imminent sexual abuse, they will take immediate action to protect the detainee. Detainees determined to be high risk will be housed according to policy 9-07 F "Detainee Classification". Detainees determined to be a high risk for sexual victimization will not be placed in involuntary segregation, unless the classification committee cannot assess housing options immediately. During times when the classification committee is not available to make a housing assessment the duty sergeant or corporal may place someone on involuntary segregation. Involuntary segregation will not exceed 24 hours.

Standard 115.51 Inmate reporting

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

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

Policy 11-06 and the Detainee Handbook were reviewed and a tour of the facility was completed. Interviews were also conducted.

The agency will provide multiple ways for detainees to privately report sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. At least one method will include the ability to report to an entity that is not part of the agency.

- Request via the kiosk to captain of operations
- Request via the kiosk to nursing
- Phone call to the Olmsted County Sexual Assault Crisis Line that is programmed to be free of charge
- In person to any staff at any time

Staff accepts reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports. Staff may report sexual abuse and sexual harassment of detainees at any time to any member of the command staff that they are comfortable with.

The agency provides detainees with access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll free hot line numbers and immigration service agencies for person(s) detained for the sole purpose of civil immigration. The organization will enable reasonable communication between detainees and these agencies, in as confidential a manner as possible, and will inform detainees to the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded in accordance with mandatory reporting laws.

The following language is located on the Olmsted County Sheriff's Office website and on the lobby kiosk in the detention center: The Olmsted County Adult Detention Center has a zero tolerance policy regarding sexual abuse and sexual harassment. If you are aware of any detainee, volunteer or staff person that is experiencing or has experienced sexual abuse or harassment, please use any of the following methods to report:

1. Contact the director of detention services during business hours at 507-328-6837.
2. Contact the on duty supervisor any time at 507-328-6791.
3. Contact law enforcement dispatch any time at 507-328-6800.
4. Contact Olmsted County Victim Services crisis line any time at 507-289-0636.

Standard 115.52 Exhaustion of administrative remedies

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

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

Policies 8.06 and 11.17 were reviewed. Interviews were also conducted.

A detainee may file a grievance at any time to bring a problem to staff's attention or to appeal a specific action such as a disciplinary sanction. A detainee may file a grievance only for him or herself, although a detainee may assist another detainee in filing a grievance if they are unable to do so themselves. Third parties including detainees, staff members, family members, attorneys or others shall be permitted to assist a detainee in filing requests for administrative remedies relating to sexual abuse and will also be permitted to file such requests on the detainee's behalf. A detainee may withdraw a previously filed grievance anytime. If a detainee declines to have a request processed on their behalf in situations of alleged sexual abuse, the administration will document the detainee's decision.

The ADC may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the detainee filed the grievance in bad faith. A detainee may file a formal grievance any time within 15 days of an event, unless it is an allegation of sexual abuse. There is no time limit on submitting a grievance regarding an allegation of sexual abuse. The grievance will be submitted electronically and should include date, time and all persons involved in the incident, as well as the date and time of the filing of the formal grievance. If the kiosk is not working or a detainee is on lock down status, they may submit a paper request form. All grievances are sent electronically to either the Administrative or Operations Captain and then forwarded to the corresponding Duty Supervisor or PREA Compliance Manager for investigation, unless the grievance is against the Duty Supervisor or PREA Compliance Manager. Emergency grievances are those involving an immediate threat to the welfare or safety of a detainee or if the detainee is subject to a substantial risk of imminent sexual abuse. Receiving staff will forward the grievance directly to the Duty Supervisor.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Standard 115.53 Inmate access to outside confidential support services

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

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

Viewed was an MOU with Olmsted County Victim Services for advocacy services and Policy 11-06 were reviewed.

The agency provides detainees with access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll free hot line numbers and immigration service agencies for person(s) detained for the sole purpose of civil immigration. The organization enables reasonable communication between detainees and these agencies, in as confidential a manner as possible, and will inform detainees to the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded in accordance with mandatory reporting laws.

In response to the on-site audit and in the interest of enhancing the privacy of phone calls to Olmsted County Victims Services, any phone calls now made to the designated number automatically provide the same level of privacy afforded those detainees contacting their attorneys. This means those conversations are now confidential and no longer monitored.

Standard 115.54 Third-party reporting

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

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

Policy 11-06 and the Olmsted County Sheriff's Office website and posters were reviewed. Interviews were conducted.

