

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

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 5 th & 6 th , 2016			
Facility Information			
Facility name: Olmsted County Work Release Facility			
Facility physical address: 140 4 th St SE , Rochester, MN 55904			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: Click here to enter text.			
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"/> Community treatment center		<input checked="" type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Brian Howard, Chief Deputy			
Number of staff assigned to the facility in the last 12 months: 15			
Designed facility capacity: 90 (60M-30F)			
Current population of facility: 24 (16M -8F)			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18-100			
Name of PREA Compliance Manager: Robert Schei		Title: Work Release Sergeant	
Email address: schei.robert@co.olmsted.mn.us		Telephone number: Click here to enter text.	
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 Work Release Facility (WRF) received an on-site PREA audit on October 5 and October 6, 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 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 Spanish posters observed during the tour, which was rectified within the 45-day period following the on-site visit. Within the lobby area and both housing units, detainees have access to a closed circuit television, which shows the information related to the required site visit posting. In addition there was one of three TurnKey system kiosks that visitors are able 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. 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. 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 via this system. Detainees also have phones on each unit, three on the male side and two on the female unit, to access outside victim support services.

The tour included the basement, control room, lobby/booking area, programming offices, conference room, medical office/exam room, public fingerprinting office, two interview rooms, kitchen/food service room, two housing units, and two expansion units. The second floor is off limits to both detention staff and detainees, so a quick tour of this area was not addressed in this report.

Interviewees were randomly selected for both detainees and staff by the auditor; however, because the population was only twenty four, security staff currently have only two fixed posts within the facility. As a result it was not random and all four security staff (two from each of the two shifts) were interviewed during this process. There were a total of ten random detainees, five from the female unit and five from the male unit. One of the male detainees spoke Spanish with English as a second language. There were no detainees at the facility at the time of the audit who had reported current PREA allegations, reported prior victimization, were identified as cognitively limited or developmentally disabled, or who had identified themselves as gay, lesbian, bisexual, transgender, or intersex.

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, 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, four 'random' security staff, two 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. There were no allegations of sexual abuse received from another facility or within the facility in the past 12 months.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Olmsted County Work Release Facility (WRF) is a minimum level security facility that is a division of the Adult Detention Center (ADC) and Olmsted County Sheriff's Office in Rochester, Minnesota. It is a 90 bed facility that contains two housing units, master control, video visiting, medical, training, and the Sentenced to Serve (STS) program. Both housing units include a dayroom, bunk area, laundry room, shower, and bathroom areas. There are two areas within the facility, one currently used for the K-9 Training Unit and the other for storage, which could be modified as expansion units if the need arises.

There are a total of eight work release deputies assigned to the facility that work twelve hour shifts over four platoons. The WRF and STS staff are detention deputies that are in a lateral position away from the ADC. 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.

The three STS crew leaders have alternating schedules that consist of 10.5 hour days that includes weekends. Both the STS and WRF deputies are supervised by the WRF sergeant who works primarily business day hours Monday to Friday. The male housing unit has the capacity for sixty detainees while the female unit can house up to thirty detainees. Both units are managed using the podular/remote surveillance model, in which housing areas are divided into manageable sized units and supervision is primarily from a secured control booth, and supervised by one staff member as long as the population is under sixty detainees total between the two units. Vending is provided in a common hallway and each unit has a television and video visitation booths.

On the first day of the onsite PREA audit, there were reportedly twenty four detainees at the facility, eight of which were females. All detainees housed at WRF are sentenced and are working a job in the community, supervised on an STS, or doing job search on a civil non-support file. The sentenced detainees are generally work release detainees who go to a job in the community or are STS detainees that are supervised by STS crew leaders assisting in community work service projects. At times there may be detainees doing a weekend sentence or on school or treatment release. The WRF also houses federal detainees, functioning as transitional housing for federal prisoners re-entering the community.

Upon entrance to the facility, one will find the lobby and master control. Master control deputies supervise and screen visitors for video visiting, conduct bookings of new work release and weekend detainees, conduct public finger printing, search and screen all detainees returning from work or STS/CWS, conduct bail studies, test drug court subjects, and verify detainees' work schedules and locations.

