

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report January 7, 2021

Auditor Information

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Company Name: Zauhar PREA Audits

Mailing Address: 7209 St Louis River Rd W

City, State, Zip: Cloquet, MN 55720

Telephone: (218) 348-5773

Date of Facility Visit: November 17-19, 2020

Agency Information

Name of Agency

Governing Authority or Parent Agency *(If Applicable)*

Washington County Sheriff's Office

Physical Address: 15015 62nd Street North

City, State, Zip: Stillwater, MN 55082

Mailing Address: SAA

City, State, Zip: SAA

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.co.washington.mn.us/3218/PREA>

Agency Chief Executive Officer

Name: Dan Starry

Email: dan.starry@co.washington.mn.us

Telephone: (651) 430-7601

Agency-Wide PREA Coordinator

Name: David Stumpner

Email:
david.stumpner@co.washington.mn.us

Telephone: (651) 430-7927

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA
Coordinator:

Roger Heinan, Jail Commander/Admin.

0

Facility Information

Name of Facility: Washington County Jail – Temporary Juvenile Holding Facility

Physical Address: 15015 62nd Street North

City, State, Zip: Stillwater, MN 55082

Mailing Address (if different from above):
SAA

City, State, Zip: SAA

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.co.washington.mn.us/3219/Juvenile-Detention>

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

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

ACA

NCCHC

CALEA

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

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
MN Department of Corrections, Health Inspection, Fire Inspection

Facility Administrator/Superintendent/Director

Name: Roger Heinan, Commander/Administrator

Email:
roger.heinan@co.washington.mn.us

Telephone: (651) 430-7606

Facility PREA Compliance Manager

Name: Sergeant David Stumpner

Email:
david.stumpner@co.washington.mn.us

Telephone: (651) 430-7927

Facility Health Service Administrator N/A

Name: Mindy Leibel, Nurse Supervisor

Email:
mindy.leibel@co.washington.mn.us

Telephone: (651) 430-7937

Facility Characteristics	
Designated Facility Capacity:	5
Current Population of Facility:	3
Average daily population for the past 12 months:	1
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	10-18
Average length of stay or time under supervision	4 Days
Facility security levels/resident custody levels	Low, medium, high risk levels
Number of residents admitted to facility during the past 12 months	98
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	53
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	0
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	8
Number of staff hired by the facility during the past 12 months who may have contact with residents:	0

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
Number of single resident cells, rooms, or other enclosures:	5
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

On November 17-19, 2020, the auditor conducted the on-site portion of the Prison Rape Elimination Act (PREA) of the Washington County Jail (WCJ) and 8-Day Juvenile Unit Temporary Holdover Facility (THF). The auditor was expected and provided a business card and Driver's License photo identification at the secure reception window. The Programs Sergeant (Sgt)/PREA Coordinator greeted me at the secure entrance and escorted me into the administrative offices where a separate and private meeting room was available for my use. Prior to entry, and in the public lobby, I observed PREA notices and brochures relative to their zero-tolerance policy and ways to report sexual abuse or sexual harassment.

After initial set up and housekeeping was accomplished, we began an initial meeting to include a total of five PREA stakeholders. Team members included: Jail Administrator (Jail Commander), the Assistant Jail Administrator (AJA), the Nurse Supervisor, the PREA Coordinator, and the Chief Deputy. Introductions were made and the group was provided information and an overview of the auditor process with instruction and guidance. In turn, the auditor was provided basic information pertaining to staffing, programs, contractors, and inmate population. It was made known to the team that it is a priority to maintain safe, smooth, and efficient jail operations throughout the audit process.

The PREA Coordinator provided the auditor with assistance and access to all areas of the audited facility. The auditor was escorted to all areas of the jail and juvenile unit and allowed for privacy when requested. The auditor was able to observe and ask questions of security staff, support staff, and inmates and residents within all areas of the WCJ/THF in order to verify compliance with standards. The auditor paid attention to how well the inmates/residents were supervised as well as how cameras and related monitoring technologies were used. Additionally, the auditor looked for privacy concerns, PREA information, opposite gender announcements, supervisory unannounced rounds, and sight/sound separation of youthful offenders. The auditor did not notice any "blind spots" nor any other indicators that an area of the facility is not being monitored in a way that keeps inmates safe from sexual abuse. Any concerns that were brought up by inmates or residents interviewed were brought to the attention of the PREA Coordinator for review. The auditor and the PREA Coordinator conducted a walk-through of housing and shower areas for female inmates to ensure privacy is maintained. Areas of the facility that were toured included:

1. Intake/booking for reception and screening process (sally-port);
2. All housing units/cell blocks/cells;
3. Segregated housing units;
4. Health Care unit/medical/mental health/exam rooms/office;
5. Program and recreation (gym);
6. Laundry and Kitchen with inmate workers (N/A for juvenile detainees);
7. Intake areas;
8. Administrative offices;
9. Visiting rooms;
10. Control Center/Master Control;
11. Work/Education Release (change out area) (N/A for juveniles);
12. All other hallways, closets, property rooms, locker rooms, etc.

The second half of day one consisted of additional document review with the PREA Coordinator. It is noted that the facility has provided open, transparent, and responsive document sharing throughout the pre-audit, on-site audit, and post-audit process. The Jail Administrator and other supervisors were also available for inquiry as needed. The auditor requested and was provided with additional policies, procedures, video

footage, electronic and hard copy records, reports, files, jail logs, assessment tools, and other related documents to corroborate each of the PREA Standards.

The second day focused on the juvenile unit with facility tour and observations, and informal discussion with the juvenile corrections officer. The officer explained the intake process and continued supervision of juveniles with the auditor. She provided screening and assessment forms for the auditor. The auditor also began the formal interview process with the officer and two of the three juveniles in custody. The third juvenile was in quarantine for medical reasons. On the day of the on-site audit of the juvenile unit, the staffing ratio was 1:3, and the PREA Coordinator/Programs Sgt was also providing assistance and supervision as needed. The auditor also interviewed a few specialized staff on the second day as needed for scheduling purposes. The auditor and PREA Coordinator continued with additional document review.

The third day of the on-site audit focused on inmate, security staff, and specialized staff formal and private interviews. I called in the assistant auditor to work in tandem in two separate locations to accomplish the task. The interviewees were free to talk without being overheard by others. The auditors followed the PREA interview script and asked the prepared questions required of the interview process. Overlap interviews pertaining to inmates/jail and juveniles/juvenile unit inquiries were accomplished as necessary. Interview participants consisted of:

- Sheriff;
- Jail Administrator (Commander);
- PREA Coordinator;
- Intermediate-or-Higher-Level Facility Staff;
- Investigative Staff Representatives (2);
- Incident Review Team Member;
- Security and Non-Security Staff who have acted as First Responders (2);
- Medical/Mental Health Staff (RN Supervisor and Mental Health Practitioner);
- Staff who perform Screening for Risk of Victimization and Abusiveness (2);
- Staff who supervise inmates in segregated housing;
- Designated staff member in charge of monitoring retaliation;
- Intake staff (2);
- Volunteers and contractors who may have contact with inmates (4);
- Administrative (Human Services) Staff;
- Agency Contract Administrator;
- Intermediate or higher-level facility staff (AJA);
- Transgender, intersex, gay, lesbian and bisexual inmates (1) (No juveniles identified);
- Inmate who disclosed sexual victimization during risk screening;
- Inmate who reported a sexual abuse/harassment (1) (No juvenile);
- Disabled/Limited English Proficient (LEP) (3) (No juvenile);
- Diverse selection of random inmates/residents from each housing unit, male/female, contract inmates/residents (20) (2 juvenile interviews);
- Random sample of Correctional Officers who work all shifts and assignments (15) (2 available for the juvenile unit);
- Program Coordinator (Sgt);
- Jail Sgt (3).

Eight of the 15 corrections officers interviewed are also assigned to the juvenile unit. There were no PREA segregated inmates or residents in custody during the on-site audit.

Throughout the on-site audit, the auditor observed a team of professional staff, support staff, and supervisors working together for smooth and efficient jail operations. Safety and security practices were

observed in the day-to-day duties and responsibilities of corrections officers. Inmate programs were observed with interactions of inmates/residents in a respectful and human manner. This being their third PREA audit, it was obvious to the auditor that the PREA Standards had been put into meaningful practice and had become the norm as a routine part of jail operations and programs. There is a positive PREA culture within the WCJ/WCTHF. At the completion of the interviews on the final day, the PREA Coordinator and auditor held an exit meeting. An opportunity was provided for any final clarifications or concerns.

Prior to the on-site audit, the auditor had accomplished the pre-audit as the PREA Coordinator had prepared and submitted the Pre-Audit Questionnaire for Adult Jails and Prisons and the Juvenile Questionnaire. The auditor was able to analyze for initial standard compliance according to policy, procedure, and document attachments that were provided. The mandatory PREA Notice of the Upcoming Audit with auditor contact information was posted 45 days in advance of the visit as required throughout the facility and in the housing units. The auditor was provided a copy of the notice and also observed their placement during the facility tour. There was no confidential correspondence received by the auditor during this time-period. The PREA Coordinator was readily accessible to the auditor for any follow up questions and/or clarifications and requests for additional information. The PREA Auditor and PREA Coordinator discussed the upcoming on-site audit process and expectations on both sides. The auditor contacted the community-based victim advocacy group to verify their participation and partnership with the Washington County Sheriff's Office (WCSO). The auditor completed the pre-audit portion of the Auditor Compliance Tool in preparation of the upcoming on-site audit and to assist with the organization and findings for the final report.

The post-audit consisted of updates to the Auditor Compliance tool and a response to each measure based on a review of policies/procedures, documentation, data, jail tour, interviews, and additional response and follow up with the PREA Coordinator. Because of the Covid-19 response efforts at the WCSO, volunteers were not being allowed into the facility with a halt to their programs. I was able to conduct phone interviews with two volunteers as I was provided their contact information by the PREA Coordinator. I also conducted the interview of the mental health practitioner by phone post-audit due to unavailability during the on-site audit. The final interview was with the SANE Supervisor also by phone.

The auditor then made a determination of compliance with each standard through analysis of each decision, which led to the successful Final PREA Audit Report of January 1, 2021. There were no corrective actions to address. The PREA Coordinator and Jail Commander continue to make improvements pro-actively to maintain sexual safety in the jail and juvenile unit of the WCSO.

The administration, supervisors, security, program, and support staff of the WCJ and WCTHF are to be commended for how well supervised the inmates and residents are and how cameras and other monitoring technologies are utilized in a way that keeps inmates and residents safe from sexual abuse.

The auditor would also like to thank the WCSO for their hospitality and willingness to provide transparency and open access to information as needed in order to accomplish a quality, accurate, and meaningful PREA audit.

Facility Characteristics

The Washington County Sheriff's office is located in Stillwater, MN and operates a separate and secure five-bed Juvenile Facility that is licensed by the State of Minnesota as an eight-day Juvenile Temporary Holdover

Facility (THF) and as such strictly adheres to the sight and sound separation between adults and youth. They provide for educational programs and services and daily large muscle exercise.

The agency consists of one dual located adult and juvenile detention facility. The two types of facilities are located within the same building, but they operate independently. Both facilities share policies where applicable with a set of separate Juvenile Unit policies and procedures which address the unique requirements of safe and secure operations of the youthful population. Juvenile basic rights, programs, and services are also addressed in the juvenile specific policies. PREA specific policies and procedures are common to both the adult jail and juvenile holding facility. Since the WCSO only operates one facility, the PREA Coordinator operates as both Coordinator and Compliance Manager. The PREA Coordinator is also the Programs Sgt. for the facility and reports to the Assistant Jail Administrator (AJA) and then the Jail Commander (Administrator) for chain of command purposes. The Administrator is charged with overseeing the day-to-day operations of the facility. The Sheriff is the Chief Executive Officer of this facility.

The juvenile unit is a co-ed facility which houses juveniles that have been charged with a delinquent offense for up to eight days. There are two housing units consisting of a three-cell unit and a two-cell unit with day areas. There are also program areas and meeting rooms within the juvenile unit. An officer's station looks out onto both housing units for good visual observation. Their supervision is supplemented with video surveillance and monitoring, while being respectful of privacy requirements. There are change-out areas and private showers available.

The Transport/Juvenile Sgt. oversees seven Correctional Officers (CO) within the juvenile unit. The Sgt reports to the Assistant Jail Administrator (AJA) and then the Jail Commander (Facility Administrator) for chain of command purposes. The staffing ratio is 1:5 (one juvenile CO for up to five youthful offenders). Staff members make well-being checks of all juveniles in secure rooms at least every 30 minutes, and every 15 minutes if they are on special watch. There are a minimal number of contractors and volunteers with access to the juvenile unit. There are medical/mental health practitioners, a teacher, and clergy. Juvenile detainees are afforded a variety of programs and services with an emphasis on education and recreation for daily large-muscle exercise. For work, they are required to maintain a clean-living area with daily housekeeping tasks.

Residents are housed in the living units according to a Classification Plan which considers numerous factors including age, gender, physical aggressiveness, developmental level, delinquent sophistication, and abscond risk. There are complete separation of living and sanitation facilities to ensure resident privacy of the opposite gender. Adult inmates do not have access to the juvenile unit. Gender appropriate programs are offered equally to male and female residents.

Juveniles detained in the WCTHF are afforded all the basic programs and services of the inmates in the WCJ. The WCTHF contracts with Summit Food Service, the same as the jail. They have an institutional kitchen with a kitchen manager and staff that prepares meals to inmates and residents in custody in accordance with the Department of Health guidelines. The MN Department of Corrections (DOC) promulgates rules regarding nutritional requirements. The jail provides inmate workers as helpers in the kitchen, but there are no juveniles assigned to the kitchen or laundry room. Food carts are transported to the juvenile unit ten minutes before mealtimes in preparation for service.

<https://summitfoodservice.com/>

Juvenile detainees are provided with reasonable and equitable access to telephones. The facility telephone service is:

<https://securustech.net/phone-products/index.html>

Turnkey Corrections provides for inmate and resident commissary.

<http://www.twvending.com/internet/inmatebanking.html>

Juveniles also receive visitation opportunities, and the facility is flexible with visiting times to accommodate the parent's schedule. All visits for juveniles are contact visits which are visually monitored. Juveniles are allowed the ability to maintain contact with family and friends, the courts, legal representatives, and the community at large by providing access to the United States Postal Service.

The WCTHF provides for delivery of appropriate reasonable and necessary health care services to detained inmates and juveniles through a contract with WC Public Health and Human Services. There is sufficient staffing and full-time hours maintained for emergency and ongoing medical treatment for inmates and juveniles. There is a mental health practitioner who serves both the jail and juvenile population. That contract is through Nystrom & Associates. The Juvenile Unit implements procedures to ensure that all residents practice good personal hygiene.

<https://www.nystromcounseling.com/>

Experienced and trained investigators from the WCSO are available to respond to allegations of sexual abuse for criminal investigations. The facility also maintains numerous trained staff members for administrative investigations.

The auditor traveled the court route and observed the court holding cells for safety and security purposes and to ensure the continued separation of juveniles and adults for sight and sound requirements. There is a Corrections Officer assigned for supervision and monitoring.

Operational and programming procedures regarding the supervision of juvenile residents are provided by policy and in staff training requirements. They address the safety and security of the residents, facility, and staff. PREA policies with meaningful practice in all areas of the facility operations and programs and services are demonstrated. All these details noted are relevant to PREA implementation and compliance.

The following is taken from the Washington County Sheriff's Office (WCSO) website and provides a description of their juvenile unit:

Juvenile Detention

About the Washington County Sheriff's Office Temporary Juvenile Holding Facility

- The Sheriff's Office Jail Division operates an 8-day, 5-bed temporary juvenile holding facility licensed by the MN Department of Corrections
- Juveniles that have been charged with a delinquent offense (a criminal charge for an adult) may be held here for up to 8 business days (not including day of arrest, weekends or holidays) pending court disposition
- The temporary juvenile holding facility cannot and will not hold juvenile status offenders (i.e. runaways or liquor offenses) unless prior court action has been taken

Secure Detention Criteria / Guidelines

MN statutes provide broad legal criteria for the use of both non-secure and secure detention. In addition to the legal requirement of a current or prior delinquent offense, at least one of four

subjective non-offense criteria listed below must also be met prior to a child being legally eligible to be detained in secure detention.

The child is a danger to self or others:

- This criteria most clearly comes into play if the offense and/or offenses involve actual, potential, or threatened physical harm to other people.
- Current or prior incidents of suicide attempts or threats, life threatening drug or alcohol overdose, or running behavior that places a child in situations of danger or abuse often fall into this category

Prior history of not returning for court hearings:

- The child has a prior history of failure to appear for court, previous patterns of running away from situations, or threats to runaway will usually be considered under this category.
- The child is a runaway or is not willing to remain in the care or control of lawful custodian.
- Prior or threatened runaway behavior is a prime factor in using this criteria. Also, a recent pattern of defiant, out of control behavior including, but not limited to frequent prior delinquent offenses will be considered under this criteria.

The child's health or welfare would be immediately endangered:

- Although this criteria is primarily used relative to non-secure shelter for CHIPS youth, it can be applied to delinquent youth.
This will usually occur when the risk of the child's running away or out of control behavior would place them in situations that would endanger their health or welfare, and this usually duplicates criteria 1, 2, or 3.
- It is also conceivable that the anticipated anger and conflict between a child and parent in response to an offense might meet this criteria, as could the anticipated response of a victim or victim's family and friends constitute such a danger.
- Please note: All juvenile information is private and may not be given out over the phone or to anyone other than verified parent / legal guardian, legal counsel, or probation / social service personnel.

The following is taken from the facility website which addresses PREA:

PREA stand for Prison Rape Elimination Act, which was signed into law in 2003.

The Washington County Sheriff's Office-Jail has a zero-tolerance policy with regard to sexual abuse and sexual harassment within this facility.

The Washington County Sheriff's Office will take appropriate measures to protect all inmates from sexual abuse and sexual harassment and, will promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment (28 CFR 115.11).

The Washington County Sheriff's Office adult Jail and Juvenile Holding facility has a zero-tolerance policy concerning any sexual misconduct between inmates or between staff and inmates. As a relative or friend of an inmate, you have the right to report sexual misconduct and remain free from any retaliation regardless of your English speaking proficiency, physical or mental disability, or any limitation you have in reading or writing.

Special accommodations will be made to the best of the Sheriff's Office ability following the notification of staff.

Report Sexual Abuse/Sexual Harassment using any of the procedures listed below:

- Call 651-430-7900 and ask to speak to the Asst. Jail Administrator or Jail Sergeant.
- Ask to speak to an Administrator or Jail Sergeant in person.
- Call the 24-hour Non-Emergency Sheriff's Office line at 651-439-9381 and ask to speak to the Jail Sergeant.
- Write a letter to the Assistant Jail Administrator at the Washington County Jail, 15015 62nd St. North, Stillwater MN 55082

Persons who knowingly file false criminal sexual conduct reports will face criminally prosecution.

Prison Rape Elimination Act 2003

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: 115.313 Supervision and Monitoring, 115.316 residents with Disabilities and Residents who are Limited English Proficient, 115.318 Upgrades to Facilities and Technologies, 115.333 Resident Education, 115.341 Obtaining Information from Residents

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) The Washington County Sheriff's Office/Washington County Jail (WCSO/WCJ) maintains a written policy mandating zero-tolerance toward all forms of sexual misconduct for inmates (or residents) under its jurisdiction.

In addition to the jail, the Sheriff's Office also operates a five-bed Juvenile Facility that is licensed by the State of Minnesota as an eight-day Juvenile Temporary Holdover Facility (THF). Both facilities share PREA Policies and where necessary the juvenile unit has additional policies. All sexual abuse and harassment are strictly forbidden. The Prison Rape Elimination Act (PREA) Policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors as well as sanctions for those found to have participated in prohibited behaviors. The WCSO is committed to maintaining an environment free from sexual abuse and sexual harassment of residents in the juvenile facility as well as inmates in the jail. For purposes of the Juvenile Audit Report, the youth population are referred to as "resident" as opposed to "inmate" in the adult jail. There is zero-tolerance for anyone engaged in any form of sexual abuse or sexual harassment of residents. The WCSO recognizes and acknowledges that sexual abuse and sexual harassment of residents is prohibited by Federal and State law. The policy further includes a description of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The Juvenile Unit THF Resident Basic Rights Policy addresses the right to be free from abuse, neglect, inhumane treatment, and sexual exploitation.

Additional policy addresses the purpose and scope of staff and resident contact. It describes the interaction with residents allowing for continual assessment of the safety and security of the facility and the health and welfare of the residents; however, points out that inappropriate interaction can undermine security and order in the facility and the integrity of the supervision process. This policy provides guidelines for appropriate and professional interaction between members and residents and is intended to promote high ethical standards of honesty, integrity, and impartiality as well as increase facility safety, discipline, and morale. Violation of this policy may result in disciplinary action up to and including dismissal. Members who seek information or clarification about the interpretation of the policy are encouraged to promptly contact their supervisor.

The auditor studied and reviewed numerous additional policies, procedures, training records, and other documents in support of this standard. The Washington County THF provides juvenile handbooks to all new residents. There is a section in the handbook which addresses the juvenile rules and disciplinary process. Engaging others in sexual acts with or without consent, indecent exposure, or making sexual proposals to another resident, staff, or the public is a rule violation. Initiating or participating in sexual harassment is also not allowed. There are other notices throughout the THF which start at intake, continue in the housing units, and include facility programs and services which support the zero-tolerance ideal. The correctional officers, investigators, contractors, and volunteers are trained in all aspects of the PREA, and specifically that sexual abuse and sexual harassment are not tolerated at the THF.

During the facility tour with observations, the auditor asked two of the three residents about the zero-tolerance policy and their right to be free from sexual abuse and sexual harassment and how to report any incidents. The residents responded appropriately and were knowledgeable of PREA. They pointed out the PREA posters in their housing units. The intake staff walked me through the PREA screening and notification process. The juvenile housing officer provided the auditor with PREA related

documents and statement forms specific to juveniles. Juveniles are informed of their right to a safe environment and to be free from sexual abuse and sexual harassment at intake. The PREA Sexual Abuse and Sexual Harassment Statement informs the resident that the WCSO Adult Jail and Juvenile Holding Facility has a zero-tolerance policy concerning any sexual misconduct between residents or between staff and residents.

The facility website contains a PREA section which describes: "...The WCSO-Jail has a zero-tolerance policy regarding sexual abuse and sexual harassment within this facility. The WCSO will take appropriate measures to protect all inmates from sexual abuse and sexual harassment and will promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment."

- (b) The WCJ/THF has designated the Jail Programs Sergeant (Sgt) to be the PREA Coordinator. The PREA Coordinator is an upper-level supervisor with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

The auditor received and reviewed the Sheriff's Office Organizational Chart which indicated that the Jail Programs Sgt reports to the Assistant Jail Commander and then the Jail Commander for chain of command purposes. The Jail Programs Sgt oversees Jail Programmers, Correctional Officer, Jail Program Volunteers, and Jail Program Contractors. For purposes of the 2020 PREA Audit of the WCJ and THF, the PREA Coordinator posted notice of the upcoming audit six weeks prior to the event, provided the auditor with the completed PREA Questionnaire for jails and juvenile facilities with data for the pre-audit as well as providing the auditor with all related policies, procedures, and supporting documents. The PREA Coordinator was available and responsive for requests for additional documents and/or answers to questions or clarifications needed. During the on-site portion of the audit, the PREA Coordinator actively participated in the audit process with escorts and the coordination of the facility tour, staff and inmate interviews, and requests for additional documentation and review. The PREA Coordinator and PREA Auditor continued communications as needed for follow up information during the post-onsite phase of the audit. The PREA Coordinator is a knowledgeable corrections professional with the ability to focus on agency efforts to comply with the PREA Standards. The PREA Coordinator verified that he felt he had enough time to manage all his PREA-related responsibilities.

The auditor also read and reviewed the WCSO and WCJ Mission Statements, Custody Manual, recent Jail and THF Inspection Reports, Facility Schematic Design, Resident Population Reports, and staff training records for a total and inclusive overview of the facility and its goals and objectives.

Reference Policies: 613 PREA/613.3 Facility standards/Prevention Planning (a) 1 and 2, 535 Staff and Inmate Contact, 318 PREA Training, 506 Inmate Handbook and Orientation, 122 Anti-Retaliation/122.2 Policy, 1107 Juvenile Unit Washington County Eight Day Temporary Holding Facility Resident Basic Rights, 1119 Juvenile Unit Handbook.