The Olmsted County Sheriff's Office offers opportunities for third party reporting and accepts third party reports. Information on how to report sexual abuse or harassment is provided on their agency website.

<https://www.co.olmsted.mn.us/sheriff/divisions/ADC/AboutUs/Pages/default.aspx>. This information is also available at the facility for visitors via CCTV images in the lobby of the Olmsted County Sheriff's Office.

The following language is on the Olmsted County Sheriff's Office website and on the lobby kiosk in the detention center: The Olmsted County Adult Detention Center has a zero tolerance policy regarding sexual abuse and sexual harassment. If you are aware of any detainee, volunteer or staff person that is experiencing or has experienced sexual abuse or harassment, please use any of the following methods to report:

1. Contact the director of detention services during business hours at 507-328-6837.
2. Contact the on duty supervisor any time at 507-328-6791.
3. Contact law enforcement dispatch any time at 507-328-6800.
4. Contact Olmsted County Victim Services crisis line any time at 507-289-0636.

Standard 115.61 Staff and agency reporting duties

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

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

Policy 11-07 was reviewed. Staff interviews confirmed findings.

The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, and any violation or neglect of responsibility, to administration. Policy and interviews confirmed that staff are not allowed to share information with anyone who does not have a need to know. Agency staff training details the notification to the state agency regarding vulnerable adults.

All staff are required to immediately report 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; retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to supervisors, staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Medical and mental health practitioners are required to report sexual abuse and to inform detainees of the practitioners' duty to report, and the limitations of confidentiality, at the initiation of service. If the alleged victim is under 18 or considered a vulnerable adult under Minnesota Statute 626.557, the agency will report the allegation to Adult Protection Services. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports will be reported to the investigations supervisor for the Rochester Police Department or the Sheriff's Office.

Standard 115.62 Agency protection duties

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

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

corrective actions taken by the facility.

Policy 8-10 was reviewed. Interviews confirmed findings.

The agency requires immediate action to protect inmates who report sexual abuse. All staff, contractors and volunteers are required to take immediate action to protect detainees from imminent sexual abuse and report to administration who will assist with taking appropriate steps for protection. Staff were able to articulate this requirement during the interviews.

Standard 115.63 Reporting to other confinement facilities

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

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

Policy 11-07 was reviewed. Staff interviews confirmed findings.

Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the director or designee will notify the head of the facility or the agency where the alleged abused occurred as soon as possible but no later than 72 hours after receiving the allegation. If the allegation is reported on a weekend or a holiday, the duty supervisor will notify the chief deputy by phone during day hours or by email during the overnight hours. If the director is not available the operations captain will be notified. The director or designee will document such notification. When the ADC receives such notification, the Director will ensure that the allegation is investigated in accordance with these standards. If notification is made to the ADC from another agency it will be investigated in accordance with PREA standards.

Standard 115.64 Staff first responder duties

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

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

Policy 11-16 and the Olmsted First Responder Checklist were reviewed. Staff interviews confirmed findings.

Upon learning of an allegation of sexual abuse, the first responding security staff member will (First responder form on SharePoint):

- Separate the alleged victim and abuser.
- Preserve and protect the crime scene until appropriate steps can be taken to collect evidence.

- Request that the alleged victim not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- Ensure the alleged abuser does not take any actions that could destroy physical evidence, as above.

If the first staff responder is not security staff, the responder will request that the victim not take any action that could destroy physical evidence and then notify security staff.

Standard 115.65 Coordinated response

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

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

Policy 11-07 was reviewed. Interviews were conducted and confirmed findings. The director of detention services or designee will act as the incident commander to coordinate the response to an incident of sexual abuse. The Director or designee will direct first responders, medical and mental health practitioners and contractors, investigators, and facility leadership.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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

Policy 11-07, the labor agreement between the County of Olmsted, Minnesota and the Olmsted County Deputy Sheriff’s Association and the labor agreement between the County of Olmsted, Minnesota and the Law Enforcement Labor Services, Inc. were reviewed. The agency is not entered into any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual assault abusers from contact with any detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

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

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

Policy 11-07 was reviewed. Interviews confirmed findings.

The agency protects all detainees and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other detainees or staff. The Director or designee is charged with monitoring retaliation. The agency will employ any necessary protection measures, such as housing changes, transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff that fear retaliation for reporting or cooperating with investigations.

