

PREA Facility Audit Report: Final

Name of Facility: Washington County Temporary Juvenile Holding Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/23/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Debora A Zauhar	Date of Signature: 01/23/ 2024

AUDITOR INFORMATION	
Auditor name:	Zauhar, Debora
Email:	debora.zauhar@gmail.com
Start Date of On-Site Audit:	11/30/2023
End Date of On-Site Audit:	11/30/2023

FACILITY INFORMATION	
Facility name:	Washington County Temporary Juvenile Holding Facility
Facility physical address:	15015 62nd Street North, Stillwater, Minnesota - 55082
Facility mailing address:	15015 62nd St N, Stillwater, Minnesota - 55082

Primary Contact	
Name:	David Stumpner
Email Address:	david.stumpner@co.washington.mn.us
Telephone Number:	6514307927

Superintendent/Director/Administrator	
Name:	Roger Heinen
Email Address:	roger.heinen@co.washington.mn.us
Telephone Number:	6514307606

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Lindsay Mielzarek
Email Address:	lindsay.mielzarek@co.washington.mn.us
Telephone Number:	6514307937

Facility Characteristics	
Designed facility capacity:	5
Current population of facility:	1
Average daily population for the past 12 months:	1
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	10-18
Facility security levels/resident custody levels:	low, medium, high
Number of staff currently employed at the facility who may have contact with residents:	17
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

AGENCY INFORMATION

Name of agency:	Washington County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	15015 62nd Street North, Stillwater, Minnesota - 55082
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	David Stumpner	Email Address:	david.stumpner@co.washington.mn.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.313 - Supervision and monitoring
- 115.316 - Residents with disabilities and residents who are limited English proficient

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-11-30
2. End date of the onsite portion of the audit:	2023-11-30

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Canvas Health Abuse Response Services https://www.canvashealth.org/sexual-assault-education-therapy-crisis-services/

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	5
15. Average daily population for the past 12 months:	1
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	3
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	3
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>There were one male and two female residents in custody on the day of inspection.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Juvenile Officers work 8 hour shifts. One officer assigned per shift within a 24-hour period.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	3
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Due to the small population, all three residents in custody were interviewed.

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	All residents were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	The Auditor Handbook table recommends a minimum of five interviews for a population of 0-50. There were only three residents in custody on the day of the audit for the five bed capacity facility. All three residents were interviewed.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All residents were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	3

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies as per the Auditor Handbook were met. This was based on the pre-audit questionnaire, documentation reviewed onsite, and discussions with staff and other residents. All residents were interviewed.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>All residents were interviewed. There were no barriers to completing the interviews. There were only three residents on the day of inspection.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>5</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>If "Other," describe:</p>	<p>All the Juvenile Officers that were available during the on-site audit were interviewed. This is an 8-day Temporary Holding Facility with a capacity of 5 juveniles. There is one Corrections Officer working per shift and a Juvenile Jail Sgt. who supervises the unit. Some of the jail Corrections Officers are cross-trained to also work in the THF.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were no barriers to completing staff interviews for staff who worked all shifts. There were not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. All juvenile officers that were available were interviewed, included a few Correctional Officers on the jail side who are also cross-trained as Juvenile Officers.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>19</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The Education Specialist was not available during the on-site audit. Most of the classes are conducted remotely through the Stillwater area school system. The auditor interviewed a Social Worker and Mental Health Practitioner.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor was provided access to all areas within the juvenile unit with questions/ answers. The Juvenile Officer provided a tour of the facility with guidance and explanation.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor was provided with requested documents by the Juvenile Officer, PREA Coordinator, and the medical/mental health personnel.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse investigation juvenile files to review/sample. The auditor did review a number of files on the jail side to determine standard compliance.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Historically, there is only one sexual harassment allegation that was investigated and found to be unsubstantiated. (Staff - Resident) The auditor did review a number of files on the jail side to determine standard compliance.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes
 No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