The facility has demonstrated full compliance with the Zero-Tolerance Standard.

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Washington County THF does not contract for the confinement of its residents with any private or governmental agency. The PREA Coordinator documented in the PREA Questionnaire and confirmed that the WCSO has not entered into or renewed any contracts to house juveniles elsewhere.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?
 Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?
 Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?
 Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?
 Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?
 Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)
 Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)
 Yes No NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) The WCSO ensures that the facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility takes into consideration:

1. Generally accepted detention and correctional practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal Investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's physical plant including "blind-spots" or areas where staff or residents may be isolated;
6. The composition of the resident population;
7. The number and placement of supervisory staff;
8. Institution programs occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Any other relevant factors.

Since the last PREA Audit, the average daily population of juveniles is one. The average length of stay is four days. The WCSO bases their staffing on the capacity of their THF which is five residents.

There are facility policies that address the supervision and monitoring of residents by way of staffing plans. The purpose of these policies is to ensure the safety and security of the facility through the application of appropriate staffing levels. Facility policy also addresses the uniqueness of the facility relative to state staffing requirements. It is the policy of the WCSO to ensure the safety, security, and efficient operation of the facility by assigning custody personnel according to a detailed staffing plan that is developed and maintained in accordance with law. The WCSO addresses the facility's staffing plan relative to the supervision and monitoring of residents for safety, security, health, and welfare purposes through a variety of additional policies, procedures, staffing reviews, and ongoing checks and balances.

A juvenile is anyone under the age of 18 years old or under the jurisdiction of the juvenile court. The current staffing ratio by policy recognizes the differences between waking and non-waking hours, the unique needs for additional auxiliary staff during the business week and complies with the staffing plan except during limited and discreet exigent circumstances, and fully documents deviations from the plan. The WCSO considers all 11 requirements of this standard with their juvenile facility. There have not been any deviations of the staffing plan at the WCTHF.

In particular, the Jail Commander (Facility Administrator) maintains an up-to-date staffing plan for the purpose of exercising position control. The staffing plan consists of a comprehensive list of all positions in the facility. Each position has a job description with roles and responsibilities. The Administrator adheres to numerous strategies for the management of position control and personnel costs. The Administrator also ensures that the staffing plan conforms to the class type and size of the facility and details all custody personnel assignments, including work hours, and weekly schedule. Shift relief factors are also considered. Facility administration completes an annual comprehensive staffing analysis in conjunction with the PREA Coordinator to ensure that staffing levels are sufficient to consistently and adequately fill positions as required to meet the expectations of this standard. Staff should be deployed in an efficient and cost-effective manner that provides for the safety of staff, residents, and the public. The auditor reviewed the organizational chart for the WCSO including the jail and juvenile unit divisions. The Transport/Juvenile Sgt. oversees seven Correctional Officers (CO) within the juvenile unit. The Sgt reports to the Assistant Jail Administrator (AJA) and then the Jail Commander (Facility Administrator) for chain of command purposes.

Thorough discussions with the Jail Commander and PREA Coordinator verified that the THF staffing plan is developed, implemented, documented, and reviewed. Adequate staffing levels are maintained to protect residents against sexual abuse and are considered as a part of the plan. Video monitoring is widely utilized as a supplement to staff supervision and are utilized for PREA investigations. The auditor reviewed relative documents related to staffing with the PREA Coordinator. The auditor reviewed the current and past PREA Annual Meeting notes, Staffing Reviews, Quarterly Reports, and miscellaneous memos related to staffing that were supplied pre-on-site audit and during the on-site audit. I was also updated as to the shift bidding process and the day-to-day duty roster documents.

Additional video cameras with monitoring capabilities are also considered on an ongoing basis and reviewed after every PREA allegation, and in conjunction with any staffing reviews. The auditor reviewed a list of facility improvements from 2015 to current and continuing. Visual body worn cameras were also added for the security staff. 10 more body worn cameras and new portable radios for Corrections Officers were added this year.

During the three days at the WCSO jail and juvenile facility, the auditor observed sufficient staffing in all areas of the facility with 30-minute well-being checks in progress. Safety and security practices were maintained with facility operations, programs, and services. The facility operated effectively and efficiently.

- (b) Prisons and jails must document and justify any deviation from the facility staffing plan, but juvenile facilities may only deviate from the staffing plan during limited and discrete exigent circumstances.

Juvenile Policy addresses Unit Recruitment, Selection, Hiring, and Retention. Juvenile Corrections Officers are all trained in juvenile specific laws and custodial requirements of youth. In the past 12 months, the WCTHF has not had an instance where the staffing plan was not complied with. The use of voluntary overtime was explained to the auditor and in rare situations, forced overtime is utilized to

maintain the minimum staffing requirements. I was informed by the Jail Commander and the PREA Coordinator that if they did have an occurrence in the case of an emergency or exigent circumstance, the incident would be documented and reported to the MN DOC. We discussed the current situation of the Covid-19 pandemic and some staffing and inmate/resident infection outbreaks in other correctional facilities resulting in lock-down situations and minimal staffing levels. At this time, however, the WCTHF continues to operate during the pandemic. There is a restriction on what type of arrest can be brought in to reduce numbers.

- (c) Prisons and jails are permitted to determine their staffing ratios, but secure juvenile facilities must establish and maintain minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours.

The Supervision of Inmates policies address the minimum staffing requirements. The purpose of the policy is to ensure the safety and security of the facility through the application of appropriate staffing levels. This policy also addresses the uniqueness of the facility relative to state staffing requirements.

The WCSO operates an eight-day temporary holdover facility for the detention of juvenile offenders in accordance to Minnesota State Law and Department of Corrections Rules. Staffing of the juvenile facility shall be in accordance with the MN DOC rules. The WCTHF is inspected biennially by the Minnesota Department of Corrections (DOC) Inspection and Enforcement Unit with respect to the 2960 rules. They check for compliance with the 2960.0690 Staffing Patterns and Staffing Ratio for sufficient staffing of juvenile facilities. Only security staff are included in the staffing ratios. The State of Minnesota requires at least one staff person to eight residents if the residents are 12-18 years old. During normal sleeping hours, a license holder caring for residents nine years old or older must provide at least one staff person for every 12 residents. The WCSO staffs their juvenile facility above what the MN DOC 2960 rules and the PREA Standard calls for as minimum staffing requirements. The approved capacity and operational capacity for the THF is five residents. There is always a corrections officer supervising the juvenile unit. The WCTHF operates with a 1:5 staff-resident ratio. The PREA Standard calls for 1:8 during waking hours and 1:16 during non-waking hours. The current staffing ratio by policy recognizes the differences between waking and non-waking hours, the unique needs for additional auxiliary staff during the business week and complies with the staffing plan except during limited and discreet exigent circumstances, and fully documents deviations from the plan. The WCSO considers all 11 requirements of this standard. The DOC also inspects the WCJ biennially. Part of their inspection includes an evaluation of the Juvenile Justice Delinquency Prevention Act (JJDP). The auditor reviewed the 2019 report. The inspector writes:

The Washington County Jail has no approval to hold juveniles. There is an 8-Day Temporary Holdover Facility (T.H.F.) which houses juveniles. A separate inspection is done on this area. On April 17, 2019, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Washington County Jail has no juvenile hold approval. There are three core requirements that are looked at during our facility review. Those core requirements are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation. The findings are as follows:

DSO: I did not find any violations of the facility holding status offenders in the jail. Upon review of the files, indication was that juveniles that were brought into the facility were indeed there for delinquent offenses, and housed in the T.H.F.

Jail Removal: N/A.

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation. This includes the route taken to Court holding. Policies and the court schedule also indicate proper sight and sound

separation are maintained. The facility does not participate in any "Scared Straight" programs for any youth that are under public authority. Based on the documentation that I reviewed, I did not find any violations of the JJDP act during the Washington County Jail inspection.

The auditor also spent a considerable amount of time in the juvenile unit and observed and inquired of the staff regarding operations and program services. There are no adult inmates allowed in the separate and secure juvenile holdover facility for physical separation purposes. I also toured the route taken to court for the appropriate physical and sight/sound separation of adult inmates.

The Jail Commander who also oversees the THF described the laws and regulations to be followed for maintaining staffing ratios. When a juvenile is brought to the THF, a corrections officer who has been trained in juvenile operations is assigned for intake, and for the continued supervision and monitoring of the juvenile(s). There is always one security staff present in the juvenile unit for up to five residents.

<https://www.revisor.mn.gov/rules/2960.0690/>

<https://www.revisor.mn.gov/rules/2911/>

(d) As part of the annual staffing analysis previously described, the PREA Coordinator participates in the annual review to see whether adjustments are needed to:

- * The staffing plan;
- * Prevailing staffing patterns;
- * The deployment of monitoring technology; or
- * The allocation of facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The PREA Coordinator confirmed that he is consulted regarding any assessments of, or adjustments to, the staffing plan for this facility. He explained that their philosophy is very team oriented, with open door policies. In addition to the annual staffing review, there are frequent supervisor meetings, ongoing reviews, budget processes, shift bidding processes, and the day-to-day roster assignments addressing juvenile supervision and monitoring.

(e) As an additional level of supervision and monitoring, administrative and supervisory inspection policies are in place at the WCSO to establish unannounced inspections of the facility's living and activity areas.

This is to encourage contact with staff and residents and to observe living conditions. Inspections are useful in identifying deficiencies which can be corrected, as well as processes working properly, which can be replicated elsewhere in the facility. In addition to the 30-minute well-being check procedures of corrections officers, the Jail Administration (Sgts and supervisors) are required to conduct at least weekly random/non-scheduled rounds of the juvenile facility and its housing units. The rounds are documented in the permanent log. This practice meets the standard requirement of intermediate-level or higher-level staff conducting unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The auditor observed supervisory rounds being met. The auditor received and reviewed logs and records of supervisory unannounced rounds being met with dates/times noted. The PREA Coordinator ensured the auditor that this practice is implemented for all shifts. Staff are not allowed to alert other staff that supervisory rounds are occurring per policy. Intermediate and higher-level facility staff were interviewed. They confirmed the meaningful practice of conducting unannounced rounds on a weekly basis and the documentation process. They explained their observations and

communications to ensure safety/security. They believe in continual communication and contact for the protection of staff and residents. We discussed how to prevent staff from alerting other staff of the unannounced rounds. Facility Administration described the ethics and accountability training recently held with staff regarding this subject.

Reference Policies: 202.7 Staffing Plan, 204 Supervision of Inmates – Minimum Requirements, 248.2 Policy/248.3 Staffing Plan Requirements/248.4 Staffing Analysis, 509.4.1 Inmate Supervision and Surveillance, 613 PREA/613.3 Facility Standards: Prevention Planning: WCJ (a) (a), (b), (c), 230 Administrative and Supervisory Inspections/230.3 Inspections, 509 Inmate Supervision/509.4.5 Staff Guidelines (f), 508 Well-Being Checks/508.3 (i), 1109 Juvenile Unit Temporary Holdover Facility Operations, 1111 Juvenile Unit Recruitment, Selection, Hiring, and Retention.

The WCTHF substantially exceeds the requirements of this standard through their consistent supervision and monitoring of juveniles placed in their care. The safety and security of the residents and the facility are met above and beyond what is required of the state and federal staffing ratios.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

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

- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO/THF does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months there were zero cross-gender strip/cross-gender visual body cavity searches of residents. There were zero cross-gender strip/cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff. Numerous policies, staff training, and supporting documents address the limits to cross-gender viewing and searches. WCSO policy provides that staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy directs that staff members are not to be placed in positions of responsibility for the supervision and welfare of residents of the opposite sex in circumstances that can be described as invasion of privacy, degrading, or humiliating to the residents. Strip searches are to be conducted by same sex staff except under the following conditions:

1. Extreme emergency conditions requiring an immediate strip search; or
2. The strip search is conducted with the use of force and sufficient staff of the same sex is not available.

Any such search shall be documented and justified.

Policy also directs correctional officers to consider the reason for the search, the scope, intrusion, manner, and location of the search, and to utilize the least invasive search method to meet the need for the search.

Policy 1137 specifically addresses Juvenile Unit Searches. It provides a set of definitions related to the search of individuals and the facility. Searches are necessary to ensure the safe and secure operation of the facility. Searches shall not be used for punishment or harassment. Juvenile correctional staff will conduct searches only if sufficient reason or "just cause" is present for the search. Staff of the same gender may only conduct strip searches of the juveniles. Staff observing any suspicious behavior that would indicate the detainee is attempting to conceal contraband have "reasonable suspicion" to conduct a modified visual strip search. A body cavity search by a Doctor is only authorized upon the production of a search warrant. The auditor interviewed non-medical staff who verified that cross-gender strip searches do not occur at the WCTHF. The auditor did not discover any documents pertaining to cross-gender strip searches. There were also no instances of medical cross-gender strip searches.

- (b) Juvenile facilities cannot conduct cross-gender pat-down searches except in exigent circumstances as opposed to standards for prisons and jails which only prohibit cross-gender pat-down searches of female inmates absent exigent circumstances and prohibit restricting female inmates' access to regularly available programming or out of cell opportunities to comply with this standard.

Absent the availability of a same-sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented.

In the past twelve months, there were zero cross-gender pat searches conducted at the WCTHF. The PREA Coordinator and Jail Commander confirmed that there are always both male and female corrections officers working in their co-ed jail and would be available as needed for juvenile searches.

The auditor and assistant auditor interviewed male and female security staff that were assigned to the WCTHF. They both verified that they are restricted from conducting cross-gender pat-down searches except in exigent circumstances. Only in an emergency would they be allowed to search the opposite sex. Two of three juveniles were interviewed. Both residents said that no, they have never had a pat-down body search by a staff member of the opposite sex at the WCTHF.

- (c) The WCTHF is required to document all cross-gender strip searches, visual body cavity searches, and cross-gender pat-down searches of residents.

If any resident's privacy rights are breached for any reason, the Sergeant shall be notified, and all staff involved shall complete facility incident reports prior to the end of their shift. By policy, all searches in this category are to be documented.

- (d) The WCSO has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing private body parts, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, staff of the opposite gender are required to announce their presence when entering an inmate housing unit.

Staff are also prohibited from entering the cell of a resident of the opposite gender unless there is a same gender staff present, or unless the cell is unoccupied. According to the WCSO Policy for General Supervision, residents have the right not to be unnecessarily viewed in the nude or while performing private bodily functions, particularly by persons of the opposite sex. Correctional staff are required to be considerate of resident privacy rights and dignity while supervising and monitoring their activity. Instructions are provided to the staff for conducting well-being checks in opposite gender housing units with the announcement of their entry. Auditory monitoring rather than visual is anticipated in the case of an emergency during normally private activity situations. Both juvenile security staff interviewed expressed that they announce their presence when entering a housing unit of the opposite gender, or if they are the officer assigned for the shift, they will make an announcement at the start of their shift. They typically announce: "Male/Female Officer." They confirmed that residents are able to dress, shower, and toilet without being monitored by staff of the opposite gender. The Corrections Officer (CO) on duty during the on-site facility tour showed the auditor how the shower, toilet, and change out areas are digitally blocked on the monitors. Only male juveniles were in custody at the time of the on-site audit. The male residents interviewed stated that staff have respected their privacy and inform them when a female staff will be on duty for the shift. They said they feel comfortable about privacy in the unit. The PREA Coordinator and the auditor conducted a walk-through of the facility and some of the housing units in observance of opposite gender privacy considerations. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. I was shown the separate shower areas available at the THF for situations like this.

- (e) Policy 529.9 Transgender Searches states that staff shall not search or physically examine a transgender or intersex inmate (or resident) for the sole purpose of determining genital status. If genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional.

No searches as referenced above occurred at the WCTHF in the past twelve months. All corrections staff interviewed said that they are not allowed to do this and that it is against their policy to search an inmate or juvenile resident to determine their gender. The auditor further reviewed the PREA Screening forms in support of this standard.

- (f) The WCSO trains corrections officers for all PREA requirements including how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The PREA Coordinator supplied the auditor with staff training records, class rosters, PREA test samples, training files, curriculum and other training material in support of this standard. The Training Sgt and PREA Coordinator ensure that staff are provided with training specific to how to search a resident. The auditor studied all the PREA training records and curriculum including the Cross-Gender and Transgender Pat Searches training video by the PREA Resource Center (PRC) and the Moss Group. Staff are required to sign and acknowledge understanding of the material received. All staff interviewed responded positively that they had received recent training on this topic.

Reference Policies: 509 Inmate Supervision/509.4.4 Supervision of Inmates of the Opposite Sex, 529 Searches/529.3 Pat-Down Searches/529.4 Modified Strip Searches, Strip Searches, and Body Cavity Searches, 529.8 Training, 529.9 Transgender Searches, 613 PREA/613.3 Facility Standards.
Prevention Planning: Limitations to Cross-Gender Viewing and Searches, 814 Inmate Hygiene/814.9 Inmate Showers, 1137 Juvenile Unit Searches, 535 Staff and Inmate Contact.

The WCTHF complies in all material ways with the Limits to Cross-Gender Viewing and Searches PREA Standard.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

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

115.316 (a)

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

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

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.364, or the investigation of the resident's allegations?

Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) (b) The WCSO has established procedures to provide disabled residents equal opportunity and meaningful access to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.

The WCTHF has numerous policies with procedures which address this standard. There are also notices, forms, and documents available for review in support of this standard.

The WCSO has a general policy which provides guidance for members when communicating with individuals with disabilities, including those who are deaf or hard-of-hearing, have impaired speech or vision, or are blind. The office will not discriminate against or deny any individual access to services, rights, or programs based upon disabilities. The office has a designated Americans with Disabilities Act (ADA) Coordinator designated by the Sheriff. The Sheriff verified that the agency has established procedures to provide residents with disabilities equal opportunities, including PREA benefits. The custody manual maintains a policy for Inmates/Residents with Disabilities. This policy provides guidelines for addressing the needs and rights of residents detained by the WCSO in accordance with the ADA and Minnesota Human Rights Act (MHRA).

As related to PREA, the WCSO has policies which address inmates/residents with disabilities or who are Limited English Proficient (LEP). It states that the staff shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to PREA participation and benefits. The facility inclusive list of disabilities is: deaf or hard-of-hearing, blind or low vision, and intellectual, psychiatric, or speech disabilities. Specifically, the policy directs ways to effectively communicate with residents who are deaf or hard-of-hearing, and access to interpreters who can interpret effectively, accurately, and impartially. It is the responsibility of the PREA Coordinator to ensure written materials are provided in formats or through methods that ensure effective communication for residents with disabilities. Likewise, staff are required to take reasonable steps to ensure meaningful access to all aspects of PREA for residents with these disabilities, including steps to provide interpreters who can interpret both receptively and expressively, using any necessary specialized vocabulary. Residents who cannot read, are visually impaired, or have intellectual, psychiatric, or speech disabilities or limited reading skills shall have the materials read to them by a staff member or presented to them using audible recorded media. Residents who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the resident in understanding the PREA

orientation material. There is a Programs Interpreter Request form available that the auditor reviewed. The WCSO publishes on their website the availability of deaf and hard of hearing services:

“Deaf and Hard-of-Hearing Services

Inmates (residents) in custody at the Washington County Jail will be provided full and equal access to services and programs. The County will use its best efforts to provide inmates/residents effective auxiliary aids and services that will permit deaf and hard-of-hearing inmates to have the ability to communicate with people outside of the facility that other inmates/residents have. The WCSO has policies and procedures in place that it will provide appropriate auxiliary aids (including ASL interpreters and Video Remote Interpreting) to allow effective communication with all deaf and hard-of-hearing inmate/residents. Sign language, oral interpreters, video remote interpreting, texting, TTYs and other auxiliary services are available to deaf and hard-of-hearing inmates/residents free of charge.

The WCSO will not retaliate against, or coerce in any way, any person who exercises or attempts to exercise his or her rights to services and programs while in custody.

If you need help or have a question, please contact the Deaf and Hard-Of-Hearing Coordinator at 651-430-7900.” <https://www.co.washington.mn.us/943/Jail-Info>

The auditor received and reviewed the evidence which supported this standard. Documentation reviewed were contracts and invoices with interpretive services. The auditor received copies of the Language Line Solutions Quick Reference Guide, the LEP Guide, Keystone Interpretive Services information, UBIDUO information for deaf inmates, and Spanish Specialists invoices. The auditor also reviewed the corresponding forms to document use of services.

There were no disabled juveniles at the THF during the on-site audit to interview.

Additional information and material reviewed with the PREA Coordinator was the Spanish Inmate Handbook and the 2015 version of the facility handbook, forms, and orientation materials in Brail and American Sign Language video with closed captioning. The WCSO allows deaf and hard of hearing residents the use of cell phones for communication. The facility also has a texting only cell phone for those residents to use. The facility also has five amplifiers for hard of hearing residents. Also available are two digital notepads for use with Interpreter Services. The facility has TDD, TTY, Captel, and UBIDUO also available. The facility designates one Sgt as the Deaf and Hard of Hearing Coordinator. She is assisted by two other staff members. All facility televisions are placed on closed captioning for hearing impaired residents. Finally, programs staff are available to meet with any residents who have limited reading and/or comprehension abilities. Education programs and services are available at the facility. The auditor observed a separate medical shower area for use by a disabled resident.

All staff are trained in the PREA policies and procedures, including PREA for residents with disabilities and continue with refresher training at least annually.

(c) The facility does not allow the use of inmate or resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first responder duties, or the investigation of resident allegations.

In the past 12 months, no resident interpreters were utilized. Corrections officers interviewed all said that they do not use inmates or residents to interpret for another inmate or resident. They described the use of the language line and interpretive services that are available at the facility when needed.

During the separate jail audit, the auditor observed at Intake a language line booking process between an inmate and two corrections officers, which ensured for effective communication with all aspects of the PREA notice and screening requirements. The auditor also utilized the language line when interviewing an inmate at the WCJ.

Overall, Policy 1155 Juvenile Unit Programs and Services mandate that juveniles are assured equal opportunities to participate in all juvenile programs and services, without regard to race, religion, national origin, sex, handicap, or political views.

Reference Policies: 506 Inmate Handbook and Orientation/506.2.1 Orientation for Non-Readers, Visually Impaired, and Deaf or Hard-of-Hearing Inmates, 345 Communications with Persons with Disabilities/345.8 Qualified Interpreters, 604 Inmates with Disabilities, 613 PREA/613.2 Inmates with Disabilities or who are Limited English Proficient, 1155 Juvenile Unit Programs and Services.

The WCTHF substantially exceeds the requirements of the standard by ways, means, and lengths it goes to in providing equal PREA opportunities to all residents. They have worked hard over the years to improve meeting all federal and state regulations and guidelines to aid people with disabilities or Limited English Proficiency.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

By way of introduction and according to policy and practice, Juvenile Officers of the THF are Corrections Officers of the WCSO Jail Division who are selected and assigned to work in the juvenile unit. The Juvenile Administrator will annually post a request for letters of interest from Correctional Officers wishing to bid into the Juvenile Unit. The selection, appointment, and promotion of juvenile facility staff is based on assessed ability. Recruitment standards are high and include the basic requirements of ability, preparatory experience, physical condition, and character, as well as those qualities that may disqualify. Criminal records checks are accomplished prior to assignment of all new juvenile unit staff to ascertain whether there are criminal acts which have a specific relationship to job duties and responsibilities. Any evidence of an act of child abuse, incest, or neglect is a disqualifier. Efforts are also made to recruit staff who are able to provide cultural sensitivity, including the provision of interpreters and English language skill development.

(a) The WCSO meets the hiring and promotion decisions requirement of the PREA Standards. According to selection process policies, application processes, and background checks, no person shall be hired or promoted who has:

- Engaged in sexual abuse in a prison, jail, juvenile facility, lockup, community confinement facility or other correctional institution;
- Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse;
- Been civilly or administratively adjudicated in the activity referenced above.

The Office asks all candidates who may have contact with inmates/residents to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information are grounds for termination.

Every person who may have inmate/resident contact as a member or contractor shall, prior to service, undergo a thorough background investigation to verify their personal integrity, and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the WCSO.

The auditor met with the Administrative/Human Services staff member who coordinates the hiring and promotional process within the WCSO. I was able to review personnel files of employees who had been hired within the past year in order to verify that the contents of the file included proper and thorough criminal background record checks, and that investigations had been conducted with questions regarding their past having been asked and answered. The representative walked me through the application to hiring process.