All meals at the WRF are provided by our contract food service provider Aviand's. The meals are prepared at the ADC and transported to the WRF. All work release detainees are responsible for their own meals when they are at work. Meals for STS detainees, while they are out of the facility, are provided.

The lower level of the WRF houses the video visiting equipment for friends and family to visit detainees housed both at the Adult Detention Center and WRF. There are twenty video visiting booths and visiting is offered Tuesday through Sunday in the morning, afternoon, and evenings. In addition to video visiting, there is training space and storage.

The STS crew leaders have a shop and office space at a satellite location and transport STS crews to a job site and back each day. STS crew leaders also supervise those who need to conduct community work service hours in the community as ordered by the court.

The WRF houses the ADC/WRF training and compliance division. There are two detention deputies and one sergeant assigned to this division. Their primary responsibility is to provide training for new and existing staff and monitor compliance of policies and procedure for both facilities. All training staff work 10.5 hour days Monday through Friday.

Within the lobby, there is a "Zero Tolerance" poster as well as the required announcement within the closed circuit television network reporting that the PREA audit would be conducted October 5th and 6th. The poster and announcement were in English only. Detainees typically pass these notices multiple times during a 24-hour period moving from the housing units to their job assignments, most outside the facility with the only entrance or exit to the facility that detainees use being through this area.

Each of the two housing units contain a toilet and shower area that is separated from the dorm style beds by a common hallway within the unit. 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.

The female unit has four bathroom stalls, four urinals with privacy shields (not modified in the event the unit mission was changed back to male), and three shower stalls including one that is for handicapped detainees. Each stall has not only three quarter doors, but shower curtains for each as well. The handicapped stall provides the same level of privacy. All female detainees reported having privacy while changing and when using the toilet and shower.

The male unit has five toilet stalls, including one handicapped stall, all with doors; four urinals with privacy shields, and six open dorm style showers, one of which is handicapped accessible. As private as the female unit showers are for the detainees, the male unit showers did not afford that same level of privacy. This concern was reviewed with the PREA Coordinator and the PREA Compliance Manager, who indicated he would be installing a shower curtain for use in the handicapped stall to address this concern immediately for the short term and initiate modifications to the bathroom during the forty-five day period to allow for the appropriate level of privacy for male detainees while showering. A review of the surveillance cameras from the control room confirmed that privacy is provided in both the bathroom and showers from that perspective.

While most detainees leave the facility on a daily basis to meet the terms of their sentences, one detainee has the job of in-house worker to do a variety of tasks, but primarily janitorial labor.

There is a medical office/exam room in the WRF and both medical and mental health services are available, but certain rules apply. Detainees housed at the facility that are in the Sentenced to Serve program are responsible for their own medical and mental health care. Those detainees housed at the facility for the Work Release program receive medical and mental health services from the contracted provider, MEnD Correctional Care. 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. Mental health crises are either sent to the ADC across the street or to a local hospital.

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 Work Release Facility 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 15 Exacqvision cameras, which are integrated into a network through a network video recorder that retains data for up to 160 days. Three of those 15 cameras are positioned outside the facility and one is in the basement hallway. The two expansion units on the first floor currently do not have cameras. Only detainees supervised by staff can go to the K-9 unit located in one of the expansion units and no detainees are permitted in the storage expansion unit.

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 those found in the Locker area in the Lobby/Booking area, Laundry area, corners and entrance to the detainee bunk areas, expansion units, and the Food Service area. Although meals are prepared across the street at the Adult Detention Center, a STS detainee cleans the trays in that area unattended.

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.

As described in the previous section, the male unit has six open dorm style showers, one of which is handicapped accessible. As private as the female unit showers are for the detainees, the male unit showers did not afford that same level of privacy. As a result, female staff could potentially view them while showering, although random staff and detainee interviews reported that this had never been the case in their experience at the facility. Detainees developed their own system for maintaining privacy, which is to place a chair in front of the bathroom/shower entrance and a towel over the chair indicating it is in use. While detainees have indicated the system has been effective for them, they should not have to use that system to gain privacy. Furthermore, if the population was at sixty on the male unit rather than sixteen, it is likely this would not be logistically possible. This concern was reviewed with the PREA Coordinator and the PREA Compliance Manager, who indicated he would be installing a shower curtain for use in the handicapped stall to address the concern prior to this auditor leaving the site. Staff reported they would address the modifications to the shower areas during the forty-five day period. A review of the surveillance cameras from the control room confirmed that privacy is provided in both the bathroom and showers from that perspective.