10

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) The Washington County 8-Day Temporary Juvenile Holding Facility (WCTHF or THF) maintains a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>The Sheriff’s Office Jail Division operates an 8-day, 5-bed temporary juvenile holding facility licensed by the MN Department of Corrections. It is a co-located facility with the Washington County Jail (WCJ), but yet separate and secure. 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.</p> <p>The Juvenile Unit PREA Policy provides FACILITY STANDARDS in Prevention Planning. It specifies the Zero Tolerance of Sexual Abuse and Sexual Harassment: The THF</p>

shall maintain a written policy mandating zero tolerance toward all forms of sexual misconduct in the facility for all residents under its jurisdiction. All sexual abuse or harassment is strictly forbidden. The Washington County Sheriff's Office (WCSO) is committed to maintaining an environment free from sexual abuse and sexual harassment of inmates in the jail and residents in the juvenile facility. There is zero tolerance for anyone engaged in any form of sexual abuse or sexual harassment of inmates and residents. Sexual abuse and sexual harassment of residents is prohibited by Federal and State law.

The PREA Policy in whole includes definitions of prohibited behaviors, including sanctions for those found to have participated in those prohibited behaviors. It also relays that all sexual abuse and/or harassment is strictly forbidden and appropriate affirmative measures are taken to protect all persons in custody. The policies provide guidance with the Prison Rape Elimination Act (PREA) of 2003 and the implementing regulation that establishes standards to prevent, detect, report, and respond to sexual abuse and sexual harassment. The WCSO promptly and thoroughly investigates all allegations of sexual abuse and harassment. Multiple related policies and procedures reinforce the Temporary Holding Facility (THF) strategy and approach to maintaining an environment free from sexual abuse and sexual harassment. The zero tolerance philosophy is promoted throughout the facility with PREA signage, announcements, brochures, and as defined in the Juvenile Resident Handbook which is provided to each individual.

The handbook contains information on the PRISON RAPE ELIMINATION ACT OF 2003 and addresses Sexual Abuse and Sexual Harassment. It states: "You have the right to a safe environment and to be free from sexual abuse and sexual harassment. Conduct of a sexual nature is prohibited. 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 an inmate, you have the right to report sexual misconduct and remain free from 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 following the notification of staff. Your right to be free from retaliation when reporting sexual abuse or sexual harassment, means your confidentiality will be protected. Any allegation of sexual misconduct will be taken seriously. A Correctional Sergeant/Program Coordinator will be in contact (contact) with you concerning victim advocacy and services, and will help you through all the necessary steps. Sexual conduct is defined as acts including but not limited to sexual intercourse, oral sex, anal sex, sex with instruments, kissing, hugging, touching (either directly or through clothing) or the genitals, anus, groin, breast, inner thigh, or buttocks unrelated to the necessary performance or required duties. Sexual harassment is defined as repeated sexual verbal statements or comments that include profane or obscene language or gestures that are offensive in reference to gender, physical appearance, or clothing. Sexual misconduct is considered sexual conduct or harassment by an employee, contractor, visitor, volunteer, or any other individual working with an inmate that is under the authority of the Sheriff's Office, or sexual conduct or harassment by an inmate with another

inmate while either is under the authority of the Sheriff's Office."

By signing this form you acknowledge that you have watched the educational video PREA-What you need to know.

Resident Signature

Staff Signature.

The WCJ website provides a PREA Statement. The THF is under the umbrella of the WCJ. "The Washington County Sheriff's Office has a zero tolerance policy with regard to sexual abuse and sexual harassment within the WCJ. The Sheriff's Office will take appropriate measures to protect all inmates, and will promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment."

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

The auditor toured all areas of the juvenile facility and observed that residents are well supervised by a sufficient number of Corrections Officers, supervisors, and support staff. Cameras and other monitoring technologies are used as a supplement to help keep residents safe from sexual abuse. Additional documents such as resident and staff file contents, training records, video footage, incident reports and investigative files were reviewed to ensure the sexual safety and supervision of residents. PREA-related screening instruments and indications of decision-making based on screenings was also observed during the facility tour and observation period. Information about PREA and the zero tolerance mandate is posted and is available in manners that accommodate non-English proficient residents and residents with disabilities. The auditor observed where the signage was placed in the facility as it was accessible to staff and to those confined in the facility. The auditor observed consistent and accurate PREA posters, PREA Statement forms, Resident Handbooks, and brochures throughout the facility in support of this standard. Signage and information included audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The signage language is clear and easy to understand.