(b) The WCSO policies and procedures also confirm that any incident of sexual harassment is considered in determining whether or not to hire or promote anyone, or to enlist the services of any contractor or volunteer who may have contact with inmates/residents.

The Human Resources staff explained that not only is this information considered, but with sufficient evidence is considered a "deal breaker" for not hiring, promoting, or enlisting contract services. The auditor again reviewed background investigative reports and corresponding materials within the personnel files.

(c) Before hiring new employees who may have contact with inmates/residents, the WCSO performs criminal background records checks and consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Consultation is also made with any child abuse registry maintained by the State or locality where the employee would work before hiring an employee who may have contact with residents.

In Minnesota, the Bureau of Criminal Apprehension oversees the MN Predatory Offender Unit. (See below for information.) This look up is part of the background investigation process.

About the MN Predatory Offender Unit

In 1991, the Minnesota Legislature enacted the first version of Minnesota's registration law and established the Sex Offender Registration Unit (SOR) at the Minnesota Bureau of Criminal Apprehension (BCA).

During the next several years, the registration statute underwent significant changes and continued to broaden the types of offenses that require registration.

On August 1, 2000, another version of the registration law was enacted and the name of the unit was changed to Predatory Offender Registration (POR) to more accurately reflect the offenses that trigger registration.

Today the POR Unit is comprised of investigative support staff and special agents who are responsible for monitoring and tracking Minnesota's registered offenders.

The POR Unit is the central repository for all registrant information in Minnesota. The Unit processes approximately 30,000 offender updates each year.

<https://por.state.mn.us/PORAbout.aspx>

In the past 12 months, 23 new employees were hired at the WCJ. 100% of the new employees had criminal background record checks and thorough and complete background investigations with medical and psychological evaluations completed prior to service. There are designated full-time background investigators at the WCSO. The auditor inquired of the Human Services/Administrative staff representative regarding this practice. She confirmed that the WCSO performs background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates/residents, and for all employees being considered for promotions. Civil and Criminal Court records are reviewed through the Department of Public Safety (DPS) and the Minnesota Bureau of Criminal Apprehension (BCA), including a check of Predatory Offender Records (POR) and a Federal Bureau of Investigations (FBI) Fingerprint analysis. An Initial Complaint Report (ICR) is created for every criminal history and fingerprint check. They conduct criminal history records checks with fingerprints for contractors who may have contact with residents as well. Again, the auditor reviewed a sample of employee files in meeting the requirements of this standard with consistent background checks. The WCJ PREA policies state that prior to hiring new employees who may have contact with inmates/residents, the WCJ shall perform a criminal background records check, and consistent with Federal, State, and local laws, make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation.

- (d) The WCSO also performs criminal background records checks before enlisting the services of any contractor who may have contact with inmates/residents.

In the past 12 months, five contracts for services were enlisted. All the contractors had background records checks performed. Again, the Human Resources/Administrative representative verified that criminal history records checks with fingerprints are accomplished for any contractor who may have contact with inmates/residents prior to service. The auditor was provided with contractor files for viewing and confirmed this consistent process. Member, contractor, and volunteer background checks are required by policy.

- (e) WCSO policy requires that the Office shall either conduct follow-up criminal records background checks at least once every five years on members or contractors who may have contact with inmates/residents or have in place a system for capturing such information. The

Human Services/Administrative staff explained the system currently in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates. She showed me the chart with names and dates which captures five-year interval checks. (2000, 2005, 2010, etc.) So, for example if a person was hired in 2019, they would have another background check the following year and then every five years from there on.

- (f) The WCSO asks all applicants and employees who may have contact with inmates/residents about previous misconduct referenced above at various points throughout the written application, interviews, and hiring process with background investigations for hiring or promotions, and in any interviews or written self-evaluations conducted as part of performance reviews of current employees.

Additionally, the WCSO imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. The auditor discussed this sub-standard requirement with the PREA Coordinator and Human Services staff at length and verified the practice by studying the supporting forms and documents including the Agency-Wide Questions, the Employment Application, the Respectful Workplace Policy Acknowledgement, and the Performance Evaluation form. Numerous policies enforce these employee requirements.

- (g) WCSO policy states that material omissions regarding such misconduct, or the provision of false information are grounds for termination.

The auditor reviewed the policies with procedures and confirmed the practice with the PREA Coordinator and the Administrative staff representative. Secondary forms were again reviewed in support of this standard. The auditor also reviewed the Disqualification Guidelines by policy.

- (h) Policies are also in place which address requests for information from an institutional employer for providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from a perspective institutional employer.

The auditor discussed this process with the Human Services/Administrative Representative. We discussed data practices, proper Release of Information form requests, and the release of certain records. When a former employee applies for work at another institution, upon request from that institution, the WCSO does indeed provide information on substantiated allegations of sexual abuse/harassment involving the former employee when legally requested in writing on the appropriate executed documents with the approval of the Administrator.

Service contracts also enforce that PREA Standards are complied with. The auditor read miscellaneous service contracts for inmate/resident education and employment programs which incorporate a PREA component. "The Contractor shall comply with the PREA of 2003 with all applicable Federal PREA Standards and with all County policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. Contractor acknowledges that, in addition to self-monitoring requirements, the County will conduct compliance monitoring and PREA Standards require an outside independent audit." The School "... District and staff shall comply with the PREA of 2003, which establishes a zero-tolerance standard against sexual assault, and with all applicable PREA Standards including background checks...Failure to comply with PREA, including PREA Standards and County PREA Policies may result in termination of the Agreement."

Reference Policies: 308 Selection Process/308.4 Disqualification Guidelines/308.4.1, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check, 1111 Juvenile Unit Recruitment, Selection, Hiring, and Retention.

The WCTHF has met all the requirements of the hiring and promotional processes of this PREA Standard.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The WCSO has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA Audit in 2017. They have not installed or updated a new video monitoring system, electronic system, or other monitoring technology since then.

The WCSO operates with continual improvements both structurally and electronically for safety and security purposes and in an effort to enhance the facility's ability to protect residents from sexual abuse.

Policy 613.3 provides that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect inmates/residents from sexual abuse. The agency also considers how technology updates may enhance the ability to protect residents.

The auditor was provided with documents and reports and discussed with Facility Administration and the PREA Coordinator the various improvements accomplished since the last audit as related to the above referenced objectives. Visual Labs body worn cameras were implemented in 2017 and additional cameras were added this year. Also, in 2017, the Stanley Security System with 30 additional cameras to the facility including kitchen and laundry was installed and finalized by 2018. Three facility elevators were replaced since the last PREA audit. Staffing wise, two full time Corrections Officers were added to the security complement. In the area of medical and mental health, an additional 24 hours was approved for mental health professional staffing and they are in the process of revising all medical and mental health policy and procedure to the national best practices standards with a draft. This year, the facility received all new portable radios for improved communications. Strategic plans for facility improvements are noted through the year 2023.

The Sheriff, Jail Administration, and PREA Coordinator assured the auditor that any major upgrade to the facility and/or technology would absolutely consider the effects upon the agency's ability to protect inmates/residents from sexual abuse and this is one of their top priorities; the safety of inmates/residents and staff. They are to be positively recognized for their pro-active approach to safety and security improvements in the facility and their enhanced operations, programs, and services.

For these reasons, the WCSO/THF substantially exceeds the PREA Upgrades to Facilities and Technology Standard in all material ways.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO has licensed, trained, and experienced investigators who are responsible for investigating criminal and administrative allegations of sexual abuse using a uniform evidence protocol.

Criminal Investigators are Deputy Sheriffs of the WCSO. They are licensed by the State of Minnesota after completing an educational program and passing a state board exam. Licensing itself only occurs when eligible candidates are appointed to a peace officer position and certain selection standards are met. The auditor reviewed numerous policies, procedural documents, training and curriculum records, and investigative files as evidence of this standard. The auditor also interviewed investigators, corrections officers, the Sheriff, Jail Commander and PREA Coordinator who detailed this response practice. Allegations of sexual abuse are always referred and investigated by agency investigators, but if it involves a staff member, an outside agency conducts the investigation. All investigations are prompt, thorough, and objective. This policy is also published on its website.

<https://www.co.washington.mn.us/2244/PREA>
<https://dps.mn.gov/entity/post/licensing/Pages/default.aspx>

Corrections Officers interviewed had knowledge and understood the agency's protocol for obtaining physical evidence if a resident alleges sexual abuse. They described the many ways to preserve the scene and protect the resident and the evidence. They said that they would remove the alleged resident victim from the area and prevent them from showering, brushing their teeth, washing clothes, refrain from going to the bathroom, not drink or eat anything, start the emergency medical services (EMS), and report to Sgt and Investigations. The alleged crime scene itself would be secured. They also were able to explain their roles and responsibilities as the First Responder on the scene. They said they would report and document and follow the First Responder Checklist as a guide. They also said that the victim would be provided an advocate and would be provided medical treatment and transported to the hospital for a forensic examination. Staff knew who was responsible for conducting investigations for administrative or criminal investigations.

The auditor reviewed the PREA investigative files for uniform evidence protocols and found sufficient technical detail to aid responders in obtaining usable physical and testimonial evidence. The use of video footage was utilized as a tool for investigating sexual abuse allegations.

- (b) Specialized investigative training for investigators includes the uniform evidence protocol to maximize the potential for obtaining useable physical evidence; techniques for interviewing abuse victims; proper use of *Miranda and Garrity Warnings*; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

The auditor reviewed their specialized investigator PREA training curriculum by the PREA Resource Center. The Department of Justice Model (DOJ) was taught to the investigators for uniform evidence protocols. The protocol was based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault medical Forensic Examinations, Adults/Adolescents," and other similarly comprehensive and authoritative protocols developed after 2011.

- (c) The WCSO provides all resident victims of sexual abuse access to forensic medical examinations at the Lakeview Hospital free of charge.

Such examinations are performed by Sexual Assault Nurse Examiners (SANEs). The Lakeview Hospital is conveniently located just 1.5 miles from the facility. In the past 12 months, there were no forensic examinations needed at the THF. Responsive Planning policies at the THF address evidence protocol, forensic medical examinations, and crime scene preservation. Procedures are in place to preserve the crime scene on any alleged sexual abuse. This includes contacting the agency investigative division to begin an investigation. The THF has included in their procedures referral to a Sexual Assault Advocate. Regions Hospital out of St. Paul affiliated with Health Partners system, employs the RN SANE Supervisor for the region. The Auditor reached out to the SANE Supervisor and inquired about the program. She explained that she supervises a staff of 18 SANEs through the Regions Hospital and Health Partners Family of Care. They serve five hospitals, including the Lakeview Hospital in Stillwater. She further explained the procedure that in the event of an inmate or resident sexual abuse incident, their number would be called, and they would page out the nurse on-call to respond. They are available 24/7 and the nurses take turns being on-call. In the event that the on-call nurse has already been called out to another hospital, they will conduct a group page for another SANE to respond secondary. She said that they can be called out up to ten days after the incident. In addition to forensic examination, patient history is acquired, prescriptions are arranged, and psychiatric care is initiated as needed. (651) 254-1611.

Training is also available to the medical/mental health staff at the WCSO. The SANE supervisor recently provided SAFE/SANE training to the nursing staff for information and coordination purposes. The actual examination process still takes at the hospital. The auditor reviewed the training curriculum of Caring for the Sexual Assault Patient in Custody in support of this standard.

The auditor studied the medical and mental health policies and procedures related to sexual abuse response. It states that all victims of sexual assault will receive appropriate and intermediate intervention by trained personnel. The resident may be sent to Lakeview Emergency Room for evaluation by the Region's SANE Nurse. Referrals for SANE exam can be made up to 10 days after the assault. Consent must be obtained from the victim prior to a SANE exam. The overall Forensic Evidence policy establishes clear guidelines for health services.

- (d) A Memorandum of Understanding (MOU) between Canvas Health and the WCSO was executed in 2014 and has since been updated pending review by the County Attorney. The agreement states that Canvas Health, Inc. will be authorized to perform all advocacy services pertaining to inmates/residents who have experienced sexual assault/harassment within the confines of the WCJ/WCTHF.

A Canvas Health Advocate may accompany and support the victim through the medical forensic examination and investigatory process. According to policy, if an advocate is unavailable, a staff member, or other qualified community based organizational staff member, will accompany the victim to the hospital. The WCOS has included in their procedures a referral process to a Sexual Assault Advocate. The auditor observed posters and brochures from Canvas Health Abuse Response Services. They were located in the housing units, program areas, and public lobby of the facility. The services advertised are free and private support to survivors of sexual abuse and information how to make a private phone call. There is also a 24-hour crisis line available. The auditor contacted the Abuse Response Services Supervisor who confirmed their working relationship with the WCSO and facilities. She said that their parent company is Canvas Health. She explained that their business line is available from 6:00 am to 6:00 pm, and that an answering service is available after hours. The

people that answer after hours are also trained advocates themselves and they are the first call for help. Referrals to the response advocates are made immediately.

24-Hour Crisis Line: (651) 777-1117 or Business Office: (651) 255-8559.
<https://www.canvashealth.org/location/stillwater/>

- (e) As requested by the victim, a Canvas Health Advocate may accompany and support the victim through the medical forensic examination and investigatory process.

According to policy, if an advocate is unavailable, a staff member, or other qualified community based organizational staff member will accompany the victim to the hospital. They will provide emotional support, crisis intervention, information, and referrals.

Reference Policies: 318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Specialized Training/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning/613.9 Investigations, Medical Policy/Procedure 516 Sexual Abuse.

The WCSO complies in all material ways with this standard for the relevant review period for the THF.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO maintains policies and provides procedures to ensure referrals of allegations of sexual abuse/sexual harassment for investigations.

The WCSO publishes on their website PREA information including taking appropriate measures to protect all inmates/residents from sexual abuse/sexual harassment and that they will promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment. The notice explains how to report sexual abuse behind bars and provides contact phone numbers within the agency or community resources. (Canvas Health Abuse Response Services)

In the past 12 months, there was 1 allegation of sexual harassment that was received resulting in an administrative investigation that was completed. It was determined to be unsubstantiated. The Sheriff of the WCSO verified that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He described the process to the auditor starting with the report and referral and explaining the investigation process to completion.

<https://www.co.washington.mn.us/3218/PREA>

- (b) The WCSO maintains policies that ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The WCSO publishes their policy on its website. The agency documents all such referrals. The WCSO has the legal authority to conduct such investigations. The WCSO have licensed, trained, and experienced investigators who are responsible for investigating criminal and administrative allegations of sexual

abuse using a uniform evidence protocol. Criminal Investigators are Deputy Sheriffs of the WCSO. The WCSO assigns investigators with legal authority to conduct criminal investigations. They are licensed by the State of Minnesota after completing an educational program and passing a state board exam. Licensing itself only occurs when eligible candidates are appointed to a peace officer position and certain selection standards are met. WCSO investigators are trained in sexual abuse investigations involving victims and investigate all allegations of sexual abuse including third-party and anonymous reports. Investigators gather and preserve direct and circumstantial evidence. This includes any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims and suspected perpetrators as well as all witnesses. Allegations of sexual assault/sexual harassment by staff, contractors, or volunteers will be referred to an outside agency for investigation. Administrative investigations shall include an effort to determine whether staff actions or failure to act facilitated the abuse. It shall be documented in written reports which include a description of the physical and testimonial evidence the reasoning behind credibility assessments and investigative findings.

The auditor reviewed the facility policies and procedures, the PREA tracking log, specialized investigator training records, documentation of referrals for investigation of allegations of sexual abuse/sexual harassment, the WCSO website, and interviewed two investigators of the WCSO to confirm the accuracy of this standard. One investigator is from the jail division and one is a licensed peace officer. The investigators said that agency policy requires allegations of sexual abuse/sexual harassment be referred for investigation. They explained their legal authority to conduct criminal investigations or administrative investigations if the allegation does not involve potentially criminal behavior. They confirmed their role and responsibilities as investigators, described their experience, and provided verbal examples of their work.

<https://www.co.washington.mn.us/3218/PREA>

Reference Policies: 613 PREA/613.4 Specialized Training: Investigations/613.9 Investigations. Policies to Ensure Referrals of Allegations for Investigations, 318 PREA Training/318.5 Specialized Investigative Training.

The WCSO has met all the requirements of the PREA Standard to ensure referrals of custodial sexual abuse or sexual harassment for investigations at the THF.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO trains all facility employees who have contact with residents on all the mandated elements of the employee training standard as referenced above.

There are eight correctional officers who are authorized to work in the juvenile unit. The auditor reviewed the facility policies and procedures and the corrections officers training records and curriculum which verified their initial training, ongoing education, and refreshers.

In addition to the adult jail PREA employee training standards, juvenile officers also receive specialized training including the relevant laws on the applicable age of consent. The Juvenile Unit Temporary Holdover Facility Operations specifies that only correctional officers who have been trained in juvenile operations shall be assigned to work in the THF. All Juvenile Correctional Officers and Juvenile Correctional Sergeants shall complete the state sponsored 24-hour juvenile care attendant workshop before regular shift assignments. Custody staff are then required to maintain 40 hours of training annually, including rights and responsibilities of juveniles. The CO working on the day of the juvenile facility tour verified their PREA training and specifically the relevant laws regarding the applicable age of consent. The age of consent in Minnesota is 16; however, it is situational. If the 16-year-old is with a person who is in a position of authority, the age of consent may increase to 18. The important thing to know is that consent by the complainant/victim is not a defense. MN Statute 609.345, Subpart (m), Criminal Sexual Conduct in the 4th Degree addresses the specific circumstances of employees, contractors, or volunteers in correctional facilities with criminal penalties.

All staff, volunteers, and contractors that have contact with residents shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within the facility. The Training Sgt and PREA Coordinator shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any resident questions regarding sexual abuse/sexual harassment, and that they are familiar with the reporting process to take an initial report. The Training Sgt is responsible for developing and administering this training. Facility policy also requires training and education in all the PREA standard elements for their employees who have contact with residents. New employees shall complete their PREA training within their first year of employment. Current employees are required to participate in refresher training every two years from the date of their initial training. PREA training is monitored and ensured through coordinated efforts between the Training Officer and the PREA Coordinator. Documentation and training records are maintained.

The assistant auditor interviewed correctional officers regarding this standard. Six of the corrections officers interviewed were qualified juvenile corrections officers. 100% of the staff confirmed that they had received PREA training on all elements required of the standard. They described their initial training, annual training, and refresher training. They said that they receive annual PREA training on a variety of topics. They described the various training methods. The responses to inquiries confirmed that the employees who have contact with inmates or residents receive PREA education and training on the required elements of the standard. The auditor reviewed the WCSO training logs, training files and records, and tests related to PREA in support of this standard. The auditor verified course content and legitimate sources. Daily Training Bulletins and memos are also utilized as PREA topic refreshers intermittently.

- (b) PREA training for juvenile correctional staff is tailored according to gender and the unique needs and attributes of residents of the juvenile facility.

License holders and staff of the juvenile unit must have specialized training to develop skills to care for residents. Specialized training is directly related to serving the program's target population and to meeting the program's certification requirement. The WCTHF is a co-ed facility. Staff receive additional training on security measures and the separation of male and female populations in the same facility staff has been assigned. Corrections Officers also receive training on how to communicate effectively and professionally with juvenile residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents. They also receive training on cross-gender and transgender searches. The auditor read and reviewed the 2020 Fall Refresher PREA training course, and a sample of other records in support of this standard.

- (c) All the juvenile correctional staff at the WCTHF have been trained and/or retrained on the PREA requirements.

Between trainings, the WCJ provides employees with annual refresher information on the policies and procedures regarding sexual abuse and sexual harassment in confinement. Facility staff receive PREA retraining more than once every two years. In between trainings, there are DTBs and refresher training about sexual abuse/harassment policies and information. Refresher training every two years is the minimum requirement. The 2020 Online Class Spring PREA Training, the 2020 Fall Refresher PREA Course, PREA training records, class rosters, and the PREA Training Acknowledgement documents were reviewed as evidence of the frequency and content of PREA training.

- (d) The WCSO documents through employee signature or electronic verification PREA training to include written testing to validate knowledge and understanding of the material.

The Training Sgt and PREA Coordinator document through signature or electronic verification, that staff, volunteers, or contractors have received and understand the training. This is captured through executed signatures and dates noted. Staff are given opportunities to ask questions at the time of training and continuing with their open-door policy and availability of access to supervisors and the PREA Coordinator. These training records are maintained by the PREA Coordinator. Again, the auditor reviewed the training records and written acknowledgement of understanding documents supporting this standard.

Reference Policies: 613 PREA/613.4 Training and Education: Employee Training, 529 Searches/529.8 Training, 318 PREA Training/318.3 Member Training, 1113 Juvenile Unit Annual Staff Training Requirements.

The WCSO/THF meets this PREA Training Standard in all material ways as evidenced and described above.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO ensures that all contractors and volunteers *who have contact with inmates or residents* have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Contractors and volunteers at the eight-day Temporary Holdover Facility for juveniles are in the categories of medical, mental health, education (teacher), and clergy.

All contractors and volunteers who have contact with inmates and residents are given the WCJ PREA Informational Packet. The documents contain information regarding prevention, detection, and reporting of sexual abuse or sexual harassment. All volunteers are required to sign an acknowledgement form stating they have read and understand PREA Policies, procedures, and training they received. The PREA Coordinator maintains these records for as long as services are provided plus five years. The auditor reviewed the Sexual Misconduct handout, A Guide for Staff, Contractors, and Volunteers. The WCSO specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between inmates and WCJ employees, contractors, volunteers, representatives, and staff from other federal, state, or local jurisdictions. The Guide gives the definition of sexual misconduct, addresses its Issue of Power, explains forms of sexual misconduct, their consequences, considerations, and A Special Note to People in Positions of Power. This information is maintained in the Volunteer Handbook. The auditor also reviewed the Power Point presentation which is given as part of a comprehensive orientation training for volunteers. There is a large section regarding PREA, containing PREA purposes, sexual misconduct, definitions, the PREA Standards, responder roles and responsibilities, Minnesota Statutes of Criminal Sexual Conduct, and considerations and effects. The auditor reviewed a sample of training records and acknowledgement forms of contractors and volunteers during the on-site audit.

The auditor and assistant auditor interviewed two volunteers and two contractors who have contact with inmates/residents. They were asked if they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. They all confirmed. They were able to articulate the type of training and described their initial training and continuing PREA education. They described their orientation PREA training, in-person training, and on-line training for continuing education. They said they receive training every other year if not more. They described testing. They described how to report a sexual abuse or sexual harassment. They felt their training was very adequate for their roles as volunteers or contractors in the facilities.

Some of the contractors are provided WCSO member training in addition to their own organizations providing them with separate PREA training specific to their positions within the jail. One contractor spoke of the mandatory reporting requirements and said that prior to working here, he was required to undergo a background check.

- (b) The level and type of training given to volunteers and contractors is based on their services they provide and level of contact they have with inmates.

All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse or sexual harassment and how to report such incidents. The auditor reviewed the content of the PREA training materials for contractors and volunteers and verified this standard requirement. The contractors and volunteers interviewed verified that they had been notified of the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment. They described their training content and frequency.

- (c) The WCSO jail and juvenile unit maintains the relevant PREA training documentation and acknowledgement of understanding forms for volunteers and contractors who have contact with inmates and residents.

The PREA Coordinator maintains these records for as long as services are provided plus five years. The auditor and PREA Coordinator reviewed a sample of training records maintained and he described the type of PREA training provided to all contractors and volunteers of the WCJ.

Reference Policies: 318 PREA Training/318.3 Member Training, 613 PREA/613.4 Contractor and Volunteer Training.

The facility has demonstrated full compliance with this standard.

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) During the intake process, new residents of the WCTHF receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

As part of the intake process Juvenile Corrections Officers explain the PREA Rights Form to the newly admitted detainees. Zero-tolerance is highlighted along with definitions and ability to report sexual abuse or sexual harassment. The intake screening form additionally provides anti-retaliation language and information for outside advocacy and support services. The Juvenile Unit Rules and Handbook containing resident rules and personal code of conduct are issued to all newly admitted juveniles. Juvenile Unit Intake and Orientation Policies require that initial PREA information be provided to the newly arrested and detained residents.