Related to this concern, three of ten 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 on-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.

During this process, it was learned that all staff have access to the risk assessment screens. While it is essential that staff are aware of those detainees identified as being High Risk Abusers or Victimiziers, 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. While conducting random detainee interviews, one detainee indicated his wife came with him to the Booking and she had to translate the information for him. 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.

Another concern related to privacy was related to the intake/booking process, which occurs in the lobby/booking area. All detainees, visitors, and staff enter the facility through the lobby/booking area, which is where the intakes are completed. The set up does not allow for adequate privacy when the sensitive questions from the objective screening instrument are asked and

needs to be addressed. In response, Administration shared a procedural directive dated 10-28-16 that directed staff to ensure privacy in the area when asking the PREA risk assessment / screening questions. It states, "If there are other people present in the lobby or detainee locker area while completing questionnaires staff must complete the questionnaires at the back post to ensure privacy for the responding detainee."

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.

Two of four 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 were unclear on the policy for conducting transgender / intersex searches. One of four 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.

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.

Standards require that both High Risk Abusers and Victimizer are identified in order to provide appropriate protections. The current system utilized does not specifically place them in those categories and the system for tracking them needs 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 Victimizer, 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.

Three of ten detainees had not received the risk assessment intake screen within 72 hours of arrival to the facility while two of ten reported they had not received the basic PREA education during the intake process. Documentation was provided that the screenings had all been completed and the comprehensive education, as provided by a PREA video, was received. Staff were asked to ensure all detainees received the appropriate education and screening, which would be included on the spreadsheet/data base that was developed.

Number of standards exceeded: 2

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Policies 11-01, 11-02, the Administrative and Platoon Rosters were reviewed. The Sheriff, PREA Coordinator, and PREA Compliance Manager were interviewed. The fact that the facility has both a PREA Compliance Manager and a PREA Coordinator dedicated to meeting the PREA standards when only a PREA Coordinator is required is impressive and exceeds the standard.

WRF 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.

WRF 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 115.212 Contracting with other entities for the confinement of residents

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

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 115.213 Supervision and monitoring

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

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

Policies 11-02, 2-05, the PREA Monitoring Review, and examples of unannounced rounds were reviewed. Additionally, interviews were conducted to further determine compliance.

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.

A concern related to privacy was related to the intake/booking process, which occurs in the lobby/booking area. All detainees, visitors, and staff enter the facility through the lobby/booking area, which is where the intakes are completed. The set up does not allow for adequate privacy when the sensitive questions from the objective screening instrument are asked and needs to be addressed. In response, Administration shared a procedural directive dated 10-28-16 that directed staff to ensure privacy in the area when asking the PREA risk assessment / screening questions. It states, "If there are other people present in the lobby or detainee locker area while completing questionnaires staff must complete the questionnaires at the back post to ensure privacy for the responding detainee."

Standard 115.215 Limits to cross-gender viewing and searches

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

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

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.

During detainee interviews, three of ten 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.

The male unit has six open dorm style showers, one of which is handicapped accessible. As private as the female unit showers are for the detainees, the male unit showers did not afford that same level of privacy. As a result, female staff could potentially view them while showering, although random staff and detainee interviews reported that this had never been the case in their experience at the facility. Detainees developed their own system for maintaining privacy, which is to place a chair in front of the bathroom/shower entrance and a towel over the chair indicating it is in use. While detainees have indicated the system has been effective for them, they should not have to use that system to gain privacy. Furthermore, if the population was at sixty on the male unit rather than sixteen, it is likely this would not be logistically possible. This concern was reviewed with the PREA Coordinator and the PREA Compliance Manager, who indicated he would be installing a shower curtain for use in the handicapped stall to address this concern immediately for the short term and initiate modifications to the bathroom during the forty-five day period to allow for the appropriate level of privacy for male detainees while showering. A picture of the shower with the shower curtain was provided as were e-mails indicating progress with the modification process. According to an e-mail dated 11-28-16, it is estimated that the necessary renovations will be completed by January 2017.