For at least 90 days following a report of sexual abuse, the agency will monitor the conduct and treatment of detainees or staff who reported the sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest retaliation. The program sergeant or work release sergeant will monitor retaliation against detainees and the respective captains will monitor retaliation against staff. They will monitor detainee disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff. The monitoring will continue beyond 90 days if the initial monitoring indicates a continued need. Such monitoring will include status checks with detainees. If other individuals who cooperate with an investigation express fear of retaliation, the agency will take appropriate measures to protect them. The obligation to monitor will terminate if the allegation is unfounded.

Standard 115.68 Post-allegation protective custody

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

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

Policies 8-10, 9-07, 30-day Risk Screening Sample, and Initial Risk Screening Sample were reviewed. Staff interviews confirm findings.

In situations where physical force or disciplinary detention is required, only the least drastic means necessary to secure order will be used. Administrative segregation will be used when a detainee is a threat to themselves or others in order to protect all persons within the facility. Protective custody housing will be provided to detainees who are believed by staff to be vulnerable. Detainees classified as Special Management will be housed individually or with another Special Management classified detainee. If the detainee classified as special management is housed in the Intake housing area, they will be housed in a lower level cell with a sub-day room. When any staff member, volunteer, or contractor becomes aware that a detainee is subject to a substantial risk of imminent sexual abuse, they will take immediate action to protect the detainee. Detainees determined to be high risk will be housed according to policy 9-07 F "Detainee Classification". Detainees determined to be a high risk for sexual victimization will not be placed in involuntary segregation, unless the classification committee cannot assess housing options immediately. During times when the classification committee is not available to make a housing assessment the duty sergeant or corporal may place someone on involuntary segregation. Involuntary segregation will not exceed 24 hours. If involuntary segregated housing occurs, documentation will be completed that includes the basis for the facilities concerns of the inmates' safety and the reason why no alternative means of separation can be arranged. Any use of segregated housing to protect an

inmate who is alleged to have suffered sexual abuse will be subject to the requirements of CFR 115.43 including paragraph F and G of this policy.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policy 11-08 was reviewed. Investigation files were reviewed. Staff interviews confirmed findings.

The Olmsted County Adult Detention Center staff is not responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. Therefore, this standard is considered not applicable for this facility. If it appears there has been an incident of sexual abuse, the Sheriff's Office detective division will be notified and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no memorandum of understanding is necessary. In the event that the alleged abuser is an employee, the evidence would still be collected by the detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation.

Investigations are conducted promptly, thoroughly, and objectively for all allegations, including third party reports. Where sexual abuse is alleged, the agency will use investigators who have received special training in sexual abuse investigations pursuant to 115.34. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with the County Attorney's Office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a detainee or staff. The agency will not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Policy 11-08 was reviewed. Interview confirmed the findings. The agency policy imposes no standard greater than a preponderance of the evidence in determining the outcome of an investigation.

Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations are done by the Olmsted County Sheriff's Office Investigations Division and documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. The investigation may be referred to an outside agency if staff are alleged to be involved. The agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus seven years. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation.

Standard 115.73 Reporting to inmates

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

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

Policy 11-09 and the Detainee PREA Allegation Status Notification Form were reviewed. Interviews confirm findings.

Following an investigation into a detainee's allegation that he or she suffered sexual abuse in one of the facilities, the agency informs the detainee as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, the agency will subsequently inform the detainee (unless the agency has determined the allegation to be unfounded) whenever;

1. The staff member is no longer assigned to the detainee's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns from the prosecuting authority that the staff member has been indicted on a charge related to sexual abuse within the facility.

Following a detainee's allegation that he or she had been sexually abused by another detainee, the agency will subsequently inform the alleged victim whenever the prosecuting authority has notified the agency that:

1. The alleged abuser has been indicted on a charge related to sexual abuse within the facility or;
2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notification or attempted notifications will be documented. An agency's obligation to report under this standard terminates if the detainee is released from the agency's custody.

Standard 115.76 Disciplinary sanctions for staff

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

- Does Not Meet Standard (requires corrective action)

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

Policy 11-10 was reviewed. Interviews confirmed findings.

Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of policies other than actually engaging in sexual abuse are commensurate with the nature and circumstances of the acts committed, the staff members' history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with detainees and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility takes appropriate remedial measures, and considers whether to prohibit further contact with detainees, in the case of any other violation of agency policies by a contractor or volunteer.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Policy 11-10 was reviewed. Interviews confirmed findings.

Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with detainees is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility takes appropriate remedial measures, and considers whether to prohibit further contact with detainees, in the case of any other violation of agency policies by a contractor or volunteer.

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

Policy 11-17 was reviewed. Staff interviews confirmed findings.

Detainees are subject to disciplinary sanctions pursuant to chapter 8 disciplinary policies for interfering with facility operations following an administrative finding that the detainee engaged in detainee on detainee sexual abuse or following a criminal finding of guilt for detainee on detainee sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The disciplinary process considers whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. Therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse are considered as well as whether to require the offending detainee to participate in such interventions as a condition of access to programming or other benefits.

The agency can discipline a detainee for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. All sexual activity involving more than one person is prohibited.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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

Policy 11-11 and the MEnD Health Assessment were reviewed. Interviews confirmed findings.

If the screening pursuant to 115.41 indicates that a detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, medical staff will ensure that the detainee is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, jobs, education, and program assignments. Medical and mental health practitioners will obtain informed consent for detainees before reporting information about prior sexual victimization that did not occur in an institutional setting.

Standard 115.82 Access to emergency medical and mental health services

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

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

Policy 11-11 was reviewed. Interviews confirm findings.

Detainee 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. Victims are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards or case, where medically appropriate.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Policy 11-11 was reviewed. Interviews confirm findings.

The agency offers medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse. The evaluation and treatment of victims includes, as appropriate, follow up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities, or their release from custody. Victims are provided medical and mental health services consistent with the community level of care. Detainee victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from this conduct, the agency provides the victim with timely and comprehensive information about and timely access to all lawful pregnancy related services. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are 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.

Standard 115.86 Sexual abuse incident reviews

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

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

Policy 11-12 and the PREA Incident Review Form were reviewed. Interviews confirmed findings.

The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation is unfounded. This review will occur within 30 days of the conclusion of the investigation. The review team will include the Chief Deputy, PREA Coordinator, and PREA Compliance Managers with input from line supervisors, investigators, and medical and or mental health practitioners.

The review team:

- Considers whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
- Considers 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, was motivated or otherwise caused by group dynamics at the facility.
- Examines the area in the facility where the incident allegedly occurred to access whether physical barriers in the area may enable abuse.
- Assesses the adequacy of staffing levels during different shifts.
- Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepares a report of its findings, including but not limited to determinations made pursuant to the above points, and any recommendations for improvement, and submit the report to the Sheriff and the PREA compliance manager.

The facility implements the recommendations for improvement or documents its reasons for not doing so.

Standard 115.87 Data collection

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

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

Policy 11-18 and the PREA data Collection Form were reviewed. Interviews confirmed findings.

The agency collects accurate, uniform data for every allegation of sexual abuse at all facilities using a standardized instrument and set of definitions and aggregate the incident-based sexual abuse data at least annually at the end of the calendar year. The data includes at a minimum the data necessary to answer all the questions for the most recent version of the Survey of Sexual Violence. The agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30th.

Standard 115.88 Data review for corrective action

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

- Does Not Meet Standard (requires corrective action)

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

Policy 11-18 and the agency website <https://www.co.olmsted.mn.us/sheriff/divisions/ADC/AboutUs/Pages/default.aspx> were reviewed. Interviews confirmed findings.

The agency reviews data collected and aggregated pursuant to 115.87 and 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by:

1. Identifying problem areas;
2. Taking corrective action on an on-going basis; and
3. Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole.

The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The report is approved by the Sheriff and made readily available to the public through the website. <https://www.co.olmsted.mn.us/sheriff/divisions/ADC/AboutUs/Pages/default.aspx>

Specific material is redacted from the report when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted.

Standard 115.89 Data storage, publication, and destruction

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

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

Policy 11-18 and the 2015 Sexual Abuse Annual Report were reviewed. Interviews confirmed findings.

The PREA Coordinator ensures that data collected pursuant to 115.87 are securely retained. The agency makes all aggregated sexual abuse data, from all facilities under its control and all facilities with which it contracts, readily available to the public at least annually through the website. Before making the data available, all personal identifiers will be removed. Sexual abuse data collected pursuant to 115.87 and 115.287 will be retained for at least 10 years after the date of the initial collection.

AUDITOR CERTIFICATION

I certify that:

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

Walter J. Krauss

11/28/2016

Auditor Signature

Date