In the past 12 months, there were 98 juveniles admitted into the WCTHF. 100% were provided this information at intake. The auditor interviewed two of the three juveniles that were in custody. Both residents had arrived within the past 24 hours, and said that when they first came here, they were told about their right not to be sexually abused or sexually harassed and how to report abuse/harassment. One of them recalled being informed of their right not to be punished for reporting sexual abuse or sexual harassment. They both said they were provided PREA information within 15-20 minutes of arrival. In terms of this PREA standard, the intake staff verified that residents are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. They said that all new detainees are always told during the booking process. They described the PREA forms which are read to the incoming resident and they are asked if they understand. The resident and staff signature with date is documented. The auditor spent a considerable amount of time in the juvenile unit. One of the intake officers demonstrated and provided information as to the PREA advisory and showed the auditor PREA related documents which are used as part of the intake process. She showed me a sample of the accomplished documents. The auditor reviewed numerous corroborating records including a sample of intake records with signatures, logs, and receipt of the inmate handbook ensuring that relevant information is covered. There are Canvas Health Abuse Response Services posters and PREA Notices with zero tolerance statements and reporting information at intake and throughout the facility.

- (b) The PREA Standard calls for juveniles to be provided with comprehensive education regarding sexual abuse within 10 days of intake. The WCTHF provides residents with continuing PREA education in under eight days.

The WCTHF is licensed and approved as an 8-day temporary holdover facility and accomplishes this requirement shortly after the intake process. The auditor was informed that they accept youth between the ages of 10-18. The average length of stay is four days. 100% of all residents received continuing education regarding PREA. Within eight days of intake, the WCSO provides comprehensive education to residents of their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The auditor verified the meaningful practice of this requirement by reviewing a spot check of additional resident records of newly admitted detainees entering the facility in the past 12 months. Resident population statistics and logs were also reviewed in support of this standard. Every resident receives a Juvenile Unit Handbook which contains PREA information, including specific rules against sexual acts with or without consent and sexual harassment. Definitions are provided and reporting procedures are listed. Advocacy services are also advertised. The handbook also lists areas that are considered *Out Of Bounds* for any resident and describes the emergency button on the intercom in case of an emergency such as an assault. Additionally, the THF provides a booklet of rules and regulations. All of this is for the protection of the resident while in custody. The Turnkey Communication and Canteen Kiosks, which are located in every housing unit, requires an initial PREA acknowledgement. The acknowledgement affirms that they have read and understand sexual abuse and sexual harassment information and how to report such behavior to staff before they sign on to the Kiosk. The phone system also contains a reporting element with their prompts. There is a PREA Orientation Video available and the PREA Rights Form has a signature response acknowledging that they have watched the educational video "PREA – What You Need to Know." The auditor watched the video during the pre-audit portion of the audit. The auditor and assistant auditor inquired about the initial and comprehensive PREA education of the intake staff and juvenile unit security staff. They described how their facility ensures that residents are PREA educated. They described the initial information with handbooks and PREA Notices and signs in the housing units. They said that residents are made aware of these rights from the booking process and usually within ten minutes to an hour after arrival.

<https://securustechologies.tech/>
<http://www.turnkeycorrections.com/>

- (c) All residents who are transferred from one facility to another shall be educated regarding their rights to be free from sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents.

All residents are provided PREA initial information and continuing education whether they are arrested in the community or whether they have been transferred from another facility. A review of the PREA policies, resident files, and interviews with the PREA Coordinator and Intake Staff verified this practice.

- (d) The facility provides resident education in formats accessible to all, including those who are LEP, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. In addition to English, orientation information will be provided in the most commonly used languages for the inmate population, which is Spanish in this case.

Translation and Interpretive services are provided as needed and as referenced in the auditor's narrative of Standard 115.16: Inmates (Residents) With Disabilities. The Auditor read the facility LEP Guide which serves those who are: limited in speaking English, limited in understanding English, hearing impaired, or speech impaired for the purposes of reporting sexual abuse/harassment in

accordance with PREA. The PREA Coordinator discussed and provided the auditor with a list of resources available to enhance the PREA education experience to include accessibility for all residents with various degrees of disabilities or language barriers. The WCSO website lists services that are provided for the deaf and hard of hearing. Residents in custody at the THF will be provided full and equal access to programs.

<https://www.co.washington.mn.us/3197/Jail-Division>

- (e) The WCSO maintains intake records and electronic records of initial and continuing PREA education in the inmate files.

The auditor again reviewed these records to verify this standard compliance. Records are retained in the resident's permanent file.

- (f) In addition to providing the previously referenced PREA education, the facility ensures that key information is continuously and readily available and visible to inmates through posters, the inmate handbook, inmate PREA brochures, and the Turnkey Communication and Canteen Kiosk.

Throughout the facility tour, the auditor observed visible signage and copies of the resident handbooks in the housing units and throughout the unit advising residents of their right to be free from sexual abuse and how to report incidents. The auditor also reviewed Spanish language information. Interviews with the juveniles provided the auditor with assurances that they had sufficient PREA knowledge. They were able to demonstrate and show the auditor where information is posted and maintained in their housing units and described the programs and services available to them.

Reference Policies: Inmate Handbook and Orientation, 613 PREA/613.4 Training and Education/Inmate Education, 1115 Juvenile Unit Intake, 1119 Juvenile Unit Handbook.

For the reasons and evidence described in the body of this narrative, the WCTHF substantially exceeds the requirements of the PREA Resident Education standard and all its sub-parts.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

All staff who have contact with inmates shall receive training on the prevention and detection of sexual abuse/sexual harassment and their coordinated response procedures in the event of an incident within this facility. In addition to this member training, specialized investigative training for investigators is required by policy. The investigators shall receive training for conducting sexual abuse and sexual harassment investigations in confinement settings.

There are a total of six officers who are trained and available to conduct investigations for sexual abuse/harassment allegations upon referral.

Two PREA trained investigators of the WCSO were interviewed by the auditor. They both verified their training, education, and history specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The auditor also was provided with investigator PREA training records and certificates. Classes and curriculum were provided to the auditor. The training resources were provided by nationally known and reputable correctional and health training organizations such as the PREA Resource Center (PRC), the American Jail Association (AJA), and Relias.

<https://www.americanjail.org/education>

<https://www.prearesourcecenter.org/training-and-technical-assistance>

<https://www.relias.com/>

- (b) According to WCSO jail policy, specialized investigative training for investigators shall include the uniform evidence protocol to maximize the potential for obtaining useable evidence. Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The investigators confirmed the training and use of the uniform evidence protocol and informed the auditor of the training topics to include:

- Techniques for interviewing sexual abuse victims;
- Proper use of Miranda and Garrity warnings;
- Sexual abuse evidence collection in confinement settings; and
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.

The investigators were asked whether the training included techniques for interviewing under-age sexual abuse victims. They responded affirmatively.

The auditor further reviewed the investigator's training records and class rosters in support of this requirement. The auditor and the PREA Coordinator discussed future refresher and retraining courses. The auditor recommended classes by the PRC or the National Institute of Corrections (NIC). The DOC and the Minnesota Sheriff's Association (MSA) are also organizations that may coordinate such trainings.

- (c) Investigator Training records are maintained by the WCSO and the WCJ.

The auditor reviewed the appropriate documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Reference Policies: 318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Training and Education/Specialized Training: Investigations.

The WCSO meets the Specialized Investigator Training Standard.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) Jail, Public Health, and Mental Health divisions of the WCSO all have policies which mandate that medical and mental health staff who work regularly in the facilities be trained in:

- How to detect and assess signs of sexual abuse/sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Public Health staff that service the jail also provides medical care to the juvenile unit of the WCSO. The auditor examined all related policies and verified that these required elements are addressed. There is a total of six part-time or full-time nurses. The WCSO contracts with one MD and one Mental Health Provider. Medical and mental health staff who work regularly at the facility have all received member and specialized medical training regarding PREA. 100% of the medical staff have received power point and online PREA training. Four of the nurses received in person SANE and PREA training this year. The Nurse Supervisor was interviewed and confirmed that medical staff receive specialized medical training regarding sexual abuse and sexual harassment. She verified that the training topics included how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. She described that all elements of the standard are included in their training, with a review of policies and protocols related to sexual abuse and sexual harassment response.

There are also Juvenile Unit Policies specific to medical and mental health care at the THF.

Policies indicate that all staff, volunteers, and contractors who have contact with inmates or residents of the THF receive office approved training on the prevention, detection, and coordinated response of sexual abuse/sexual harassment within the facility. Additionally, all qualified health care and mental health professionals who work in the facility receive PREA specialized medical training. The WCSO utilizes WC Public Health Nursing for their correctional health care services and contract the services of a mental health care professional.

The auditor also read the related health care policies which provide for access to correctional health care and address medical emergency response. Other related policies that were reviewed include referrals and

specialty care and the provision of mental health services. The auditor also studied the jail and medical screening and assessment forms, examination documents, secondary materials, and the Public Health - Sexual Assault Response Checklist related to sexual abuse victimization and referral.

- (b) N/A. Medical staff at the WCJ do NOT conduct forensic examinations; however, receive training for understanding and coordinating of the process in the event of a sexual abuse incident.

The auditor reviewed the presentation materials provided by the SANE Supervisor for the Sexual Assault Nurse Examiner Program from Regions Hospital, a Health Partners Family of Care in St. Paul. The auditor reviewed the related curriculum in support of this standard. Also reviewed were the Lakeview Hospital Emergency – SANE Program Discharge documents. The auditor spent a considerable amount of time in the medical unit of the jail and spoke with the nurses. They provided the auditor with training information they receive related to PREA and their coordination efforts with the SANE program. In the event of a sexual assault occurrence, an inmate victim would be transported to the Lakeview Hospital as part of the emergency response and investigation process.

<https://www.healthpartners.com/hospitals/regions/specialties/emergency-center/sexual-assault-care/>
<https://www.healthpartners.com/care/hospitals/lakeview/>

- (c) and (d) The WCSO maintains documentation that medical and mental health practitioners have received training referenced in this standard. The PREA Coordinator provided the auditor with both member, contractor, and specialized medical training records which consisted of class rosters, member training contents, and the Power Point Curriculum: Caring for the Sexual Assault Patient in Custody. The Nursing Supervisor and the nurses advised the auditor that they receive a variety of PREA training, including the specialized medical training necessary to respond to sexual abuse victimization. Sexual Assault Health Policies are also reviewed as part of this training.

Reference Policies: 318 PREA Training/318.4 Specialized Medical Training, 613 PREA/613.4 Special Training: Medical and Mental Health Care, Health Policy 516 Sexual Assault, Health Policy 512 Mental Health, 702 Access to Health Care, 706 Referrals and Specialty Care, 708 Emergency Health Care Services, 724 Mental Health Services, 726 Mental Health Screening and Evaluation, and 728 Special Needs Medical Treatment, 1161 Juvenile Unit Medical Care and Services.

The WCSO medical and mental health division of the juvenile facility meets the requirements of this standard based on the comprehensive analysis as evidenced in the policies, procedures, training records, interview responses, observations, and use of screening and assessment documents.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO has a policy that all residents are assessed during the intake screening process for their risk of being sexually abused by other inmates or residents or being sexually abusive toward other residents. This PREA Standard requires that within 72 hours of the resident's

arrival at the facility and periodically throughout their confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

Juvenile Unit Intake Policy dictates that the juvenile correctional officer shall book the detainee by entering specific information into the computer including any safety concerns regarding assaultive behavior and victimization concerns. Parental notifications are conducted for all juveniles booked into the WCTHF. Juvenile populations are separated for special management needs such as protective custody. Juvenile correctional staff are responsible for ongoing behavioral observations and juveniles placed in segregation for special management purposes will have a status review within the first 24 hours by the Juvenile Administrator.

Policy 613.5 of the PREA Policy requires the Screening for Risk of Sexual Victimization or Abusiveness. The assessment is put into place to determine appropriate housing and to prevent sexual misconduct. The Classification Policy provides for the proper classification of residents according to security and health risks so that appropriate supervision, temporary holding, and housing assignments can be made.

The auditor toured the WCTHF and spent a considerable amount of time in the unit. I was able to have a conversation with one of the corrections officers of the juvenile unit who is also the intake officer responsible for resident screening. She demonstrated and provided the auditor with the screening documents consistent with this standard. She verified what questions are asked for the purpose of determining their risk status. The auditor and assistant auditor formally interviewed two staff members who perform this screening. The screening officers advised that they have a whole list of questions they ask the inmates or residents upon admission for this purpose. Two juveniles were asked when they first came here if they recalled being asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual, or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the THF. They said yes, they were asked the questions. Both residents were newly admitted. One of the residents said he was asked these questions within 30 minutes of arrival. Facility policy provides a 24-hour threshold. The auditor reviewed the screening forms and a sample spot check of recent resident files to include the completed assessments with signatures.

The facility policy also requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 24 hours of their intake. This PREA Standard calls for screening to take place within 72 hours of arrival. The policy states that assessments must take place within 24 hours of arrival at the THF. The auditor was informed that all new residents are screened shortly after admission. 98 juveniles were booked into the facility in the past 12 months. If the juvenile is to be held, the Juvenile Correctional Officer shall complete the booking process including the health evaluation, brief mental health screening, and all other assessments. Further review of resident booking records provided evidence of appropriate screening within the 24/72-hour timeline. 53 residents remained in custody longer than 72 hours. The intake officers that were interviewed informed the auditors that the PREA Screening forms are accomplished usually within an hour of arrival, and most definitely within 24 hours. The residents interviewed also corroborated this time requirement.

- (b) The Screening instrument utilized at the WCTHF for risk of victimization and abusiveness is an objective screening tool with questions for the resident and the officer, including observations and the collection of data.

By policy, the classification plan includes an initial screening process, as well as a process for determining appropriate housing assignments. The plan includes use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms and a process to ensure that all records are maintained in each resident's permanent file. The auditor studied the PREA Screening Instrument and the resident classification tools in addition to the policies to verify the use of the objective screening and assessment resources.

The Screening instrument utilized at the WCTHF for risk of victimization and abusiveness is an objective screening tool with questions for the resident and the officer, including conversations, observations, and the collection of data.

- (c) There are 11 criteria (as described in the introduction of this standard 115.341) required in ascertaining a complete and thorough screening for risk of sexual victimization or abusiveness. Intake screening in jails and prisons differ from intake screening in juvenile facilities in the following ways:
- Only prisons and jails consider whether the inmate is detained for civil immigration purposes;
 - Only juvenile facilities consider any other information that might indicate that a resident is at a heightened need for supervision, safety precautions, or separation from other residents; and
 - Only prisons and jails consider whether the inmate has prior convictions for sexual offenses.

The facility intake screening process considers all the criteria required of the standard to assess residents for risk of sexual victimization. The auditor reviewed all relevant screening and classification documents to verify compliance by comparing and contrasting the prescribed items by the PREA standard with the WCTHF screening and assessment forms. In order to meet the requirements of the standard, the screening should use all criteria (1-11) at a minimum. All items are met through the intake screening process.

The auditor studied the PREA Screening Instrument and the resident classification tools in addition to the policies. In addition to the standard PREA Screening, juveniles receive specialized assessments as required by Minnesota Rule 2960.0700. Screenings and assessments are administered for health and chemical abuse, education, mental health, vulnerability, cultural screening, and gender specific screening. The Vulnerability Assessment and Sexually Abusive Behavior Screening asks if the child has a history of abuse, including sexual abuse. The assessment also addresses a history of vulnerability for indications of potential safety issues with other residents, or whether the child has a history of victimizing others, including sexual abuse. The Culture Screening/Interview documents the age of the child and asks about how the child identifies themselves in terms of sexual orientation. Most of the forms also note relatability with male or female staff. Information generated through the use of the above-referenced assessments better equip the corrections officer in keeping the resident safe through proper classification assignments and care plans.

- (d) The information acquired shall be ascertained through conversation with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Juvenile Unit Intake policy addresses the procedures and responsibilities relative to this requirement. The facility intake screening process considers all the criteria required of the standard to assess inmates for risk of sexual victimization. The auditor reviewed all relevant screening and classification documents to verify compliance by comparing and contrasting the prescribed items by the PREA

standard with the relative screening and assessment forms. Additionally, the auditor was informed by the staff that perform screening for risk of victimization and abusiveness what the initial risk screening considers and what the process is for conducting the initial screening. They said that it consists of questions, answers and conversation as well as observations. Juvenile correctional staff have access to court records, case files, facility behavioral records and other resources such as juvenile probation contacts and human services.

- (e) The WCSO implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Information obtained in response to screening questions shall be considered confidential and shall only be made available to those with a legitimate need to know. This is in accordance with the classification policies. The auditor and assistant auditor discussed with the staff that perform the screenings the importance of ensuring that sensitive information is not exploited to the resident's detriment by staff or other residents. We were assured that information provided is used for classification, housing, and programming purposes. Referrals are made to medical and mental health staff as deemed necessary. The PREA Coordinator assured the auditor that appropriate controls have been implemented on the dissemination within the facility referencing this standard. Juvenile staff are trained in the data practices and privacy laws for juveniles. He described how the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. He explained that the booking officer, Classification Sgt and supervisors have access to the PREA screening responses. There are also ethics policies in place which require staff to adhere to data practices standards.

Reference Policies: 516 Inmate Classification/516.3 Classification Plan, 613 PREA/613.5 Screening for Risk of Sexual Victimization and Abusiveness, 1115 Juvenile Unit Intake, 1116 Juvenile Unit Classification and Separation of Residents, 1129 Juvenile Unit Supervision, 1131 Juvenile Unit Special Management, 1155 Juvenile Unit Programs and Services, 1157 Juvenile Unit Educational Programs, 1159 Juvenile Unit Recreational Activities.

The WCTHF substantially exceeds the standard requirements by obtaining a vast amount of information from residents through screening and assessment tools to determine risk of sexual victimization or risk of sexually abusing others in a short amount of time to keep juveniles safe from harm.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No

- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

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

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCTHF uses information acquired from the risk screening and other screening and assessment tools to inform housing, bed, work, education, and program assignments with the goal of keeping residents safe and free from sexual abuse, and specifically to separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

WCSO policy further states that inmates or residents identified as being at high risk for sexually aggressive behavior will be monitored in an area that will minimize the risk to other residents and staff. Likewise, residents identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. The screening assessments are used for determining appropriate placement of residents in housing, bed, program, education, and work assignments and to prevent sexual misconduct.

Juvenile Intake and Classification policies address room assignment and separation recommendations. Juveniles are assigned rooms based on room availability and separation requirements of any existing juvenile population. Juveniles with mental health issues or medical problems may need to be housed separately from other detainees. Juvenile populations may also be separated for special management needs such as administrative separation, protective custody, or disciplinary segregation. The reasons for separation are documented in the detainee's case file with any special instructions. All special management separations are reviewed by the Juvenile Administrator. The WCTHF also has a policy providing for the classification and separation of juvenile residents. All residents are housed according to the classification plan. Resident classification criteria for living units must include consideration of at least the following factors: age, development level, gender, physical aggressiveness, delinquent sophistication, and abscond risk. The WCTHF maintains a Juvenile Pass-On/Daily Synopsis for detailed observations of juvenile residents for the continuum of care. In terms of juvenile programs and services, because juveniles at the WCTHF may only be held a maximum of eight days (excluding weekends and holidays), extended program participation will not be possible. Appropriate referrals for continued services shall be made when requested by community agencies upon release from the

facility. Within 24 hours of admittance an education instructor meets with the juvenile to develop and supervise an educational plan to be coordinated with local school authorities. Recreational opportunities for juveniles include physical exercise and leisure time activities. Juvenile residents are also required to participate in the daily cleaning of their living quarters. Finally, Facility Care Plans are utilized to accommodate any special needs and are modified at any time that it becomes necessary to do so.

The auditor asked the staff who perform screening for risk of victimization and abusiveness how the information is utilized to benefit the resident's safety. They described the individualized determinations that are made for housing, programs, and services. The corrections staff who perform screening for risk of victimization and abusiveness were asked how the facility uses information from the risk screening during intake to keep residents safe from being victimized or from being sexually abusive. They advised that there are housing recommendations for specialized housing assignments and facility services. In turn, the auditor again reviewed the related policies which reinforce this standard and I also reviewed a sample of classification and screening forms for housing assignments and program opportunities. It appeared that residents were being classified in a manner to enhance sexual safety at the facility.

(b) In contrast to prisons and jails that are required to make individual determinations about how to keep each inmate safe, juvenile facilities are restricted from using isolation in the following ways:

- Residents can only be isolated as a last resort when the least restrictive measures are inadequate to keep the residents safe; and
- During isolation, residents cannot be denied daily large muscle exercise or legally required educational programming and they must receive daily visits from medical or mental health staff.

Juvenile Unit policies demand that the THF must not subject residents to withholding of basic needs, including exercise activities. After the initial assessment and classification of juvenile detainees, juvenile correctional staff are responsible for ongoing behavioral observation of residents classified as special management including protective custody at the WCTHF, as well as the continued assessment of individual programming needs. Juveniles are classified according to their security risk level (low, medium, high). A distinction is made between separation and segregation. Segregation is a security area providing the greatest degree of physical security for the control and separation of juveniles. Separation is the generic term used to encompass assignment to the custody status of administrative segregation, disciplinary segregation, or protective custody. Separation refers to the physical separation of special management juveniles from the general population by housing assignment and programs scheduling, keeping in mind that the WCTHF is only a five-bed facility, consisting of two housing units.

Residents in isolation are to receive daily visits from a medical or mental health clinician. The auditor and the Nursing Supervisor discussed the application of this standard requirement. In the past 12 months there were no residents placed in isolation who were at risk of sexual victimization. The facility policies require residents placed in isolation to have access to legally required educational programming, special education services, and daily large-muscle exercise. Residents shall also have access to other programs and services to the extent possible.

The PREA Coordinator and Commander stated that only as a last resort would residents be completely isolated in order to keep the resident safe and free from sexual abuse. This would be the case only if

less restrictive measures were inadequate to keep them and other residents safe and only until an alternative means of keeping all residents safe can be arranged. If a resident is segregated, there is a status review within 24 hours. On the day of the on-site audit, there was one juvenile quarantined for medical reasons. The auditor also reviewed a sample of resident files and there was no indication of isolation noted for risk of sexual victimization.

- (c) The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. This consideration is not an indicator or likelihood of being sexually abusive.

There are no dedicated housing units for LGBTI identified residents at the WCTHF. Housing and program assignments of a transgender or intersex resident includes an individualized consideration for the resident's health and safety and any related supervisory, management, or facility security concerns. In deciding whether to assign transgender or intersex residents to housing or program assignments, juvenile staff will consider on a case-by-case basis whether placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The WCSO has policies that address this topic. There were no transgender residents identified during the on-site audit to interview. The auditor also verified by observing the monitors in the control center, officer's station, and supervisor offices that toilet and change out areas are digitally blocked from view. There are no cameras in the shower rooms themselves. There are either privacy doors or curtains on the shower entries.

- (d) The juvenile unit makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis for health, welfare, safety, and security purposes.

WCSO policy dictates that a transgender or intersex inmate's own views with respect to his/her own safety shall be given serious consideration. The screening staff responded positively that the transgender or intersex inmate's views of his or her own safety is absolutely given serious consideration in placement and programming assignments. Each resident is assessed on an individual basis through the gathering of personal information, conversations with residents, and the use of screening and assessment forms.

The PREA Coordinator was interviewed and verified that all residents are screened and classified objectively and assigned housing on a case-by-case and individualized basis.

- (e) This PREA Standard requires the reassessment of placement and programming assignments for each transgender or intersex resident to be reassessed twice annually to review any threats to safety experienced by the resident.

By policy, resident risk levels are assessed when warranted due to a referral, resident request, incident, or receipt of additional information. The WCTHF maintains a Juvenile Pass-On/Daily Synopsis for detailed observations of juvenile residents for the continuum of care. In terms of juvenile housing, programs and services, because juveniles at the WCTHF may only be held a maximum of eight days (excluding weekends and holidays), extended program participation and twice annual reassessments of the transgender or intersex resident will not be possible. Appropriate referrals for continued services shall be made when requested by community agencies upon release from the facility.

- (f) A transgender or intersex resident's own views with respect to his/her own safety shall be given serious consideration.

Classification policies address PREA considerations for the transgender or intersex resident. Housing and program assignments of a transgender or intersex resident shall include individualized consideration for the resident's health, welfare, and safety, and any related supervisory, management, or facility security concerns. A transgender or intersex inmate's own views regarding their own safety are taken very seriously. This was verified by the PREA Coordinator and staff that conduct screenings at the facility.

- (g) Transgender and intersex residents are provided an opportunity to shower separately from other residents.