Administration, staff, contractors, volunteers, and residents verified awareness and understanding of this policy through informal and formal questions/answers. Resident handbooks were observed in the housing units and/or cells.

The auditor also read and reviewed the WCSO and WCJ Mission Statements, recent MN Department of Corrections (DOC) THF Inspection Report, Facility Schematic Design, Resident Population Reports, and staff training records for a total and inclusive overview of the facility with its goals and objectives.

Reference Policies: 1130 Juvenile Unit PREA/1130.1 Policy/1130.3 FACILITY STANDARDS. Prevention Planning: (a) (1). 506 Inmate Handbook and Orientation, 318 PREA Training, 122.2 Anti Retaliation, 535 Staff and Inmate Contact.

Supporting Documents: Resident Orientation Documents, Juvenile Resident Handbook pg.22-23, Sheriff's Office Organizational Chart, Canvas Health Poster.

(b) The WCJ designates an upper-level PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Standards.

Also according to the PREA FACILITY STANDARDS, Prevention Planning the WCJ has designated the Jail Programs Coordinator as the PREA Coordinator.

The Washington County (WC) Jail Programs Sergeant (Sgt.) reports to the Assistant Jail Commander and the Jail Commander for chain of command purposes, and is assigned the duty and responsibility of PREA Coordinator. PREA Coordinator interviews and discussion confirm sufficient time, authority, and work flexibility to oversee PREA efforts. He emphasized a team approach. The PREA Coordinator is well-versed in the development, implementation, and maintenance of the PREA Standards and PREA Policies, procedures, and meaningful practices. The PREA Coordinator oversees training and oversight of compliance with the PREA Standards and makes appropriate compliance recommendations to the Jail Commander. The Policy outlines the PREA Coordinator's responsibilities.

In addition to the PREA Policies and procedures, the auditor also reviewed the Personnel Job Descriptions to confirm the upper-level supervisory status with supervisory authority.

The PREA Coordinator is an organized and experienced correctional professional dedicated to the facility's zero tolerance policy. The PREA Coordinator assisted the auditor throughout the jail and juvenile facility tours and provided the auditor with additional documents as requested. Staff and resident interviews were coordinated by the PREA Coordinator. The PREA Coordinator was readily available, responsive and informative throughout the pre-audit, on-site audit, and post-audit process, showing a commitment to enforcing the zero tolerance policy. The PREA Coordinator reports that he has sufficient time and authority to carry out the duties and responsibilities of the position. If an issue is identified, actions and processes are taken to work toward compliance with that PREA Standard. Based on the pre-audit review of policy/procedure and related documents, and information and observation gathered during the on-site audit, it was evident to the auditor that the WCJ and THF maintains a positive PREA culture which mandates zero tolerance of sexual abuse and sexual harassment. From policy to meaningful practice, the THF exhibits the institutionalization of the PREA goals to prevent, detect, report, and respond to sexual abuse and sexual harassment. With the assistance of the PREA Coordinator, the auditor was able to observe all areas of the juvenile facility in order to verify compliance with the standards. The auditor paid attention to how well supervised the residents are and how cameras and other monitoring technologies are used to ensure that residents are safe from sexual abuse. The auditor did not notice any