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

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

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

Policy 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 115.217 Hiring and promotion decisions

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

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

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

ADC/WRF 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 115.218 Upgrades to facilities and technologies

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

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

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

Policy 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 115.221 Evidence protocol and forensic medical examinations

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

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

Policy 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 / Work Release Facility 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.

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 115.222 Policies to ensure referrals of allegations for investigations

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

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

Policy 11-03 was reviewed. Interviews were conducted.

The Olmsted County Adult Detention Center / Work Release Facility 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 115.231 Employee training

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

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

Policy 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.

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 115.232 Volunteer and contractor training

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

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

Policy 2-13, Civilian Acknowledgement/Understanding of WRF PREA Policy and Guidelines form, Court Security Staff Acknowledgement/Understanding of WRF 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 employees 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 115.233 Resident education

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

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

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

Policy 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.

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. While conducting random detainee interviews, one detainee indicated his wife came with him to the Booking and she had to translate the information for him. 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.

Two of ten detainees reported they had not received the basic PREA education during the intake process. Documentation was provided that the comprehensive education, as provided by a PREA video, was received.

Standard 115.234 Specialized training: Investigations

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

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

Policy 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 / Work Release Facility 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 115.235 Specialized training: Medical and mental health care

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

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

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 115.241 Screening for risk of victimization and abusiveness

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

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

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

During this process, it was learned that all staff have access to the risk assessment screens. While it is essential that staff are aware of those detainees identified as being High Risk Abusers or Victimiziers, 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.

Three of ten detainees had not received the risk assessment intake screen within 72 hours of arrival to the facility. Documentation was provided that the screenings had all been completed. Staff were asked to ensure all detainees received.

Standard 115.242 Use of screening information

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

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.

Standards require that both High Risk Abusers and Victimiziers are identified in order to provide appropriate protections. The current system utilized does not specifically place them in those categories and the system for tracking them needs

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 Victimizer, 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.

Standard 115.251 Resident reporting

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

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

Policy 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 / Work Release Facility 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 115.252 Exhaustion of administrative remedies

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

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

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 WRF 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 Manager for investigation, unless the grievance is against the Duty Supervisor or PREA 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 115.253 Resident access to outside confidential support services

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

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

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

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.

Following the on-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.

Standard 115.254 Third-party reporting

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

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

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

The Olmsted County Sherriff'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 will be on the Olmsted County Sheriff's Office website and on the lobby kiosk in the detention center: The Olmsted County Adult Detention Center / Work Release Facility 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 115.261 Staff and agency reporting duties

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

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

Policy 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 115.262 Agency protection duties

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

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

Policy 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 115.263 Reporting to other confinement facilities

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

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

Policy 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 115.264 Staff first responder duties

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

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

Policy 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.

Standard 115.265 Coordinated response

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

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

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

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

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

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 115.267 Agency protection against retaliation

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

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

Policy 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 115.271 Criminal and administrative agency investigations

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

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

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

The WRF staff are 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 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy 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 115.273 Reporting to residents

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

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

Policy 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 115.276 Disciplinary sanctions for staff

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

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

Policy 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 115.277 Corrective action for contractors and volunteers

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

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

Policy 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 115.278 Disciplinary sanctions for residents

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

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

Policy 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 115.282 Access to emergency medical and mental health services

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

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

Policy 11-11 was reviewed. Interviews confirm findings.

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

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

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

Policy 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 115.286 Sexual abuse incident reviews

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

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

Policy 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, Captains, 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 assess 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 115.287 Data collection

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

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

Policy 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 115.288 Data review for corrective action

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

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

Policy 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 115.289 Data storage, publication, and destruction

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

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

Policy 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
Auditor Signature

11/28/2016
Date