The auditor toured the facility and paid close attention to the shower areas within the juvenile unit, and in the medical units. Facility policy provides for transgender or intersex residents to be given the opportunity to shower separately from other residents. Staff showed the auditor which private showers are available away from the housing units as needed. All showers have modesty screens, curtains, or partial doors for coverage. Staff responsible for the PREA screening confirmed that as needed, separate shower facilities are provided to the transgender resident. Housing units and single cells with access to day areas also provide for the flexibility of any separation and privacy needs. There are also separate program rooms available for juvenile resident participation.

- (h) If a resident is isolated pursuant to sub-part (b) of this standard, the facility must clearly document the basis for the facility's concern for the resident's safety and the reason why no available means of separation can be arranged.

The PREA Coordinator informed the auditor that no juveniles were isolated for sexual safety concerns at the THF in the past 12 months. The PREA Coordinator assured the auditor that in the rare situation that a juvenile would be segregated for protective custody purposes, the reasons would be documented appropriately until other arrangements could be made. The Administrator also verified that only as a last resort would a resident be isolated for this reason. The security staff and supervisors take great care to document all juvenile observations and safety concerns in the resident's file. This fact is supported by multiple facility policies.

- (i) This standard sub-part requires a 30-day review of any resident isolated for sexual victimization concerns.

Because juveniles at the WCTHF may only be held a maximum of eight days (excluding weekends and holidays), 30-day reviews would not be possible. Juvenile residents at the WCTHF are monitored on an ongoing basis throughout their stay with any safety concerns documented appropriately. The auditor discussed the supervision and monitoring of all residents with the juvenile correctional officer on duty at the time of the on-site audit and also with the PREA Coordinator throughout the audit process.

Reference Policies: 516 Inmate Classification/516.10 PREA Considerations, 613 PREA/613.5 WCJ Housing Classification of Inmates, 814 Inmate Hygiene/814.9 Inmate Showers, 1115 Juvenile Unit Intake, 1116 Juvenile Unit Classification and Separation of Residents, 1129 Juvenile Unit Supervision, 1131 Juvenile Unit Special Management, 1155 Juvenile Unit Programs and Services, 1157 Juvenile Unit Educational Programs, 1159 Juvenile Unit Recreational Activities.

The WCJ has provided the auditor with evidence of the appropriate use of the screening information for housing and program assignments in order to protect inmates from sexual abuse and sexual harassment. The auditor reviewed the policy and procedural documents for use of screening information with the goal of sexual safety in the jail. Jail staff interview responses corroborated this standard. The WCJ complies in all material ways with the standard during the relevant review period.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCTHF provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse/sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The WCSO has policies which address this reporting standard. The PREA Sexual Abuse and Sexual Harassment form is reviewed with the newly admitted resident upon booking. In addition to the zero-tolerance policy concerning sexual misconduct in the facility, it states that as a resident, they have the right to report sexual misconduct and remain free from any retaliation regardless of their English-speaking proficiency, physical or mental disability, or any limitation they have in reading or writing. Special accommodations will be made to the best ability of the Sheriff's Office following the notification of staff. Their confidentiality will be protected. Any allegation of sexual misconduct is taken seriously. Victim advocacy and services are available. The form requires both the resident and the staff signatures to acknowledge that they have watched the educational video PREA – What You Need to Know. The auditor reviewed all the policies and secondary materials in support of this standard requirement. Reporting of sexual abuse/sexual harassment can be made using any of the following procedures:

- Verbally or in writing inform any staff member: officers, medical, teachers, Chaplain or other volunteer;
- Report anonymously via an inmate request slip within the housing unit;
- Contact the Assistant jail Administrator (AJA) tip-line at (651) 555-1234 with speed dial code of 222;
- Have an outside party call (651) 430-7900 and ask to speak to the AJA; and
- The resident or a 3rd party may contact Canvas health free of charge on any phone at (651) 777-1117 speed dial 223 or in writing to:

Canvas Health Abuse Response Services
8451 Est Point Douglas Road
Cottage Grove, MN 55016.

The WCTHF Juvenile Unit Resident Handbook is given to every resident at intake and prior to housing assignment. The handbook contains a grievance section which details that all grievances having to do with sexual abuse/sexual harassment staff will receive no matter what the time frame from when the alleged misconduct occurred. The inmate/resident phone system (Securus) provides prompts with a tip line. All "tips" will be sent via alert to the Assistant Jail Administrator (AJA) for immediate follow up. The Canteen/Vending and Communication Kiosk (Turnkey) also provides a connection for reporting a sexual abuse or sexual harassment.

Interviews with juvenile unit corrections officers verified how residents can privately report sexual abuse or sexual harassment, retaliation for reporting abuse, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. They explained the importance of verbal communications with residents. The residents interviewed provided a few examples of ways to report abuse.

The WCSO jail division website also publishes directions for reporting sexual abuse/harassment (see below).

Report Sexual Abuse/Sexual Harassment using any of the procedures listed below:

- Call 651-430-7900 and ask to speak to the Asst. Jail Administrator or Jail Sergeant.
- Ask to speak to an Administrator or Jail Sergeant in person.
- Call the 24-hour Non-Emergency Sheriff's Office line at 651-439-9381 and ask to speak to the Jail Sergeant.
- Write a letter to the Assistant Jail Administrator at the Washington County Jail, 15015 62nd St. North, Stillwater MN 55082

<https://www.co.washington.mn.us/3107/Inmate-Information>

<https://securustech.net/phone-products/index.html>

<http://www.twvending.com/internet/inmatebanking.html>

There are Canvas Health posters with contact information up and visible for the residents. They are also provided a pamphlet with Canvas Health Abuse Response Services information on it at booking.

- (b) The WCSO also provides an outside community source for reporting sexual abuse or sexual harassment. The facility maintains an MOU with the Canvas Health Abuse Response Services which provides free, private support for victims of sexual assault, and also provides a 24-hour crisis line for reporting purposes. Residents may remain anonymous upon request. The WCSO also has a policy regarding Consular Notifications. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and officials at the US Department of Homeland Security.

The auditor received a copy of the MOU between the WCSO and the Canvas Health Abuse Response Services for review. Canvas Health is an accredited nonprofit community-based agency with over 50 years of experience and employs highly skilled, compassionate clinicians who provide services to people experiencing crisis and trauma. Inmates and residents have access to the sexual assault hotline in all housing units. Reports are immediately received and forwarded to agency officials. The auditor also reached out to the Abuse Response Services Supervisor who described the process in

which reports are received and their prompt response. She explained the mandatory reporting piece to the auditor. Again, the auditor observed Canvas Health posters in the housing units and throughout the unit with reporting contact information advertised. Brochures were also available in the Sheriff's Office lobby. Consular contact information and procedures are kept in the booking room and officer's station for those residents detained solely for civil immigration purposes. The PREA Coordinator said that there is always a Facility Sgt on duty to assist the intake officers with this provision.

The available residents were interviewed. They were asked about how they would report any sexual abuse or sexual harassment that happened to them or someone else. They were asked if there was someone who does not work at the facility who they could report to, and could they report without giving their name. The residents were able to describe to the auditor the internal and external routes for reporting a sexual abuse/harassment. They were familiar with the Canvas Health advertising. They verified that they were provided with reporting information. The auditor again reviewed the Canvas Health MOU to confirm their outside reporting service available to residents of the WCSO.

The auditor read the reporting policies and consular notification policies that address these standard requirements. Observations during the facility tour corroborated that reporting information is provided to the residents initially and on a continual basis.

<https://www.canvashealth.org/crisis-support/abuse-response-services/>

- (c) The WCSO has a policy which directs staff to accept reports made verbally, in writing, anonymously, and from third parties. Staff are required to promptly document any verbal reports.

Facility policies also provide a grievance and an emergency grievance procedure as an option for reporting sexual abuse or sexual harassment. The resident handbook provides information to the residents pertaining to the grievance process. The procedure allows a resident, the resident's parent or legal representative, a guardian, or a concerned person in the resident's life to make a formal complaint or express concern about any aspect of the resident's care. The grievance is then documented, filed, and investigated.

The juvenile corrections officers interviewed confirmed that when a resident alleges sexual abuse or sexual harassment, they can do so verbally, in writing, anonymously, and from a third-party. All the staff interviewed said that verbal reports are documented as soon as possible as well as reporting to the Jail Sgt. Residents that were interviewed were aware of a few ways to report sexual abuse/sexual harassment including third party reporting. They thought that reporting might be anonymous. Again, the auditor reviewed the relative policies, staff training and resident education documents, the resident handbook, the facility website, lobby brochures and PREA Notices, and the Kiosk and facility phone system prompts to confirm compliance with this standard. Information to the public advertises that any person may report an allegation on behalf of any inmate or resident by contacting the Sheriff's Administrative Branch at (651) 439-9381 with instructions on how to report or to Canvas health Abuse Response Services at (651) 777-1117.

- (d) The WCTHF provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse/harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Juvenile Unit Staff/Resident Communications Policy details the various communication methods available for residents of the WCTHF. Juveniles shall have ready access to juvenile staff to ensure

presentation of their problems or requests without undue delay or formality. Juveniles can present their requests verbally, in letters, or on request forms. Juvenile Unit Basic Rights Policy provides grievance procedures including the provision of any necessary forms and assistance to file the grievance. The PREA Coordinator verified that residents are provided with paper and security pencils/pens for communication and reporting purposes.

- (e) The WCSO has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

There are policies with procedures in place that address this standard and sub-standard. Staff are trained and educated on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures. Correctional staff interviewed verified that their agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation, and staff neglect or violation of responsibilities that may have contributed to an incident. They verified that they have the capability to privately report an incident to a supervisor in person or through an email/note. They specified that they are mandatory reporters and follow the chain of command procedures as required.

Reference Policies: 608 Foreign Nationals and Diplomats/608.4 Consular Notifications, 613 PREA/613.4 Training and Education/Employee Training/613.6 Reporting/Reporting of Sexual Abuse or Sexual Harassment/613.7 Official Response Following an Inmate Report, 1107 Juvenile Unit Washington County Eight Day Temporary Holding Facility Resident Basic Rights, 1119 Juvenile Unit Handbook, 1147 Juvenile Unit Staff/Juvenile Communications.

An analysis, discussion, and review of the evidence confirms that the WCTHF complies in all material ways for the reporting requirements of the PREA standard.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

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

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCTHF has an administrative procedure to address a resident's grievance regarding sexual abuse.

There are policies in place that provide a process for handling emergency and standard grievances, including additional provisions for grievances related to sexual abuse. The resident grievance process is also spelled out in the Juvenile Unit Resident Handbook. The Canteen and Communication Kiosk provides residents with information and services, with the ability to send electronic messages such as grievances. You can also use the kiosks to send email to friends and family for a small fee. The allegation will be directly forwarded to the Jail Commander/Administrator or designee.

- (b) The WCTHF correctional staff shall receive any grievance of any type of sexual assault or sexual harassment no matter what the time frame when the alleged sexual misconduct occurred.

Facility policy also assures that residents and staff are not to attempt to informally resolve grievances related to sexual abuse or sexual harassment. The auditor reviewed the resident handbook to ensure that all relevant information is provided in the handbook. The PREA Coordinator also provided the auditor at the time of the pre-audit analysis, the Exhaustion of Administrative Remedies section which is contained within the resident handbook.

- (c) Facility policies and procedures also ensure that grievances are not to be submitted to a staff member who is the subject of the complaint, and such grievances are not referred to a staff member who is the subject of the complaint. Staff receiving the grievance shall forward the grievance to the PREA Investigator or a supervisor, and not forward to any supervisor who is the subject of the complaint.

Policies that address additional provisions for grievances related to sexual abuse verify this standard requirement. Residents may request to submit the grievance directly to the Jail Commander/Administrator if they reasonably believe that the issues to be grieved are sensitive or that their safety would be in jeopardy if the contents of the grievance were to become known to other residents or staff. The resident handbook was reviewed for relevant information.

- (d) The resident grievance timeline requirements differ from the standard due to the fact that the THF is only an eight-day holding facility.

After receipt of a grievance related to sexual abuse/harassment, an initial response is provided within 48 hours. A final decision is issued within three calendar days. A determination is made as to whether

there is a substantial risk and action to be taken in response to an emergency grievance. The grievance is to be investigated and resolved or denied within five days of the filing of the grievance. All grievances are recorded and retained in the resident's file. In the past 12 months, there were zero grievances filed related to sexual abuse/sexual harassment according to the PREA Coordinator. Again, facility policies and the resident handbook address these administrative remedies for sexual abuse.

- (e) Agency policy provides procedures for third parties, including fellow residents, staff members, family members, attorneys, and outside advocates the ability to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

Staff may take reasonable steps to assist the resident in the preparation of the grievance. Staff members who receive the grievance filed by a third party on behalf of a resident shall inquire but not require whether the resident wishes to have the grievance processed and will document the resident's decision. The parent or legal guardian of a youth resident may file a grievance regarding allegations of sexual abuse on behalf of the resident without the child agreeing to have the request filed. Appeal processes are also described by policy and resident handbook. Residents may send electronic messages such as grievances or use the kiosk to send email to friends and family for a small fee. Instructions are posted on the kiosk.

- (f) Additional procedures provided in the facility policies address emergency grievances related to sexual abuse.

A resident who believes he/she or any other resident is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the resident and shall provide an initial response within 48 hours. Facility Administration and the PREA Coordinator informed the auditor that an initial response would be immediate. The supervisor will then refer the grievance to the Shift Supervisor, who will investigate and issue a decision within five calendar days. The initial response and final decision will be documented and shall include a determination as to whether the resident is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance. There were no emergency grievances identified within the past 12 months for imminent risk. The auditor reviewed older PREA incident logs and case files and affirmed prompt response in emergency situations. When necessary, first responder actions would be initiated with a referral for formal investigation.

- (g) Residents at the THF may be disciplined for filing a false grievance related to alleged sexual abuse ONLY when it is determined that the resident filed the grievance in bad faith.

The resident handbook addresses frivolous grievances. A grievance process is available to express complaints without fear of reprisal or punitive disciplinary action. It is noted, however, that residents shall use the grievance process for legitimate problems or complaints. If there is a concern that a resident is abusing the grievance process, he/she shall be informed that continued behavior may result in disciplinary action. In speaking with the Jail Commander and the PREA Coordinator, it would be rare to discipline a juvenile for these reasons and that the resident's mental health, cognitive, and behavioral issues are always considered. In the past 12 months, there were no residents disciplined for filing a false report of sexual abuse/sexual harassment.

Reference Policies: 613 PREA/613.6 Exhaustion of Administrative Remedies, 620 Inmate Grievances/620.6 Additional Provisions for Grievances Related to Sexual Abuse, 1107 Juvenile Unit

Washington County Eight Day Temporary Holding Facility Resident Basic Rights/1107.2 Grievance Procedures.

The WCJ has demonstrated proper use of the grievance process according to their policies and procedures as related to sexual abuse or sexual harassment. The grievance process was described to the auditor by Jail Administration and the PREA Coordinator. They meet all the elements of the Exhaustion of Administrative Remedies PREA Standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) The WCSO provides residents with access to outside support services and legal representation.

The THF provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving residents mailing addresses and phone numbers of local victim advocacy or rape crisis organizations;
- Giving residents mailing addresses and phone numbers of immigrant service agencies for persons detained solely for immigration purposes; and
- Enabling communication between residents and these organizations, in as confidential a manner as possible.

The auditor reviewed Policy 613 PREA/613.6 Inmate (or resident) Access to Outside Support Services and Legal Representation which addresses this standard. The Resident Basic Rights policy was also reviewed and provides content referencing their right to reasonable communication and visitation with adults outside the facility and their right of access to protection and advocacy services. The WCTHF by policy allows juveniles to maintain contact with family, friends, the courts, legal representatives, and the community at large through the US Postal Service. Juvenile visitation would also be allowed for advocacy purposes. Also reviewed was the 2014 MOU between Canvas Health Abuse Response Services and the WCSO, and the 2020 MOU which has been updated and is currently under legal review. Canvas Health is an accredited nonprofit community-based agency with over 50 years of experience and employs highly skilled, compassionate clinicians who provide services to victims of sexual assault in Washington County. Residents have access to the sexual assault hotline in all housing units. The auditor also reached out to the Abuse Response Services Supervisor who described the emotional support services and advocacy program. She explained that calls are confidential to the extent possible, but for juveniles there are mandatory reporting laws. Again, the auditor observed Canvas Health posters in the housing units and throughout the juvenile unit with reporting contact information advertised. Brochures are provided to the residents at intake and were also observed in the jail lobby.

Canvas Health Abuse Response Services
8451 East Point Douglas Road
Cottage Grove, MN 55016

(651) 777-1117 or speed dial 223. Free of charge on any phone.

The MOU agreement states Canvas Health, Inc. will be authorized to perform all advocacy services pertaining to inmates or residents who have experienced sexual assault/harassment within the confines of the Washington County Jail or Juvenile Unit. In addition, Canvas Health, Inc., at the discretion of the Abuse Response Services Supervisor, is hereby authorized to conduct sexual assault advocacy services via telephone, at Lakeview Hospital, or if necessary, one-on-one in the confines of the Washington County Jail or Juvenile Unit. Canvas Health, Inc. is a mandatory reporter, i.e. if while communicating with an inmate or resident in the WCJ or THF if the inmate or resident indicates malfeasance, they will report as soon as possible to the Washington County Sheriff.

<https://www.canvashealth.org/location/stillwater/>

Per Policy 608.4.1 Consular Notification List and Contacts, the Jail Commander will ensure that the US Department of State's list of countries and jurisdictions that require mandatory notification is readily available to staff members. There is also a published list of foreign embassy and consulate telephone and fax numbers as well as standardized notification forms that can be faxed and then retained for the record. The auditor also observed consular contact information and procedures in the booking room or officer's station for those residents detained solely for civil immigration purposes. The PREA Coordinator said that there is always a Jail Sgt on duty to assist the intake officers with this provision.

Residents were interviewed regarding outside services available for dealing with sexual abuse. They were able to point out Canvas Health posters for Abuse Response Services.

- (b) The facility informs residents, prior to giving them access to outside support services, the extent to which communications will be monitored. Mandatory reporting rules are provided to residents, including limits to confidentiality.

The Canvas Health Abuse Response Services Poster that is posted in the housing units describes free, private support to survivors of sexual abuse. Residents are instructed to contact a Correctional sergeant for use of a private phone. The facility allows residents to make toll-free and unrecorded phone calls to Canvas Health Sexual Assault Counselors. The WCJ has entered into an MOU with Canvas Health for residents to obtain confidential emotional support services for incidents of sexual abuse or sexual harassment. The Supervisor of the Response Abuse Services informed the auditor that residents or their representatives are advised initially as to what extent communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. For juveniles, there are special mandatory reporting requirements to be considered such as parental notification and to Washington County Human Services in accordance with the MN Department of Health and Human Services guidelines. The facility policies referenced above also address the privacy and mandatory reporting issues involved with the PREA standard. The residents interviewed did not know if they believed that information could be private.

The WCTHF receives, records, and reports any case of physical, sexual, emotional abuse or neglect reported by an in-custody juvenile. All WCTHF staff will have yearly Mandatory Reporter training and will review the policy and procedure for reporting abuse and neglect along with completing a sign-off indicating they have reviewed the Juvenile Unit Abuse and Neglect Reports Policy. The form is

retained in the staff training file. Any and all abuse or neglect is documented and reported appropriately and in accordance to state laws.

- (c) As stated previously, the WCSO maintains an MOU between Canvas Health Abuse Response Services and the WCSO that provide inmates and residents with emotional support services related to sexual abuse.

The WCSO maintains a copy of the original MOU from 2014 and is currently awaiting legal authorization to execute the 2020 MOU which has updates and greater detail of services and expectations.

The WCJ meets the PREA standard requirements of providing inmates with access to outside confidential support services related to sexual abuse for the reasons indicated in the body of this narrative.

- (d) Youth must have reasonable and confidential access to attorneys or other legal representation and reasonable access to parents or guardians.

Juvenile unit policy provides a list of basic rights for juveniles in custody. They have a right to reasonable communication and visitation with adults outside the facility which includes parents, extended family members, siblings, legal guardian, caseworker, therapist, attorney, a physician, a religious adviser, and a case manager in accordance with the resident's case plan, and the right to access to protection and advocacy services, including a state-appointed ombudsman. WCSO policy also describes reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Juvenile residents may receive visits from parents or legal guardians and attorneys. Also allowed to visit are probation officers and court appointed officials.

The PREA Coordinator and facility officials verified that juveniles are provided access to their attorneys and their parents. Both juvenile residents interviewed said that they are allowed to speak with their parents and attorneys. One of the residents said he was able to call his parents last night. During the on-site portion of the audit, the auditor observed the corrections staff coordinate a phone conference between a juvenile resident and their attorney in a private room. The other resident said that he has been able to make private legal calls.

Reference Policies: 613 PREA/613.6 Inmate Access to Outside Support Services and Legal Representation/613.7 Official Response Following Inmate Report, 1107 Juvenile Unit Resident Basic Rights, 1119 Juvenile Unit Handbook, 1153 Ability to Maintain Contact, 1165 Juvenile Unit Abuse and Neglect Reports.

The facility has demonstrated full compliance with this standard.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The WCSO provides a method to receive third-party reports of sexual abuse or sexual harassment, and publicly distributes information on how to report on behalf of an inmate at the public lobby and on the official WCSO Website.

The WCSO at their lobby, in which the public has access, lists the phone numbers of the agency's administrative branch with instructions on how to report sexual abuse and sexual harassment. The auditor observed these notices in the public lobby of the building which contained phone numbers and instructions. There were also brochures and posters for Abuse Response Services and information. The auditor also studied the official website. It states:

PRISON RAPE ELIMINATION ACT OF 2003 (28 C.F.R. PART 115, 115.54)

The Washington County Sheriff's Office Adult Jail and Juvenile Holding facility has a zero-tolerance policy concerning any sexual misconduct between inmates or between staff and inmates. As friend or relative of an inmate, you have the right to report sexual misconduct and remain free from any retaliation regardless of your English-speaking proficiency, physical or mental disability, or any limitation you have in reading or writing. Special accommodations will be made to the best ability of the Sheriff's Office following the notification of staff.

Report Sexual Abuse/Sexual Harassment using any of the procedures listed below:

- You call 651-430-7900 and ask to speak to the Asst. Jail Administrator or Jail Sergeant.
- You can ask to speak to an Administrator or Jail Sergeant in person.
- You can call the 24-hour Non-Emergency Sheriff's Office line at 651-439-9381 and ask to speak to the Jail Sergeant.

- You can write a letter to the Assistant Jail Administrator at the Washington County Jail, 15015 62nd St. North, Stillwater MN 55082
- You can call the Jail Nurse at 651-430-7935 during regular business hours.

Agency policy provides procedures for third parties, including fellow residents, staff members, family members, attorneys, and outside advocates the ability to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. Staff may take reasonable steps to assist the resident in the preparation of the grievance. Staff members who receive the grievance filed by a third party on behalf of a resident shall inquire but not require whether the resident wishes to have the grievance processed and will document the resident's decision. The parent or legal guardian of a youth resident may file a grievance regarding allegations of sexual abuse on behalf of the resident without the child agreeing to have the request filed. Appeal processes are also described by policy and resident handbook. Residents may send electronic messages such as grievances or use the kiosk to send email to friends and family for a small fee. Instructions are posted on the kiosk. Basic Rights are posted in the Juvenile Unit and residents are provided with a copy upon booking.

Additionally, there is a WCSO smart phone application available to the public for communications with the Office to aid with any potential reporting of sexual abuse/sexual harassment of an inmate.

Reference Policies: 613 PREA/613.6 Reporting/Reporting of Sexual Abuse or Sexual Harassment/Third-Party Reporting, 1107 THF Resident Basic Rights/Grievance Procedures.

<https://www.co.washington.mn.us/3107/Inmate-Information>

The WCTHF has demonstrated full compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

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

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
 Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) As required by the Staff and Agency Reporting PREA standard, staff at the WCTHF are required to report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any corrections facility. They are also required to report any retaliation against residents who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor reviewed the related policies. Sexual abuse and sexual harassment staff reporting requirements are provided in the PREA training policies for jail staff, response policies following a resident report, Staff and Inmate Contact policy, and the Anti-Retaliation policy. Direction and guidelines are given within the body of the policies. The auditor reviewed the training curriculum as evidence of this standard requirement. 100% of the facility staff interviewed responded "yes" to all three components required in the standard. They said that the WCSO requires the reporting of any information received regarding an incident of sexual abuse/harassment, their requirement to report retaliation, and of their obligation to also report any staff neglect or violation of responsibilities that may have contributed to a PREA incident.