	<p>blind spots or other indicators that an area of the facility is not being monitored in a way that keeps persons in custody safe. Employee, contractor, volunteer, and resident education and training records confirm that the PREA zero tolerance policies and procedures are taught and refreshed within the facility in support of this standard. The meaningful practice and implementations of PREA requirements are a routine and integral part of the day-to-day facility operations and interactions with residents, jail staff, volunteers, and contractors.</p> <p>Reference Policies: 1130 FACILITY STANDARDS, Prevention Planning (a) (2).</p> <p>Supporting Documents: Sheriff's Office Organizational Chart.</p> <p>(c) N/A. The WCSO has assigned one PREA Coordinator to oversee the jail and the juvenile facility since they are co-located.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) The WCJ and the THF shall include in any new contract or contract renewal the obligation to adopt and comply with PREA standards.</p> <p>The Contractor and Volunteer Training Policy contains the contracting for confinement of inmates Policy. It states that the WCJ does contract with other agencies for confinement of other agency inmates. (a) WCJ shall include in any new contract or contract renewal the obligation to adopt and comply with PREA standards. (b) Any new contract or contract renewal shall provide for agency contract monitoring i.e. DOC, USMS, and Chisago County to ensure that WCJ is complying with PREA standards.</p> <p>The auditor was informed that the WCSO/WCJ does not contract for the confinement of its inmates.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION/ Contractor and Volunteer Training (a) and (b).</p> <p>Supporting Documents: Joint Powers Agreement for Secure Juvenile Detention and Treatment Facility 01/01/2022, PREA Language in Contracts 2023, PREA Language in Contracts.</p> <p>(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The Contractor and Volunteer Training Policy contains the contracting for confinement of inmates Policy. It states that the WCJ does contract with other agencies for confinement of inmates. (a) WCJ shall include in any new contract or</p>

contract renewal the obligation to adopt and comply with PREA standards. (b) Any new contract or contract renewal shall provide for agency contract monitoring i.e. DOC, USMS, and Chisago County to ensure that WCJ is complying with PREA standards.

Washington County does contract with a group of neighboring counties and Anoka County (East Central Regional Secure Juvenile Detention and Treatment Facility (ECRJC)) for Contract Beds for secure detention and treatment for juvenile offenders. This is coordinated through Community Corrections, not the Sheriff's Office itself. The contract calls for the ECRJC to comply with all federal and state laws, rules, and standards. The auditor reviewed the ECRJC website and confirmed PREA compliance. (2021 PREA Audit Compliance Report for the Anoka County Juvenile Center.)

<https://www.anokacountymn.gov/2283/PREA>

The auditor also examined miscellaneous service contracts with the WCJ and THF. The current contract with inmate phone provider, Securus calls for PREA compliance. All contract employees must be trained on PREA and comply with all policies and procedures set forth by the WCJ Policies and Procedures. The current contract for Food services with Summit requires the same for its contract employees. The commissary contract with Turnkey requires that contractor and sub-contractor personnel working in the jail must comply with all applicable provisions of PREA. Contractor and sub-contractor personnel working in the jail will receive training from jail staff on PREA and sign off acknowledging said training.

The educational program contract also requires mandatory PREA compliance and training requirements.

The auditor spoke with the Jail Commander who is also the facility Contract Administrator. He explained that new and renewed contracts for confinement services are monitored for compliance with the required PREA practices. Other than confinement services, contracts such as food services, medical, and educational program contracts for services are documented and monitored for PREA training requirements and background checks.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION/ Contractor and Volunteer Training (a) and (b).

Supporting Documents: Joint Powers Agreement for Secure Juvenile Detention and Treatment Facility 01/01/2022, PREA Language in Contracts 2023, PREA Language in Contracts.

115.313	Supervision and monitoring
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	Auditor Overall Determination: Exceeds Standard
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Auditor Discussion

(a) The agency shall ensure that each facility it operates develop, implement, and document 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, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential 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.

The main policy that addresses this standard is found within the Juvenile Unit PREA FACILITY STANDARDS, Prevention Planning Policy. It states: "(a) The Current Staffing Ratio is as Follows: (a) 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. (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.

The WCTHF staffing ratio is 1:5 during waking hours as well as 1:5 during sleeping hours.