- (b) The WCSO also requires all staff to comply with the mandatory child abuse reporting laws.

The auditor reviewed the relevant policies. If the alleged victim is under the age of 18 staff will contact the Washington County Community Services per the Minnesota Department of Health and Human Services guidelines. The Juvenile Unit Abuse and Neglect Report Policy requires the WCTHF to receive, record, and report any case of physical, sexual, emotional abuse or neglect reported by an in-custody juvenile. All custody staff who work in the juvenile unit have yearly Mandatory Reporter training and as part of that training are required to review the policy and procedure for reporting abuse and neglect along with completing a sign-off indicating they have reviewed this policy. The executed document is retained in the officer's training file. When a juvenile informs juvenile staff of any abuse or neglect, the staff member gathers any information the juvenile is willing to divulge, reports the information to Washington County Community Services, creates an Incident Report, makes an entry into the daily log of the incident, and notifies the Juvenile Correctional Sergeant. The Sergeant contacts Washington County Community Services per the MN Department of Health and Human Services guidelines.

The juvenile unit corrections officers interviewed verified that they have been trained on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and on the relevant laws regarding the applicable age of consent.

- (c) Apart from reporting to supervisors and investigators, policy prohibits staff from revealing 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.

The Official Response Following an Inmate or Resident Report Policy addresses the prohibition of sharing this information to others. The corrections officers were interviewed regarding this topic. They informed the auditors of the policies and procedures for reporting information related to a resident sexual abuse. They described who and how they would report the information appropriately as per the chain of command. The auditor reviewed PREA reports to verify staff referrals to supervisors and investigators.

- (d) Medical and Mental Health facility staff are also required to report inmate sexual abuse to designated supervisors and investigators, as well as the required local and state agencies. They are also obligated to inform inmates of their mandatory reporting responsibilities and limitations on confidentiality upon initiation of services.

Also, according to policy, medical and mental health staff fall under the same mandatory reporting requirements. The Nurse Supervisor verified their mandatory reporting obligation and protocols. They are required to inform residents of their privacy, but also of their mandatory reporting roles. The auditor reviewed the related facility and medical policies in detail which address this subject. The auditor also spoke with medical staff and formally interviewed the nurse supervisor and mental health practitioner in respect to this standard. Reporting and informed consent was discussed with the jail nurses. The Official Response Following an Inmate/Resident Report policy requires the medical/mental health staff to initiate the Public Health Services Sexual Assault Response Checklist. The Medical Policy Sexual Abuse corresponds with the Sexual Assault Response Checklist. The Specialized Medical Training policy also mandates the reporting or allegations of sexual abuse/harassment. The auditor also reviewed the medical policies regarding sexual assault and its procedures, including to report to the Jail Sgt. The auditor was provided with and reviewed medical consent forms, screenings, assessment forms, and secondary material in support of this standard. The PREA Medical and Mental Health

Screening Policy describes what is required of the health practitioners related to confidential information and informed consent. Also reviewed was the Mental Health Services Agreement with privacy and mandatory reporting for sexual assault in jails or juvenile facilities. According to the Nurse Supervisor, they are mandated to report any sexual abuse committed in the facility and would communicate with the facility supervisors to ensure reporting to local and state agencies. They would report to a Sgt immediately and then forward the information on to Investigators. The Nurse Supervisor described an example of a physical abuse incident that she reported. She described their policies which require informed consent regarding the disclosure of limitations of confidentiality.

- (e) Upon receiving an allegation of sexual abuse, the Jail Commander or designee shall promptly report the allegations to the appropriate agency office and to the alleged victim's parents or legal guardians, unless there are official documents to the contrary. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the caseworker instead of the parents or legal guardians. If the juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegations to the juvenile's attorney or other legal representative within 14 days of receiving the allegation.

The same facility and juvenile unit policies previously described also require the prompt reporting of sexual abuse allegations to all appropriate agencies and parents/parental representatives. The Jail Commander and the PREA Coordinator were interviewed in respect to reporting requirements. They understand that there are special reporting obligations in place for youth and vulnerable adults. There are state and local human services agencies that are to be notified. Parents and probation officers are also necessary contacts to report to. Reports are made in a timely fashion as prescribed by law. The Sheriff added that there is a designated Juvenile Attorney at the County Attorney's Office that they work closely with and assists and directs for reporting requirements. They explained the investigation process with communications to ensure the mandatory reporting requirements for specific state and local agencies. The Canvas Health Abuse Response Services professionals are also aware of juvenile mandatory reporting laws and help to coordinate those efforts.

- (f) Third-party and anonymous sexual abuse and sexual harassment reports are always referred to the designated investigators.

PREA policy requires that WCSO investigators be trained in sexual abuse investigations involving victims and shall investigate all allegations of sexual abuse including third-party and anonymous reports. There are also third-party reporting policies. The WC Inmate and Resident Handbook and the WCSO Jail Division website contains information which publishes the opportunity to report sexual abuse on behalf of an inmate and/or anonymously as previously described. The Jail Commander confirmed that absolutely, third-party and/or anonymous reports of allegations of sexual abuse are always referred for investigation.

The auditor also reviewed the training materials for staff, contractors and volunteers, and specialized medical and investigative training which educate on the elements of PREA reporting duties. Investigative reports were also reviewed, paying attention to the reporting source in support of this standard.

Reference Policies: 318 PREA Training, 613 PREA/613.7 Third-Party Reporting/613.6 Access to Outside Support Services/613.7 Official Response Following an Inmate Report/613.9 Investigations, 1165 Juvenile Unit Abuse and Neglect Reports, 516 Medical Policy Sexual Abuse.

The WCSO/THF has met the elements of the PREA reporting standard for staff and agency as explained by way of policy and procedure review, supporting documents review, training records, and through interview verifications.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) When the WCTHF learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.

The auditor was informed that in the past 12 months, there were zero instances determined where a resident was subject to substantial risk of sexual abuse. The auditor was assured by the Sheriff, PREA Coordinator, and Jail Commander that when these situations arise, there is no delay and staff take immediate action. They described their policies, procedures, and training in this regard. Resident safety and the security of the institution is their top priority. The auditor also reviewed the related policies including Emergency Grievances and Official Response Following an Inmate/Resident Report of Sexual Abuse. Staff shall take immediate action to protect residents that are subject to risk of sexual abuse. Interviews with staff evidenced appropriate training relative to this standard. Facility staff that were interviewed said that they would remove the resident from the situation immediately, fast, right away, or as soon as possible. It was clear to the auditor that this is practiced by staff in the facility when responding to emergency situations. A review of incident reports verified the prompt actions of corrections officers.

Reference Policies: 613 PREA/613.7 Official Response Following an Inmate Report/Preservation of Ability to Protect Inmates from Contact with Abusers/Protective Custody/Post-Allegation Protective Custody, 620 Inmate Grievances/620.6.1 Emergency Grievances Related to Sexual Abuse.

The WCTHF complies in all material ways to protect residents from imminent danger of sexual abuse for the reasons stated above.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) The WCSO maintains a policy for Reporting to Other Confinement Facilities. Upon receiving an allegation that a resident was sexually abused while confined at another facility/agency, the Jail Commander or designee that received the allegation shall notify the head of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency.

The THF has not received any reports of allegations of abuse at another facility or agency.

(b) Notifications are provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c) The WCSO documents all PREA allegations including a report which allegedly stems from another agency or facility.

The WCSO documents the notifications with date, time, and who notified who. The auditor verified the creation of PREA incident and investigative reports. The auditor reviewed the PREA tracking logs for a review of records as well. The auditor, Jail Commander, and PREA Coordinator discussed the importance of the facility/agency head ensuring the notification is directed to the responding facility/agency head or designee for investigation. The importance of the matter must be noted.

(d) Likewise, facility policy also requires that allegations received from another facility or agency are investigated in accordance with the PREA Standards.

In the past 12 months, there were no allegations of sexual abuse in the WCTHF received from another facility/agency. The auditor was supplied with the investigative files to review. The Sheriff was interviewed relative to this standard. He verified that all sexual abuse allegations are investigated no matter the source or route received. He said that an inmate's safety is a priority, and it is their responsibility to investigate thoroughly. Their office follows the chain of command protocols for reporting. The Jail Commander said that either way, all allegations of sexual abuse are investigated thoroughly and completely. Every allegation is taken very seriously. Their staff is available to assist with requests for information and the coordination of witnesses as needed. Video footage is available for evidence and is coordinated when requested.

Reference Policies: 613 PREA/613.7 Reporting to Other Confinement Facilities.

The auditor finds an overall compliance determination for the PREA Reporting to Other Confinement Facilities Standard.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

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

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) The WCSO has a first responder policy for allegations of sexual abuse.

To aid staff in the procedures set out in the policy, there is a corresponding First Responder Sexual Assault Response Checklist.

There are four requirements to be met in the First Responder PREA Standard. Upon learning of an allegation that a resident has been sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect the crime scene until appropriate steps can be taken to collect any evidence;
- Request that the alleged victim not take any actions that could destroy physical evidence; and
- Ensure that the alleged abuser does not take any actions that could destroy physical evidence.

In the past 12 months, there were no allegations of sexual abuse in the juvenile unit. The auditor reviewed the PREA incident reports and tracking logs to confirm appropriate response and documentation.

The auditor studied the related policies which address the Official Response Following Inmate (or Resident) Report of Sexual Abuse and Responsive Planning: Evidence Protocol and Forensic Medical Examination with preservation of crime scene. More than all the required elements of the standard were contained in the policies.

The assistant auditor interviewed security staff who have acted as first responders. They were asked to describe the actions to take as a first responder to an allegation of sexual abuse. They were able to articulate all four components of a first response duty in addition to immediately notifying medical and mental health practitioners. They described that they would separate the victim and abuser, mark off the scene, and prevent the residents from washing, brushing their teeth, showering, changing clothes, drinking, eating, urinating, or defecating until evidence can be collected and forensic examinations can be accomplished. There were no residents in custody who had reported a sexual abuse to interview.

- (b) WCSO Policy requires contract employees, volunteers, vendors, or visitors to immediately report to a correctional officer or Jail Sgt any knowledge, suspicion, or information regarding sexual abuse or sexual harassment.

This topic is part of their training. Information is also given on their responsibility for non-security staff if they need to act as first responders. If Public Health receives the report, they must initiate the Health Services Sexual Assault Response Checklist. Medical policies also spell out the steps required upon receipt of a sexual abuse report.

The auditor reviewed the facility and medical policies that address First Responder requirements for sexual abuse allegations. The PREA standard requirements are documented within the policies with procedural directions accompanied by the First Responder checklists. The auditor also spoke with non-security staff and inquired about the potential for actions to take if they were the first to receive a report. They all had knowledge of the safety and security practices to take and articulated the prevention of inmate washing, brushing teeth, eating, etc. In the past 12 months, there were no allegations of sexual abuse in the juvenile unit. Non-security staff were also interviewed pertaining to this standard. They all provided responses relative to the safety of the victim, separation requirements, notifying the Sgt, preserving physical evidence, protecting the scene, preventing inmates from washing, eating, urinating, defecating, changing clothes, brushing teeth, showering, etc., and acquiring medical attention. They further detailed the documentation process and notifying investigators.

Reference Policies: 613 PREA/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning: Evidence Protocol and Forensic Examination: Crime Scene Preservation. Medical Policy 516 Sexual Abuse.

The WCJ meets all components of the First Responder duties required of this PREA Standard. Upon review of the related jail and medical policies, procedures, First Responder checklists, security staff and non-security staff training records and materials, and interview responses, the auditor is satisfied of full compliance for First Response to an allegation of sexual abuse.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The WCSO has developed an institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership as required in this standard. Responsive planning for evidence protocols, forensic medical examination, and crime scene preservation is documented by policy. This is part of the coordination efforts of the WCSO. The policies document the steps to be followed to preserve the crime scene and chain of evidence. For a report of sexual abuse or sexual harassment, there is policy with procedures noted as the official response guidelines. Above all, staff shall ensure that immediate action is taken to protect residents. Residents are provided safety and support. The Jail Commander described the agency response to an incident of sexual abuse and the plan utilized to coordinate actions among all parties. The juvenile population is unique in its requirements for parental notifications and reporting to the appropriate human services agencies and legal authorities. First Responder checklists are utilized in the event of a sexual abuse report according to job description.

The agency policy directs the coordination of actions taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioners, investigators and the PREA Coordinator. The WCSO has policies and procedures in place to preserving the crime scene on any alleged sexual abuse. This includes contacting the agency Investigative Division to begin an investigation. The WCSO has included in the procedures referral to a Sexual Assault Advocate.

The auditor also reviewed the training records for a comprehensive overview of all key players within the WCSO as to response education.

Reference Policies: 613 PREA/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The WCSO maintains Memorandum of Agreements/Union Contracts which permit the agency to remove alleged staff sexual abusers from contact with any inmates or residents pending an investigation or a determination of whether and to what extent discipline is warranted.

The auditor was provided with three agreements. The contracts reviewed are:

- Memorandum of Agreement Between County of Washington and American Federation of State, County, and Municipal Employees AFL-CIO District Council No. 5 Non-Exempt Employee Unit January 1, 2019 – December 31, 2020;
- Memorandum of Agreement Between the County of Washington and Minnesota Public Employees Association Correctional Officer/911 Unit January 1, 2019 – December 31, 2020; and
- Memorandum of Agreement Between the County of Washington and Minnesota Public Employees Association Correctional Officer/911 Supervisor's Unit January 1, 2019 – December 31, 2020.

Upon review of the Non-Exempt Employee Unit Contract, the auditor verified in writing that both parties recognize the rights and authority of the employer necessary to operate and direct the department, including directing the work force, controlling operations and services, determining the methods, means, organization, and number of personnel by which operations and services are to be conducted, and taking whatever actions may be necessary to carry out the missions of the Employer in

emergencies. Managerial rights and functions of the Employer are also noted. The contracts also contain Discipline and Discharge and Grievance Procedures.

The Correctional Officer/911 Supervisor's Unit Contract recognizes that the Employer retains the sole right to operate and manage all manpower, facilities, and equipment in accordance with applicable laws, and regulations of appropriate authorities. Any term and condition of employment not specifically established in the Agreement shall remain solely within the discretion of the Employer to modify, establish, or eliminate. The contract also contains Discipline and Grievance procedures.

The Correctional Unit Contract recognizes that the Employer retains the sole right to operate and manage all manpower, facilities, and equipment in accordance with applicable laws, and regulations of appropriate authorities. Any term and condition of employment not specifically established in the Agreement shall remain solely within the discretion of the Employer to modify, establish, or eliminate. The contract also contains Discipline and Grievance procedures.

WCJ Policy 613 PREA/613.7 addresses the Preservation of Ability to Protect Inmates/Residents from Contact with Abusers similar to the PREA Standard.

The Sheriff was interviewed in respect to this standard. He informed the auditor that the current contract will be expiring December 31, 2020, and that they are currently negotiating the new contracts for the office. They are two-year contracts. He verified that the agreements contain language which reinforces the authority of the Sheriff to remove an alleged staff sexual abuser from contact with any inmate or resident pending an investigation or a determination of whether and to what extent discipline is warranted. This would be an Administrative Leave and would be the standard practice.

The WCSO is in full compliance of its preservation of ability to protect inmates from contact with abusers.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with

victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO has established policies to protect all inmates and residents and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other residents or staff and designates who is charged with monitoring retaliation.

The agency policy designates the AJA to monitor retaliation against residents or staff members reporting sexual misconduct. The WCSO has a strict Anti-Retaliation policy which prohibits retaliation against members who identify workplace issues including violations that may pose a threat to the health, safety, or well-being of others. The WCSO has a zero-tolerance for retaliation and is committed to taking reasonable steps to protect members who report or participate in the reporting or investigation of workplace issues. All complaints of retaliation will be taken seriously and will promptly and thoroughly be investigated.

- (b) The WCSO employs multiple protection measures for residents and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Facility policy describes the multiple protection measures such as housing changes or transfer for resident victims, removal of alleged staff or resident abusers from contact with victims, and emotional support services for resident and staff who fear retaliation. The Sheriff described the County and Sheriff's Office Anti-Retaliation policies in general. They do not tolerate any form of retaliation. If it occurs, there is immediate corrective action. They have incorporated Lexipol policies and have training sessions with daily training bulletins (DTB) to refresh staff on the zero-tolerance retaliation policy. The Jail Commander reinforced that they do not tolerate retaliation and verified that there are policies and procedures which address the protection measures for residents or staff. He explained that they have a lot of flexibility with their housing units for housing changes or transfers, removal of alleged abusers and access to emotional support services. The designated staff member charged with monitoring retaliation was also interviewed. The AJA can designate a facility Sgt to be responsible for monitoring. The PREA Coordinator is a supervisor who also monitors for potential retaliation. He described the role he plays in preventing retaliation against residents or staff who report sexual abuse or harassment. Basically, they monitor for behavior changes. Any changes or incidents are noted in the classification

forms and daily observation record for residents. There are many options available such as housing changes, separation, and emotional support services. Staff issues are addressed administratively and if necessary, through the disciplinary process. He stressed the open lines of communication when dealing with monitoring efforts.

Since the WCTHF is an eight-day THF, contact is initiated with residents who have reported sexual abuse for purposes of an official review immediately. This is documented. There were no residents who had reported a sexual abuse detained during the on-site audit. The auditor reviewed PREA incident reports relative to housing changes and intermittent review documentation in support of this standard.

- (c) As required by standard and policy, for at least 90 days following a report of sexual abuse, the WCTHF shall monitor the conduct or treatment of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by other residents or staff and shall act promptly to remedy any such retaliation. Some of the things to look for include any resident disciplinary reports, housing, program changes, or negative profile entries. As for staff, negative performance reviews or reassignments of staff could be an indicator of retaliation.

Since the WCTHF is licensed as an eight-day juvenile facility, residents would be monitored the whole time until release. Staff would continue to be monitored for signs/symptoms of retaliation.

The Anti-Retaliation policy at the WCSO delineates specific supervisor responsibilities for monitoring the work environment, follow-up with the complainant, and taking reasonable steps to accommodate requests for assignment or schedule changes which may indicate retaliation. The WCSO will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The auditor was informed by the PREA Coordinator that there were zero instances of retaliation incidents in the past 12 months.

From a practical perspective, there are additional ways that retaliation can be monitored. The Jail Commander described monitoring video footage, examining grievances or resident notes (kites), and for staff, negative performance evaluations. The designated staff member charged with monitoring retaliation verified the monitoring of disciplinary reports, housing changes, or program changes. For staff, they would monitor staff reassignments. He also confirmed that periodic status checks are accomplished and documented. The auditor was provided with documentation of the reviews. He said that the monitoring for conduct and treatment can continue for as long as necessary until residents are released from custody.

- (d) In the case of residents, monitoring efforts described above includes periodic well checks. Facility policy confirms this requirement.

The designated staff in charge of monitoring retaliation confirmed that periodic status checks are accomplished and documented. The residents and staff are personally checked for their well-being. The auditor was provided with documentation of the reviews. He said that the monitoring for conduct and treatment can continue for as long as necessary until residents are released from custody. They have an open-door policy for open communication between line staff, supervisory, and administration, which is also helpful when looking for signs of any retaliation.

- (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the WCSO shall take appropriate measures to protect that individual against retaliation per facility and office policy.

The Sheriff informed the auditor that depending on the severity of the retaliation of any party involved, the progressive disciplinary process would take place up to and including removal or termination. The Jail Commander reinforced that retaliation is not tolerated at the WCSO and all available measures would be taken to protect that resident or staff member against retaliation.

Reference Policies: 122 Anti-Retaliation Policy, 613 PREA/613.7 Agency Protection Against Retaliation, 1004 Anti-Retaliation.

This is the comprehensive discussion of all the evidence relied upon in making a compliance determination for the agency protection against retaliation standard.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse is also subject to the requirements as previously established with PREA Standard 115.343. The WCSO prohibits the placement of residents who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination is made that there is no available alternative means of separation from likely abusers.

In the past 12 months, there were zero instances of residents placed in involuntary segregated housing for these reasons, while awaiting completion of assessment or otherwise. A review of case files

confirmed this information. When this is the case, a statement of the basis for the facility's concern for the resident's safety and the reasons why alternative means of separation could not be arranged would be documented in the resident's file.

Jail Administration and the PREA Coordinator explained the two housing units with individual cells which provide for the flexibility of housing assignments without isolation/segregation for the protection and safety of resident victims of sexual abuse. The auditor toured the juvenile unit for housing arrangements and also observed the design of the two housing units each single celled allowing for proper separation if needed. There are also separate program areas available.

The Jail Commander said that a resident's safety is their top priority, and they have numerous placement opportunities at the juvenile unit. They make their best efforts to avoid isolating youth to achieve separation absent exigent circumstances. If the youthful resident is isolated, he or she cannot be denied daily large muscle exercise, legally required special education services, and programs. Residents would be isolated only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and only until other arrangements can be made. Juveniles isolated would receive visits from medical/mental health practitioners. Any isolation would be less than 24 hours in duration.

Staff who supervise residents in segregated housing said that programs, privileges, and educational opportunities are still provided to these residents and explained the difference between disciplinary segregation and administrative segregation. They have the same access to programs as everyone else to the extent possible. If they had a situation where a resident is placed in involuntary segregated housing, there would be frequent reviews based on various factors to see if they can be moved. Reviews are always documented in the logs and resident files. There was one resident in segregated housing during the on-site audit for medical quarantine purposes.

The auditor reviewed numerous facility documents and secondary forms related to the housing of post-allegation sexual abuse for housing assignments and did not note involuntary isolation/segregation situations. Program logs and records were also reviewed for opportunity and participation. The auditor made sure to observe and ask questions per the tour instructions to verify housing assignments for residents. There were no other residents that were isolated during the on-site audit.

If programs and services are restricted, it is documented as to their limitations, duration of the limitations, and the reasons for the limitations.

Reference Policies: 613 PREA/613.5 Washington County jail Protective Custody/613.7 Post-Allegation Protective Custody, 516 Inmate Classification/516.10 PREA Considerations.

An analysis and review of the related policies, procedures, documents, staff and specialized staff interview responses with facility tour and observations provided for a substantial compliance determination for the post-allegation protective custody standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

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

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO has a policy related to criminal and administrative agency investigations. Prompt, thorough, and objective investigations into allegations of sexual abuse or harassment are accomplished at the WCTHF.

Policy 613 PREA/613.9 Investigations states: "Allegations of sexual abuse will be referred and investigated by agency investigators and if it involves a staff member an outside agency will conduct a prompt, thorough, and objective investigation. Allegations of sexual harassment by staff, contractors, or volunteers will be referred to an outside agency for an investigation." WCSO investigators shall investigate all allegations of sexual abuse including third-party and anonymous reports.

In addition to a review of the Investigations policy and related policies, the auditor read the WCSO website which publishes that the agency will take appropriate measures to protect all inmates and residents from sexual abuse and sexual harassment and will promptly and thoroughly investigate all allegations of sexual abuse/sexual harassment. The auditor also reviewed the specialized investigator training records and curriculum in support of this standard.

Two investigators were interviewed. They said that following an allegation of sexual abuse or sexual harassment, an investigation is quickly initiated. There is a call out system in the rare case there would not be an investigator on duty and available to respond. Anonymous and third-party reports are taken just as serious as a known or victim's allegation. All involved parties will be interviewed. The auditor reviewed a sample of investigative records in terms of ensuring all allegations are investigated promptly, thoroughly, and objectively.

- (b) In respect to criminal investigations, WCSO investigators will be trained in sexual abuse investigations involving victims.

Both investigators verified receipt of training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. They specified that the training topics included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria required to substantiate a case for

administrative or prosecution referral. Again, the auditor verified the specialized training requirements for PREA investigators by a review of their training records and curriculum.

- (c) Jail policy requires that investigators gather and preserve direct and circumstantial evidence. This includes any available physical and DNA evidence and any available electronic monitoring data. Investigators are also required to interview alleged victims and suspected perpetrators, as well as all other witnesses as part of a comprehensive PREA investigation.

The auditor interviewed the investigators to corroborate investigation techniques and responsibilities. They described the first steps in initiating an investigation including the notification and assignment. They detailed the investigation process including securing the crime scene, the collection of evidence, interviews, and reports for administrative or prosecution referral. They described direct and circumstantial evidence that they would be responsible for gathering in an investigation of an incident of sexual abuse including physical and DNA evidence, video and audio data, and prior history. They also described the contents of a sexual abuse report. Investigative reports and copies of older case records detailing abuse allegations was also reviewed relative to this standard. The investigators have received specialized investigator training for sexual abuse in confinement.

- (d) The WCSO does not terminate an investigation solely because the source of the allegation recants the allegation.

Juvenile facilities are prohibited from terminating an investigation of sexual abuse or harassment solely because the source of the allegation recants the allegation, but there is no comparable standard for prisons and jails.

Facility policy specifies that investigations will not terminate if the victim withdraws the complaint. One of the investigators explained that the complainant might be scared or nervous or even possibly threatened to take back their report of abuse and that is why they continue investigating.

- (e) The WCSO have policies which have been implemented to include specialized investigative training for the proper use of Miranda and Garrity warnings.

The investigators interviewed described that when they discover evidence that a prosecutable crime may have taken place, they may consult with prosecutors before conducting compelled interviews. They have a good working relationship with the County Attorney and receive assistance with subpoena processes, as an example. They are trained in the use of the Miranda Warning. A Miranda Warning is triggered only if the person is in police custody and subject to interrogation. They are also trained in the Garrity Warning for employees. Garrity warnings are an advisory that puts a government employee on notice that they must cooperate in an investigative interview under threat of disciplinary action for failure to cooperate. Tenneson warnings must be given regardless of whether the investigatory interview is voluntary or compelled. The Washington County Attorney's Office can assist the investigators in navigating through these interview requirements to ensure that compelled interviews are not an obstacle for subsequent criminal prosecution.

- (f) WCSO Policy also specifies that the credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or resident. Reports must include the reasoning behind credibility assessments. Additionally, the WCSO shall not require a resident who alleges sexual abuse to submit to polygraph examination or other truth-telling device as a condition for proceeding with an investigation into a sexual abuse allegation.

The investigators were familiar with the policy and training requirements. Investigators described on what basis they judge the credibility of an alleged victim, suspect, or witness. They responded that they do not judge, and credibility is determined on a case-by-case basis and is also based on the facts of the case. They verified that they never require residents who allege sexual abuse to submit to a polygraph. There were no residents who had reported a sexual abuse in custody during the auditor's on-site visit to interview.

- (g) Regarding administrative investigations, facility policy requires an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that includes a description of all evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The investigators interviewed confirmed that administrative investigations are also documented in written reports and contain investigative facts and findings including physical and testimonial evidence and any credibility issues. They also confirmed that staff neglect, or failures would be documented if they contributed to the sexual abuse. The auditor reviewed and compared a sample of administrative and criminal reports in support of this standard.

- (h) Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence with attachments as needed.

Investigators verified that criminal investigations are always documented in a report that is thorough and comprehensive as described. The auditor reviewed administrative and criminal PREA Incident reports that contained all the necessary elements of a comprehensive and complete investigation which can be referred administratively or for prosecution.

- (i) Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

Investigators explained that when the report is complete and it has been determined that there are substantiated allegations of conduct that appear to be criminal, they are sent to the County Attorney for review. There is a chain of command review process within the Sheriff's Office. There were no substantiated allegations of criminal sexual abuse that had been investigated and referred for prosecution since the last PREA audit.

- (j) The WCSO retains all written PREA reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The WCJ maintains a policy which requires the retention of the PREA written reports as described in the standard. The PREA Coordinator is the staff member who is responsible for maintaining the records relative to criminal and administrative investigations. All juvenile records are maintained in accordance with the juvenile data practices specifications. The auditor was able to review a sample of some older reports that were contained in hard files under lock and key.

- (k) The departure of the alleged abuser or victim from employment or control of the facility shall not provide a basis for terminating an investigation.

The WCSO maintains a policy which addresses this requirement. The investigators confirmed that allegations of sexual abuse/sexual harassment are investigated until completion and is not dependent on the employment status or incarceration status of an individual. The investigation will remain

ongoing. The alleged abuser or victim can be located for any further interview, interrogation, or follow up.

(l) N/A

(m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Allegations of sexual abuse will be referred and investigated by an outside agency if it involves a staff member. Interview responses from the Jail Commander, PREA Coordinator, and Investigative Staff all indicated that they assist, coordinate, and cooperate as needed with outside investigators and the supervisory staff and investigators remain informed about the progress of the investigation. Communications are maintained. The Jail Commander would designate a supervisor to be the Liaison to assist in the investigation as needed, but with minimal involvement to preserve the integrity of the investigation. They would request updates and need to be informed of the outcome of findings. They expect all investigations to be conducted in an objective, thorough and complete manner and in accordance with the PREA Investigative Standard requirements.

<https://www.co.washington.mn.us/2244/PREA>

Reference Policies: 613 PREA/613.4 Specialized Training: Investigations/613.9 Investigations/Criminal and Administrative Agency Investigations/Reporting to Inmates, 318 PREA Training/318.5 Specialized Investigative Training.

The WCSO/WCJ complies in all material ways with the standard for criminal and administrative agency investigations for the reasons described in this narrative analysis.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The evidentiary standard for administrative investigations at the WCSO is no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Facility policy states that the WCSO shall impose no standard higher than a preponderance of evidence in their determinations. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The Washington County Attorney's Office will determine prosecution based upon filing of criminal charges.

PREA investigators are trained in the criteria and evidence required to substantiate a case for administrative action or referral for prosecution. The investigators verified that it is not their job to determine proof standards and if there is evidence that a sexual abuse/harassment allegation may be criminal in nature, it is referred to the prosecutor and they will make the decision whether to file charges or not. The sample of administrative reports studied are not indicative of standards of proof higher than a preponderance of the evidence.

Reference Policies: 613 PREA/613.4 Specialized Training: Investigations/613.9 Investigations, 318 PREA Training/318.5 Specialized Investigative Training.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO PREA Investigations policy requires the facility to report to inmates or residents following an investigation into a resident's allegation of sexual abuse suffered in the facility. The agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

In the past 12 months, I was informed that there was no allegation of alleged sexual abuse within the juvenile unit. The PREA Coordinator and auditor discussed the importance of consistent written notifications relative to resident reporting for best practices and record keeping. The auditor also reviewed the WCJ PREA Tracking log going back to 2014. The auditor reviewed a sample of resident investigation files and notification records to verify the reporting to resident requirements.

The PREA auditor interviewed the Jail Commander in this regard. He verified that staff notifies a resident who makes an allegation of sexual abuse that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The investigators also confirmed that the jail has procedures that require a resident who makes an allegation of sexual abuse be informed as to the findings following an investigation. They said that the Jail Administrator ensures the process. They report the facts of the case and a review board makes a determination as to findings. If it appears to be criminal in nature, there is a prosecution referral. There were no residents in custody who had reported a sexual abuse at the time of the on-site audit.

- (b) If the WCSO does not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the resident according to policy.

In the past 12 months there were no sexual abuse allegations that were alleged to have occurred at another county or facility. There was one staff on resident sexual harassment allegation found to be unsubstantiated. There were no cases where the WCSO requested an outside PREA investigation. Residents are notified and supplied with relevant information and findings of another jurisdiction.

- (c) Specifically, according to the WCSO Reporting to Resident policy, following an allegation that a staff member has committed sexual abuse against the resident, the WCSO shall subsequently inform the resident whenever:

- The staff member is no longer employed at the facility;
- The WCSO learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and
- Whether the staff member has been convicted on a charge related to sexual abuse within the facility.
- Exception: Not required if the allegation has been determined to be unfounded.

The PREA Coordinator informed me that they would also advise the resident that the staff member is no longer posted within the juvenile unit. The auditor reviewed a sample of some older reports and notification records during the on-site audit to verify that residents are provided with investigative outcome information.

- (d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency also informs the alleged victim whenever:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

- They learn that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The facility Reporting to Inmates or Residents Policy directs this standard requirement. This requirement was confirmed by the PREA Coordinator.

(e) The WCJ reporting policy also mandates that all notifications are documented.

It is the PREA Coordinator's responsibility to maintain the written reports relative to all administrative or criminal investigations for as long as the alleged abuser is incarcerated at the facility or employed or retained by Washington County, plus five years and in accordance with juvenile data practices and retention laws. The obligation to report under this standard shall terminate once the resident is released. In the event a victim or abuser leaves the facility, an active investigation is not terminated. From a review of case files, reports, and PREA tracking logs, it appears that residents who allege sexual abuse in the facility are notified appropriately as required.

Reference Policies: 613 PREA/613.9 Investigations/Reporting to Inmates (or residents).

The WCTHF has been found to be substantially compliant with the PREA Reporting to Inmates Standard. The PREA Auditor and the PREA Coordinator discussed the importance of best practices with consistent documentation addressing the specific requirements of reporting to residents the investigation findings and alleged staff and resident details.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) In accordance with the WCSO disciplinary policies, staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

In addition to the PREA policy review, the auditor also read the applicable custody manual policy under Personnel Complaints and the Staff and Inmate (or resident) Contact Policy. Violation of the Staff and Inmate/Resident Contact Policy may result in disciplinary action up to and including dismissal. The Personnel Complaints Policy describes the disciplinary procedures post-criminal or post-administrative investigation procedures. Disciplinary action may include:

- Oral Reprimand;
- Written Reprimand;
- Suspension;
- Demotion; or
- Discharge.

The Sheriff may postpone making a decision on an administrative investigation until any related criminal charges are resolved. As stated previously in the narrative of the Preservation of Ability to Protect from Contact with Abusers PREA Standard, the County Agreements/Union Contracts provide for the agency's ability to remove alleged staff sexual abusers from contact with inmates/residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

- (b) By policy, termination is the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse.

The auditor was informed through the Pre-Audit Facility Questionnaire, that in the past 12 months, there were no instances of staff sexual abuse at the WCTHF. The auditor reviewed the PREA Incident tracking logs and the PREA Incident Reports and Investigation records pertaining to this standard. There were no substantiated determinations of staff on resident sexual abuse or sexual harassment.

- (c) Other than actually engaging in sexual abuse, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months there have been no staff from the facility who have been disciplined for violations of sexual abuse or sexual harassment policies.

- (d) All terminations for violations of agency sexual abuse/sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies and to any relevant licensing bodies (unless the activity clearly was not criminal).

The Personnel Complaints policy in the custody manual enforces the reporting to relevant licensing/certification bodies such as POST for law enforcement personnel. Because the WCTHF is a division of the WCSO which is a Law Enforcement Agency, the report would already have been referred for investigation to the WCSO. If it involves a staff member, the investigation is referred to an outside law enforcement agency.

In the past 12 months there were no instances of staff terminations or resignations for violating sexual abuse or sexual harassment policies or laws.

Discussions with the PREA Coordinator, Sheriff, and Jail Commander confirmed the disciplinary sanctions for staff up to and including termination for violating sexual abuse/sexual harassment policies and criminal charges for violating MN Statutes. The auditor reviewed the PREA training materials which evidenced the staff notifications and advisements through PREA Standards education and facility PREA Policies and information.

The WCSO provides PREA member training to all staff, volunteers, and contractors who may have contact with residents on the prevention, detection, and response of sexual abuse and sexual harassment within the facility. The auditor has reviewed the training materials for corrections officers, and they are educated in the zero-tolerance policy as well as any consequences for a violation of the PREA policies.

Reference Policies: 613 PREA/613.10 Discipline/Disciplinary Sanctions for Staff, 120 Personnel Complaints/120.10.1 Discipline, 535 Staff and Inmate Contact, 318 PREA Training/318.3 Member Training.

The facility has demonstrated full compliance with this standard.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) Any contractor or volunteer who engages in sexual abuse must be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies. The WCSO maintains a policy which describes corrective action for contractors and volunteers for the jail and juvenile unit.

The investigators, Jail Commander (Administrator), and PREA Coordinator verified that contractors who have been found to have engaged in sexual abuse would also be reported to any relevant licensing bodies or certification boards relevant to their job requirements.

There have been no contractors or volunteers reported to any licensing bodies for engaging in sexual abuse of residents.

(b) Additionally, the same policy calls for the facility to take appropriate remedial measures and to consider whether to prohibit further contact with residents in the case of any violation of the agency sexual abuse/sexual harassment policies by a contractor or volunteer.

The WCSO is a law enforcement agency and the jail/juvenile unit is a division of the Sheriff's Office. As previously established, all allegations of sexual abuse/sexual harassment are reported to the WCSO for investigation referral. It is their mission to provide quality public safety services.

The Jail Commander (Administrator) confirmed that remedial measures and further contact with residents is prohibited for any violation of agency sexual abuse/sexual harassment policies by a contractor or volunteer. He expanded his response to state that in nearly all cases they would discontinue contract services or let the volunteer go from service in these situations.

The WCSO provides PREA member training to all staff, volunteers, and contractors who may have contact with inmates and/or residents on the prevention, detection, and response of sexual abuse and sexual harassment within the jail. The auditor has reviewed the training materials for contractors and volunteers, and they are educated in the zero-tolerance policy as well as any consequences for a violation of the PREA policies.

The PREA Coordinator discussed an older sexual harassment situation by a volunteer whereby services were discontinued.

Reference Policies: 613 PREA/613.10 Discipline/Corrective Actions for Contractor and Volunteers, 318 PREA Training/318.3 Member Training.

The WCJ substantially complies with this standard and its subparts.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

(a) There are two main policies that address the disciplinary sanctions for residents engaged in resident-on-resident sexual abuse. The Discipline Section of the PREA Policy delineates the Disciplinary Sanctions for Inmates or Residents regarding PREA. It states that a resident may be subject to disciplinary sanctions only pursuant to the facility disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The facility Discipline Policy also outlines discipline related to PREA incidents.

The disciplinary procedures for adults in the jail should apply to the juvenile detainees as well, with the following exceptions:

Juvenile inmates requiring disciplinary segregation shall only be housed in an area designed for the detention of minors.

The only permitted forms of discipline are the following:

1. Loss of privileges; and
2. Disciplinary segregation.

Loss of access to visitation and recreation shall only occur after a review by the unit supervisor and shall be reviewed every five days.

A status review by a supervisor shall be conducted every 24 hours for juvenile detainees housed in disciplinary segregation.

The PREA Coordinator responded in the PREA Questionnaire during the pre-audit process that there were no resident-on-resident sexual abuse incidents in the juvenile unit in the past 12 months. The auditor verified with a review of incident reports and PREA tracking logs that there were no findings of resident-on-resident sexual abuse that occurred in the past 12 months. Likewise, there were no findings of guilt for resident-on-resident sexual abuse.

The Juvenile Unit Handbook and Orientation Policy also notes the facility rules and disciplinary sanctions for residents. The newly admitted juvenile is provided a copy of the resident rules and the resident handbook at intake. The handbook contains a section on the juvenile rules and disciplinary procedures. The auditor read a copy of the juvenile unit handbook. There is also a list of rule violations with a list of acts that can result in disciplinary action. The residents are responsible for knowing the rules and acting accordingly. Engaging others in sexual acts with or without consent, indecent exposures, or making sexual proposals to another resident, staff, or the public is considered a violation. Sexual harassment is also against the rules. Sanctions that can be imposed are published in the handbook.

The formal disciplinary process is outlined by policy for the staff and in the handbook for the residents. Following an administrative finding that the resident engaged in resident-on-resident sexual abuse or a criminal finding of guilt, the resident may be subject to disciplinary sanctions.

- (b) The same policies also cover the standard requirements for sanctions to be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by residents with similar histories.

Disciplinary sanctions for youth in juvenile facilities differ from disciplinary sanctions in adult prisons and jails in that if isolation is used as a sanction against a youth in a juvenile facility, the child must receive:

- Daily large muscle exercise;
- Legally required educational programming or special education services;
- Daily visits from medical or mental health care clinician; and
- Access to other programs and work opportunities to the extent possible.

The PREA Coordinator, facility administrators, and juvenile correctional staff recognize the special considerations of the juvenile population relative to disciplinary sanctions and isolation. The Nurse Supervisor also understands the medical and mental health visitation aspect.

The WCSO ensures that a wide range of training and disciplinary tools are available to aid juvenile corrections staff and that preprinted forms are available for documenting rule violations in a consistent and thorough manner. The Training Sgt is responsible for developing and delivering, and, procuring training for staff members who participate in the disciplinary hearing process. Training topics should include the legal significance of due process protections and the hearing officer's role in assuring that those protections are provided.

The auditor interviewed the Jail Commander in this regard. He described the disciplinary process and sanctions that residents are subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. He said they have a set of rule violations with their related sanctions, to utilize as a guide as well as individualized, case by case considerations when making disciplinary decisions. He confirmed that sanctions are proportionate to the nature and circumstances of the abuses committed, the resident's disciplinary record, and the sanctions imposed for similar offenses by residents with similar histories. He added that mental disability and mental illness is always considered when determining sanctions. Isolation can be used as a sanction with 23-1 lockdown status, and with juveniles only as a last resort. The auditor reviewed a sample of resident disciplinary reports, however there were no reports of resident-on-resident sexual abuse determined.

- (c) The disciplinary process considers the inmate's mental disability/illness status.

The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The PREA disciplinary Sanctions Policy and Facility Disciplinary Decisions Policy address this standard requirement.

The Jail Commander (Administrator) confirmed that mental disability and mental illness is always considered when determining sanctions of this nature. Isolation can be used as a sanction with 23-1 lockdown status. The auditor reviewed a sample of disciplinary reports, however there were no reports of resident-on-resident sexual abuse determined.

- (d) To the extent that there is available therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility may offer the offending resident to participate in such interventions.

Prisons and jails may condition an offending inmate's participation in therapy, counseling, or other interventions on his or her access other programming or benefits, but juvenile facilities may not.

Discussions with the Public Health Nursing Supervisor revealed that this type of therapy, counseling, or other intervention services would typically be contracted out to mental health specialists or emotional support resources. When these services are provided, it would be rare to require a resident's participation as a condition of access to any rewards-based behavior management system or programming/education opportunities. Facility programs and services are typically voluntary for residents. Disciplinary sanctions may involve referral to the psychiatric nurse for therapy sessions, however.

Access to general programming or education is not conditional on participation in such interventions.

- (e) WCTHF Policy also mandates that no discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact.

There were no records of disciplinary actions against residents for sexual conduct with staff noted.

The Staff and Inmate/Resident Contact Policy provides guidelines for appropriate and professional interaction between members and residents. Inappropriate interaction can undermine security and order in the facility and the integrity of the supervision process.

- (f) No resident may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred.

Residents who knowingly file a false criminal sexual conduct report, however, may face disciplinary actions or face criminal prosecution. I asked the Jail Commander (Administrator) and PREA Coordinator about this subject, and they advised that it would be rare to discipline a resident for a false report of this matter because they take into consideration any mental health issues or traumas they may be experiencing. The Resident Handbook and the WCSO website both address this issue in writing.

<https://www.co.washington.mn.us/3107/Inmate-Information>

- (g) Discipline may be imposed for sexual activity between residents. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced.

The Resident Handbook and Orientation policy also notes the facility rules and disciplinary sanctions for residents. The auditor read the Resident Handbook which contains a section on the juvenile rules and disciplinary procedures. The residents are also provided with a booklet of Rules and Regulations at intake. There is also a list of rule violations with a list of acts that can result in disciplinary action. The residents are responsible for knowing the rules and acting accordingly. Engaging others in sexual acts with or without consent, and sexual harassment are on the list of rule violations.

The WCSO has a zero-tolerance policy concerning any sexual misconduct between residents or between staff and residents.

Reference Policies: 613 PREA/613.10 Discipline/Disciplinary Sanctions for Inmates, 600 Inmate Discipline/600.6.1 Disciplinary Decisions/600.8 Guidelines for Disciplinary Sanctions/600.9 Training, 612 Disciplinary Segregation/602/4.2 Exercise, 506 Inmate Handbook and Orientation, 512.100 Disciplinary Procedures, 535 Staff and Inmate Contact, 1135 Juvenile Unit Discipline.

The auditor finds the WCTHF to be in full compliance regarding Resident Disciplinary Sanctions for the reasons described.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

- (a) All residents at the WCTHF who have disclosed any prior sexual victimization during the PREA Screening at intake (Standard 115.341) are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting must be offered within 14 days of the intake screening.

There are numerous facility policies, medical policies and protocols, and juvenile specific medical/mental health policies that address this standard. There are also screening forms, assessment forms, and secondary medical materials utilized documenting compliance of the services. The term secondary materials refer to materials maintained by health staff in a secure area but separate from the resident's medical record that document compliance with the provisions of this standard. The WCSO Public Health Nursing staff conduct follow-up assessments for physical health, mental health, and prior sexual victimization in response to the PREA Screening Form. The auditor also reviewed samples of sick calls which indicated daily mental health and intake follow ups. Discussions with the nursing staff during the facility tour detailed the communication process from intake to medical which usually occurred within 24 hours for the eight-day juvenile holdover facility, much less than the mandatory 14-day requirement for follow-up assessments. They also provided the auditor with numerous assessment documents and secondary material related to this standard. By interview, the nursing supervisor verified the follow-up assessment process taking place within a day or two of intake. There is also a contracted Mental Health Practitioner that is available for referral. The contracted mental health provider visits the facility for crisis intervention, evaluation, medication needs, and follow-up. Nystrom & Associates are available for phone consultation by beeper any time during non-regular working hours. Her on-site facility hours recently have been expanded from four hours to 20-25 hours, which will positively impact the mental health aspect of assessments going forward.

Staff who perform screening for risk of victimization and abusiveness explained that if the screening indicates that a resident has experienced prior sexual victimization, a follow-up meeting with a medical or mental health practitioner is made. Staff said that medical would be flagged and that the assessment occurs soon afterwards. The auditor reviewed all relevant forms from screening to follow-up assessments.

By policy, all new residents shall receive a mental health appraisal by a qualified mental health professional within 14 days. Mental Health appraisals should include sexual abuse victimization. Following the appraisal, a treatment plan should be developed with recommendations regarding the resident's housing and program participation. Residents can also be referred for a mental health appraisal at any time throughout their stay.

In the past 12 months, there were no residents who had reported prior victimization during the screening process.

- (b) If the screening indicates that a resident has previously perpetrated sexual abuse, staff shall also ensure that the resident is offered a follow-up meeting with a psychiatric nurse within 14 days of the intake screening.

Policy 613.11 Medical and Mental Health Screening; History of Sexual Abuse assures this standard. The auditor also reviewed the various screening and assessment forms utilized at intake and in follow up with medical/mental health. Juvenile correctional staff have additional assessment forms to complete in addition to the standard PREA Intake Screening Form. The Vulnerability Assessment and Sexually Abusive Behavior Screening specifically asks if the child has a history of victimizing others. The facility develops written risk reduction measures to minimize the potential for further abuse in the facility and in the community. The Gender Specific Screening form is completed within six working days of admission and contains staff documented observations of the youth's general behavior towards others and specifically whether they are physically and verbally aggressive with others.

Informal discussions with the intake officers confirmed that basically any "yes" response on the screening and assessment forms will be reported to the Sgt for follow-up purposes, including the medical/mental health 14-day assessments. Again, the nursing staff verified that any follow up is typically accomplished within a day of notification.

In the past 12 months, there were no residents confirmed who had perpetrated sexual abuse during the screening and intake process.

- (c) Any information related to sexual victimization or abusiveness that occurred in a correctional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plan, and security and management decisions. This also affects a resident's classification plan with housing assignments, work, education, and programs.

Multiple facility and medical policies address the confidential information aspect. Information obtained in response to screening and assessment questions shall be considered confidential and shall only be made available to those who have a legitimate need to know.

The auditor observed and asked questions per the tour instructions noting intake and medical unit processes. Information is kept as confidential as possible and there are access restrictions in place that separate custody records from medical records. Custody staff do not have access to resident medical records within the medical unit.

- (d) Medical and Mental Health Practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

The auditor reviewed the Mental Health Services Agreement for privacy and mandatory reporting information to verify compliance of this standard. The auditor was also provided with medical logs, forms, assessments, and consent forms in support of this standard. The Nursing Supervisor informed the auditor that residents are verbally advised of the confidentiality of medical information and of their right to refuse medical treatment. The Data Practices Rights Advisory is also provided to new residents at the time of booking. It designates that certain information they are asked for and provide are classified by law as either public, private, or confidential. Information which is classified as confidential may be provided to members of the WCTHF staff for meeting their responsibilities. Medical information may be shared with medical care providers to the extent necessary to provide the proper medical care and treatment to residents. If they receive treatment in the facility medical unit, they will be provided

notice of additional privacy practices for their protected health information. Typically, the nursing staff goes to the juvenile unit. Facility and medical policies also ensure this requirement. As previously established, there are mandatory reporting requirements pertaining to sexual abuse for detainees under the age of 18, and includes parental notification, human services reporting and legal obligations.

The auditor reviewed multiple facility and medical policies related to privacy of care and informed consent relative to this standard. For all aspects of this standard, medical staff receive PREA member training and specialized medical training in the detection and assessment of signs of sexual abuse and sexual harassment and how to respond effectively and professionally to victims of sexual abuse and sexual harassment. They have resources and referral capabilities as needed.

Medical and mental health staff interviews verified the data practices and mandatory reporting requirements relative to this standard.

<https://www.nystromcounseling.com/>

Reference Policies: 724 Mental Health Services, 512 Health Policy/Mental Health, 613 PREA/613.4 Special Training: Medical and Mental Health Care/613.5 Screening for Risk of Victimization or Abusiveness/613.11 Medical and Mental Care/Medical and Mental Health Screening; History of Sexual Abuse, 726 Mental Health Screening and Evaluation, 318 PREA Training/318.4 Specialized Medical Training, 516 Inmate Classification, 762 Informed Consent and Right to Refuse Medical Care, 776 Privacy of Care, 1161 Juvenile Unit Medical Care and Services, 1165 Juvenile Unit Abuse and Neglect Reports, 1167 Juvenile Unit Sick Call and Medication Distribution.

The WCSO is in substantial compliance in all material ways with the PREA medical and mental health screenings requirements.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined by medical and mental health practitioners according to policy, protocol, and their professional judgement.

The WCSO provides sufficient staffing of medical/mental health staff who are educated and experienced professionals available to respond in the event of a medical emergency.

Facility and medical/mental health policies, protocols, and procedures set forth direction for medical and security staff to provide emergency medical care to resident victims of sexual abuse. The auditor studied numerous medical and mental health secondary materials including logs, reports, appraisal forms, hospital SANE discharge notes, memos, pharmacy resources, and other related documents to ensure the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event that health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The Sexual Assault Medical Policy outlines the procedures to be taken in the event of a sexual abuse incident.

Interviews with the Nursing Supervisor and Mental Health Practitioner indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. In the event of a sexual abuse at the facility, they respond as soon as they are

notified. The nursing supervisor described the basic triage process considering evidence protocols. Safety concerns are always addressed. The resident would be transported to Lakeview hospital usually within an hour. The hospital is only 1.5 miles from the facility. An on-call SANE would also respond to the hospital. Canvas Health Abuse Response Services are notified for emotional support services and advocacy. The nature and scope of these services are determined according to their medical professional judgement.

The auditor spent a significant amount of time in the medical unit observing and discussing with the medical line staff their roles and responsibilities related to PREA. They provided the auditor with a variety of secondary material and explained practices during the on-site audit. The auditor again reviewed the medical sexual abuse response checklist which provides quick guidance for duties and responsibilities.

A review of the Sexual Assault Medical Policy provided procedures which directs the notification of the Sgt on duty. The resident will be sent to Lakeview Emergency Room immediately for evaluation by the Region's SANE nurse and a referral will be made to a mental health counselor. Referrals for SANE exam can be made up to 10 days after the assault. Any culture reports and follow-up exams will be obtained at the hospital by trained personnel. Further referrals to the mental health and medical provider will be made by the Correctional Health Nurse (CHN) upon return of the resident and a plan of support will be determined for the resident. Residents placed on HIV medications will have those orders expedited via the local pharmacy through the courier service if necessary, to ensure there is no break in dosing. If the CHN is the first point of contact, they will review and/or obtain information regarding the assault and then notify the Sgt on duty.

- (b) If no qualified medical or mental health practitioners are on duty at the time of a sexual abuse report, security staff first responders shall take preliminary steps to protect the victim (see Standard 115.362) and shall immediately notify the appropriate medical/mental health staff.

Security staff and non-security staff were interviewed regarding their First Responder duties. They described the actions to take in response to an allegation of sexual abuse. They described their checklists, training, and the related policies and procedures. They confirmed:

- Separating the alleged victim and abuser;
- Preserving and protecting the crime scene and evidence collection;
- Requesting the alleged victim not to take any actions that could destroy physical evidence;
- Ensuring the alleged abuser does not take any actions that could destroy evidence;
- Immediately notifying medical and mental health practitioners.

A review of the facility and medical policies, secondary materials, reports, and logs demonstrate immediate notification of the appropriate medical and mental health practitioners. The PREA Responsive Planning: Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation and Official Response Following an Inmate Report of Sexual Abuse policies specifically address the resident's access to emergency medical services. The First Responder Checklist offers a quick reference of procedures to follow in the event of an emergency sexual abuse incident.

- (c) Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.

The auditor read all medical and mental health secondary materials that were provided by the PREA Coordinator and medical staff. Forms, logs, charts, and medical notes document the timeliness of emergency medical treatment and crisis intervention services, appropriate response by non-health staff, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Lakeview Hospital materials, prescription documents, and SANE discharge instructions were specifically reviewed by the auditor in support of the standard requirements. Additional related medical materials were reviewed describing access to services.

The medical/mental health staff interviews verified that resident victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. There were no residents who reported a sexual abuse in custody to interview.

- (d) The PREA Responsive Planning for Evidence Protocol and Forensic Medical Examination Policy mandates that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Jail Administration and the PREA Coordinator informed the auditor that all costs related to emergency and treatment services for a sexual abuse victim would be covered by the county regardless of whether the victim cooperates with the investigation process.

<https://www.healthpartners.com/care/hospitals/lakeview/>
<https://www.healthpartners.com/care/hospitals/regions/specialties/emergency-center/sexual-assault-care/>

Reference Policies: 613 PREA/613.7 Official Response Following an Inmate Report of Sexual Abuse/613.8 Responsive Planning: Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation, 708 Emergency Health Care Services, 724 Mental Health, 728 Special Needs Treatment Plan, 415 Medical Emergency, 516 Sexual Assault, 1189 Juvenile Unit Medical Emergency.

An analysis of the documents, evidence, facility observations, and interview responses provides for a compliance determination with this standard.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCTHF offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any corrections facility.

The main policy that directs a referral to medical/mental health services is the PREA Policy that provides for Medical and Mental Care: Medical and Mental Health Screening; History of Sexual Abuse. If the resident indicates that they have experienced prior sexual victimization, whether it occurred in a correctional facility or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. There are several related facility and medical policies that also address the ongoing medical and mental health care for residents of the WCTHF. The Mental Health Screening and Evaluation Policy also details the Mental Health Appraisal and includes sexual abuse victimization. Follow-up services are also provided according to emergency room and SANE discharge notes. Information and instructions are given to patients and their primary care providers. Medications which have been prescribed and additional testing ordered is coordinated by the medical and facility custody staff to ensure appropriate continuum of care for resident victims.

The auditor reviewed the PREA Screening form, initial medical and mental health screening forms, the daily sick call lists which reference intake visits, assessment/appraisal forms, a sample of resident medical file notes, and other secondary materials referencing this standard. The auditor toured and observed the medical unit within the facility and discussed with the nurses the processes that correspond with ongoing medical and mental health services. They described the referral process from intake and beyond. Assessments occur usually within a 24-hour period.

A review of the Sexual Assault Medical Policy for a current alleged assault provided procedures which direct the notification of the Sgt on duty. The resident will be sent to Lakeview Emergency Room immediately for evaluation by the Region's SANE nurse and a referral will be made to a mental health counselor. Referrals for a SANE exam can be made up to 10 days after the assault. Any culture reports and follow-up exams will be obtained at the hospital by trained personnel. Further referrals to the mental health and medical provider will be made by the Correctional Health Nurse (CHN) upon return of the resident and a plan of support will be determined for the resident. Residents placed on HIV medications will have those orders expedited via the local pharmacy through the courier service if necessary to ensure there is no break in dosing. If the CHN is the first point of contact, they will review and/or obtain information regarding the assault and then notify the Sgt on duty.

- (b) The evaluation and treatment for victims of sexual abuse shall include follow-up services, treatment plans, and referrals for continued care upon transfer or release from custody.

Following the appraisal process, the qualified mental health professional shall develop a treatment plan for the resident and make recommendations regarding the resident's housing and program participation. Referrals and discharge plans are described in policies. Emergency services for sexual abuse victims were addressed in the previous standard narrative. Access to mental health care may be

made in three ways: personal request from the resident, correctional staff referrals (either from initial intake responses or based on observed and related resident behaviors), or court ordered referrals. Canvas Health Abuse Response Services is also a resource available for ongoing emotional support services, advocacy, and counseling.

Upon return to the facility post-sexual assault forensic examination, the medical staff follow-up in accordance with the Emergency Department – SANE Program Discharge Information and Instructions provided to patients and their primary care providers. Medications are acquired and reviewed as per the prescription instructions. Additional testing may be necessary and is coordinated. All recommendations are followed. Counseling and emotional support services are also available.

The auditor interviewed the nursing supervisor who described what the evaluation and treatment of residents who have been victimized entail. She described follow-up services, treatment plans, and when necessary, referrals or continued care after leaving the facility. Communication is key and there are conversations where the provider, the nurse, and the facility Sgt work together to coordinate these efforts.

A review of medical records and secondary documentation demonstrate that victims are to receive these follow up services for incidents of sexual abuse.

- (c) The WCSO provides victims of sexual abuse with medical and mental health care consistent with the community level of care.

Emergency services are provided at the local community hospital. The medical staff working in the facility are Washington County public health nurses. The medical and mental health staff that were interviewed verified that the services they provide are consistent with the standard of care found in the community. Usually medical and mental health services in the juvenile unit are provided in a faster manner than would be for a youth in the community. Medical records and secondary materials reviewed demonstrate medical and mental health services consistent with the community standard of care.

- (d) Resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

Facility and medical policies mandate the general forensic medical examination protocols which include seeking any and all appropriate medical treatment for the victim. A review of medical documents and discussion with the medical staff confirmed that resident victims are provided no-cost pregnancy tests.

- (e) If pregnancy results from a sexual assault, resident victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

This was confirmed by the Nursing Supervisor. Residents are provided this information and access to services as soon as possible through the referral process and is discussed at initial OB visits.

- (f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Facility and medical policies in general provide for appropriate medical treatment for the victim including medical examinations and other treatment services without financial cost to the victim. Residents

placed on HIV medications will have those orders expedited via the local pharmacy through the courier service if necessary to ensure there is no break in dosing. Any culture reports and follow-up exams will be obtained at the hospital by trained personnel. The Emergency Department – SANE Program Discharge Information and Instructions for Patients and their Primary Care Providers explain the risk of sexually transmitted disease exposure during the assault. Additional testing and follow up care are recommended.

- (g) Treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

This is guaranteed by the Jail Responsive Planning policy addressing the evidence protocols and forensic medical examination. The PREA Coordinator confirmed that in the event of a sexual abuse incident, inmate victims would not be charged for treatment services and the WCSO would pay all related hospital and pharmacy bills. There would be no internal medical co-pay fees either.

- (h) The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The WCTHF is a licensed eight-day juvenile facility, so this standard is not applicable according to timeline. Nonetheless, as established in previous standard discussion and in accordance with PREA policies, mental health follow-ups are to be conducted for perpetrators of sexual abuse whether it occurred in a correctional setting or in the community.

It should be noted that the auditor was informed by the PREA Coordinator and the Nurse Supervisor that there is a major medical and mental health policy/protocol revision in progress and is currently in DRAFT form. Also, the Mental Health Practitioner's hours were recently expanded from four hours to 20-25 hours weekly. As this report is being written, the auditor was also informed that the jail was just approved for two additional clinical positions. This is something that should be examined for progress and improvements at the next PREA audit.

See also Custody Manual 512 Juvenile Housing/512.5 Juvenile Liaison Officer. The juvenile liaison officer will also ensure that medical and mental health staff members are notified of any special needs of the juvenile. The Jail Commander (Administrator) or the authorized designee should appoint a specialized juvenile liaison officer. This officer should inform those who are responsible for supervision of the juvenile about any information developed during the classification process that indicates the minor presents a risk or is a hazard to him/herself or others. The juvenile liaison officer should work with staff to ensure that the special needs of juveniles are addressed.

Reference Policies: 613 PREA/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning: Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation/613.11 Medical and Mental Care, 512 Mental Health, 516 Sexual Assault, 706 Referrals and Specialty Care, 726 Mental Health Screening and Evaluation, 728 Special Needs Medical Treatment Plan, 708 Emergency Health Care Services.

The WCTHF complies with the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers PREA Standard through policy, protocol, and meaningful practices.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO conducts an incident review after the conclusion of all juvenile PREA investigations unless the allegation has been determined to be unfounded.

Policy 613.12 Data Collection and Review: Sexual Abuse Incident Reviews ensures that the PREA Coordinator convene an incident review team comprised of facility supervisors and program staff to make certain determinations. The PREA Coordinator verified this practice and provided the auditor with the documents necessary to examine the reviews of every criminal or administrative sexual abuse investigation. There were no substantiated or unsubstantiated sexual abuse determinations in the past 12 months. The auditor also reviewed the PREA Incident Review form for use. The PREA Coordinator confirmed that all PREA incidents are reviewed by a panel of supervisory level corrections and program staff. He informed the auditor that in the event of a sexual abuse incident, many aspects of the facility operations, programming, staffing, and video monitoring would be examined.

- (b) The same policy also requires a 30-day review. Within 30 days of the conclusion of a sexual abuse investigation, the PREA Coordinator shall convene an incident review panel to make determinations.

The PREA Coordinator verified that the reviews are conducted in a timely fashion. The auditor reviewed a sample of older reports for evidence of timely and appropriate reviews.

- (c) The review team consists of upper-level management officials while allowing for input from the line supervisors, investigators, and medical/mental health practitioners.

The PREA Coordinator and the Jail Commander (Administrator) verified that all key responders participate in the review process. They verified that the facility has a sexual abuse incident review team that includes upper-level management officials and allows for input from line supervisors, investigators, or medical/mental health practitioners. All PREA Incidents are reviewed.

- (d) The review team prepares a report of its findings which includes certain determinations and any recommendations for improvements and submits the report to the Jail Commander (Administrator). The above-referenced policy also delineates the purpose of the panel and to determine whether:

- A change in policy or practice is needed to better prevent, detect, or respond to sexual abuse;
- The incident was motivated by race, ethnicity, gender identity, gang affiliation, and/or was motivated or caused by other group dynamics in the facility;
- The staffing patterns or physical barriers contributed to the abuse;
- The use of technology could have supplemented supervision.

The PREA Coordinator and the Jail Commander (Administrator) verified that the area in the facility where the incident allegedly occurred is physically examined to assess whether physical barriers in the area may have enabled the abuse or whether additional cameras may be needed. The team uses the information from the sexual abuse incident reviews to identify any policy, training, or other issues that indicate a need to change policy or practice. They also examine the physical plant, line of sight, and lighting when considering determinations for review. The auditor reviewed the PREA Incident Review form, the PREA Tracking Log, and some older reports which analyzed the required determinations for recommendations for improvements. A member of the Incident Review Team was also interviewed and verified that the review team considers all aspects of an alleged sexual abuse incident and investigation findings. The area in the facility where the incident allegedly occurred is assessed as to whether physical barriers may have enabled the abuse. Video tapes are also reviewed, and assessments conducted as to whether technology should be deployed or augmented to supplement supervision of staff. Staffing levels on the day in question are also analyzed.

- (e) The PREA Coordinator is also responsible to ensure that recommendations for changes and improvements are implemented, and if not, the reasons for not implementing are documented.

This is in accordance with the same policy previously noted as well as verbal confirmations of the PREA Coordinator and the Jail Commander.

The WCJ substantially complies with the intent of this standard and its subparts.

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) The WCSO maintains a policy which requires the THF to collect accurate, uniform data for every allegation of sexual abuse. Policy 613.2 Data Collection and Review: Data Collection, also requires the use of the Survey of Sexual Violence (SSV-3) Incident Form for each allegation of sexual abuse and sexual harassment. Definitions are provided within the body of the report form itself as well as listed in the facility PREA Policy under Definitions Related to Sexual Abuse.

The auditor requested a copy of the most recent SSV-3 for review. The PREA Coordinator provided me with the 2019 survey consisting of definitions and custodial sexual abuse statistical information for the WCJ and THF and which was provided to the DOJ as required. The auditor also reviewed the WCJ website which contained annual PREA reports since 2017. They have been collecting and aggregating data since 2014.

<https://www.co.washington.mn.us/2244/PREA>
<https://www.bjs.gov/index.cfm?ty=dcdetail&iid=406>

The Survey of Sexual Victimization (SSV) is part of BJS's National Prison Rape Statistics Program, which gathers mandated data on the incidence and prevalence of sexual assault in correctional facilities, under the Prison Rape Elimination Act of 2003 (PREA; P.L. 108-79). This is an administrative data collection based on allegations of sexual victimization by other inmates or staff that are reported to correctional authorities. The collection includes an enumeration of incidents reported to state prison systems; state juvenile correctional systems; the federal prison system; U.S. Immigration and Customs Enforcement (ICE); the U.S. military; and a sample of jail jurisdictions, privately operated adult prisons and jails, and facilities in Indian country. Additional information is collected on substantiated incidents on the victim (s), perpetrator(s), characteristics of the incident, and outcomes.

- (b) The Data Collection policy also requires the PREA Coordinator to assemble the incident-based sexual abuse data annually, which is then published on the facility website.

The auditor confirmed with the PREA Coordinator and a review of the jail website for the annual reporting of custodial sexual abuse/harassment allegations and determinations.

- (c) The WCSO aggregates the incident-based sexual abuse data at least annually.

The WCSO maintains, reviews, and collects data as needed from all available incident-based documents which includes reports, investigation files, Initial Complaint Reports (ICR), and sexual abuse incident reviews. All related PREA materials are saved and reviewed for annual reporting purposes with a comparison from previous years.

In addition to annual reports and the SSV-3 survey, the auditor also reviewed the facility PREA Incident Tracking logs over the past several years. Dates, descriptions, inmates or residents involved, determinations and reviews are listed. The WCSO has been tracking incident-based and aggregating the information since 2014. The track is kept up to date and current. The auditor and the PREA Coordinator discussed the importance of this process and emphasized the consistent and written documentation of the team review process. The same policy dictates this process.

- (d) The WCSO maintains, reviews, and collects data from all sources as described above.

I again reviewed the 2019 SSV-3 form as completed by the PREA Coordinator. The DOJ requests a sample of jails and juvenile facilities throughout the United States to provide statistical information regarding custodial sexual victimization. The facility is not requested to accomplish the form on an annual basis, but rather intermittently as requested. (See the previous SSV-3 description as noted above) The auditor and the PREA Coordinator discussed the importance of detail-oriented records relative to PREA incidents and documented aggregated annual information.

- (e) N/A. The WCSO does not contract for the confinement of its residents.

- (f) Upon request, the WCSO provides data from the previous calendar year by June 30th to the DOJ.

This is in reference to the SSV-3. The PREA Coordinator assured the auditor that whenever the DOJ sends a request to the jail and juvenile unit, the SSV-3 is accomplished in a timely manner. The survey is accomplished by the facility administrator or designee or the PREA Coordinator.

The WCJ substantially complies with the intent of this standard.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

(a) Policy 613.12 addresses the PREA Standard of Data Review for Corrective Action.

It states that annually, the PREA Review Team consisting of representatives from Facility Administration, the Public Health Supervisor or Senior Nurse, the PREA Coordinator, and the Sgt of Operations shall review collected data in order to assess and improve effectiveness of sexual abuse prevention, detection, response policies, and training including:

- Identifying problems;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective action.

The Sheriff was asked about the annual PREA reviews. He said that it is part of their protocol to review PREA incidents and incident-based aggregated data as well. He said that they stay up to date with new laws through Lexipol policies. See the following description of Lexipol for Corrections, a comprehensive risk management solution:

As a corrections leader, you face many challenges: ensuring the safety and security of your facility, providing proper inmate supervision and meeting training mandates—even as inmate acuity increases and budgets are tight. Many jail facilities rely on outdated, inadequate policies and training for guidance on these complex issues. And that can leave your agency vulnerable. Lexipol provides the only unified solution—content, policies and training—for correctional facilities. Our Corrections solution provides a full library of customizable, state-specific policies as well as hundreds of hours of online learning content—all accessible 24/7 through facility computers. With constitutionally sound, continuously updated policies and training from Lexipol, you can face your challenges with the confidence that your correctional officers are following best practice guidelines.

<https://www.lexipol.com/industries/corrections/>

He confirmed that incident-based sexual abuse data is used to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. He said that it helps them to identify problem areas, taking corrective action on an ongoing basis. The PREA Coordinator also confirmed the study and review of collected data to assess and improve the effectiveness of its sexual abuse response. He said that PREA data are securely retained under lock and key and permissions for access are granted by authority. He verified that corrective actions are taken on an ongoing basis if needed based on this data. He provided the auditor with a few examples of staffing assignments and additional surveillance technology for improvements. Training topics may be based on PREA incidents. Best practices are always considered and reviewed. The auditor also reviewed the annual reports as published on the WCSO website. I was able to compare from year to year the PREA statistics. The auditor and the PREA Coordinator discussed the importance of consistent, formal, and documented reviews in greater detail for publishing.

<https://www.co.washington.mn.us/2244/PREA>

- (b) The same policy also requires the report to include a comparison of the current year's data and corrective actions from prior years. It should illustrate the agency's progress towards addressing sexual assault and abuse. The report shall be made available to the public through the WCSO public website.

The annual report is published on the website and includes a comparison of prior years of PREA data.

- (c) The PREA report is published annually as approved by the Sheriff.

The Sheriff verified that all published material for the website is reviewed through the chain of command process and the county attorney for approval. The PREA report is published annually.

- (d) When the agency redacts specific material from the annual report for publication that would present a security or safety issue, it must indicate the nature of the material redacted.

The auditor reviewed the content of the PREA annual report and there were no personal identifiers or any threat to safety/security of the facility indicated. The PREA Coordinator verified that names and personal information are not included in the published reports. The reports provide a description of the PREA of 2003. Reports have been provided for each year since 2014. The PREA Coordinator said that they would be expanding their reports to provide for greater detail to assess the facility's progress in addressing sexual abuse.

<https://www.co.washington.mn.us/2244/PREA>

The WCTHF receives a substantial compliance rating for this PREA standard.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

- (a) Policy 613.12 also provides for the data storage, publication and destruction of sexual abuse and sexual harassment data. It assigns this responsibility to the PREA Coordinator and requires that they secure and retain all data collected regarding sexual abuse/harassment for a minimum of 10 years.

The PREA Coordinator verified and showed the auditor that incident-based and aggregate data are securely retained under lock and key and that incident reports and investigative case files are maintained for at least 10 years. The hard files and the software data relative to PREA are available to supervisory personnel only.

- (b) The PREA Coordinator shall ensure all aggregated sexual abuse data is posted annually on the WCSO website with all personal identifiers removed.

The auditor verified with the PREA Coordinator and with a review of the published reports, that no personal identifiers are documented for public viewing. This is also a requirement of the above-referenced policy.

- (c) Before making sexual abuse data publicly available, the agency removes all personal identifiers.

This was also verified by the PREA Coordinator and through a review of all published PREA reports since 2014. This is a requirement of the same policy.

- (d) The WCSO maintains sexual abuse data collected pursuant to standard 115.387 for at least 10 years after the date of the initial collection. The Data Storage, Publication, and Destruction Policy mandates this requirement in accordance with Federal, State, and local laws.

Minnesota Retention Schedules for Law Enforcement/Sheriff are available online for review. 40 Juvenile Case Files requires court permissions for juvenile custodial records.

The PREA Coordinator takes responsibility for adhering to this standard.

The WCSO complies in all material ways with the standard for this relevant review period and since 2014.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The frequency and scope of the PREA audits at the WCTHF is accurate. This is their third PREA Audit. The THF was very transparent in providing the auditor with all relevant PREA policies, procedures, documents, spreadsheets, logs, reports, and secondary material. The PREA Coordinator was responsive to requests for additional material and answers to questions by the auditor. During the on-site audit, the auditor had access to all areas of the juvenile unit and was permitted to conduct private interviews with residents and staff. Notices were posted 45 days in advance, which announced the upcoming audit with contact information for confidential correspondence with the auditor. There were no letters received.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The previous two PREA Audit Final Reports have been published on the WCSO website in a timely fashion. I have been assured that this Final PREA Audit Report will also be published in its entirety.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

/s/ Debora Zauhar

January 7, 2021

Auditor Signature

Date

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

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