The Sheriff's Office Jail Division operates an 8-day, 5-bed temporary juvenile holding facility licensed by the MN Department of Corrections. The average daily population is 1. The average daily number of residents on which the staffing plan was predicated was 5. The THF holds male and female offenders. 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 WCSO/THF also abides by the Minnesota Rules CHAPTER 2960, LICENSURE AND CERTIFICATION OF PROGRAMS FOR CHILDREN DEPARTMENT OF CORRECTIONS AND DEPARTMENT OF HUMAN SERVICES Rule 2960.2960.0150 PERSONNEL POLICIES. Subp. 3. J. Staffing plan. The minimum number of staff who have direct contact that must be present and awake when residents are present is one staff person per 12 residents. At a minimum, one staff person per 25 residents must be present and awake at all times in the facility when residents are normally asleep. The staffing plan must be appropriate for the program services offered to the resident and the condition of the resident. The license holder must consider the factors in subitems (1) to (9) when developing the staffing plan: (1) the age of the resident being served; (2) the resident's physical and mental health; (3) the vulnerability of the resident; (4) the resident's capacity for self-preservation in the event of an emergency; (5) the degree to which the resident may be a threat

to self or others; (6) the risk of the resident absconding; (7) the gender of the resident; (8) the disability of the resident; and (9) the number and types of educational service programs offered or coordinated for the resident. I. Physical plant features and characteristics must also be considered when approving the program's staffing plan. J. Staffing plans must be readily available for each licensing inspection.

The WCTHF provides staffing at more than the minimally required ratios of both the MN Rules and the PREA Standards.

<https://www.revisor.mn.gov/rules/2960.0150/>

The Juvenile Unit Recruitment, Selection, Hiring, and Retention Policy addresses Staffing Requirements. Juvenile Unit staff must be at least 21 years of age and they shall not be scheduled for duty for more than 12 consecutive work hours.

It is the policy of the WCSO to ensure the safety, security, and efficient operation of the jail and juvenile unit by assigning custody personnel according to a detailed staffing plan that is developed and maintained in accordance with law. The WCJ addresses the facility's staffing plan relative to the supervision and monitoring of inmates and residents for safety, security, health, and welfare purposes through a variety of additional policies, procedures, staffing reviews, and ongoing checks and balances. The auditor was informed by the PREA Coordinator and the Jail Commander that the WCTHF considers all 11 requirements of this standard. The Jail Commander verified that their juvenile facility also maintains a staffing plan. There are more than adequate staffing levels to protect residents against sexual abuse as considered in this plan. Video monitoring is part of this plan. The plan is documented and was provided to the auditor.

During the site review, the auditor paid attention to the supervision practices of the THF by comparing the written staffing plan against observations made during the onsite inspection. It was determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, that the facility is staffed according to the plan, as it is written. On the day of the on-site audit, there was one male Corrections Officer assigned to the juvenile unit who was supervising three youth, one male and two females. There are female Corrections Officers working in the jail who are cross-trained for the juvenile unit. They are available as needed for searches or other privacy issues. There are single occupancy cells and a day area in both housing units. The auditor observed a Jail Sgt. conducting a status check within the unit. Master Control has monitoring access to the juvenile unit. There is a meeting room and a program area for the residents. The auditor paid attention to staff line of sight to assess whether there are blind spots for concerns regarding cross-gender viewing. Also examined were areas where inmates are not allowed, such as property rooms and closets and I ensured that movement in and out of that space is monitored and surveilled to ensure that confined persons never enter those areas. Specifically, the auditor studied and observed the written and actual staffing for custody unit housing, custody unit roving and emergency response, the booking unit, programs unit, court

unit, housing Sergeant, support unit sergeants, and Administration/Command staff schedules. The WCJ has 89 full-time employees. Corrections Officers work 8-hour shifts with overlap for communication purposes. Shift Sgt.'s are assigned to various shifts to include the day shift, afternoons, and nights. Shift relief factors (sick call, vacation, family and military leave) and full-time equivalent issues have been analyzed and considered in the development and implementation of the staffing plan. The auditor was informed that there have been no deviations from the plan and that they are required to report any deficiency to the DOC in an incident report. The auditor was provided with a copy of the WCJ Duty Roster with staff coverage for both days of the on-site audit which helped the auditor understand the adequate staffing levels in line with the facility programs and daily jail routine. There is one officer assigned to the juvenile unit on every shift. The third day of the on-site audit was dedicated for the juvenile unit. The auditor was also provided with the orders for each post. The auditor also reviewed the program activities schedule. Male and female staff and supervisors were working within the secure perimeter of the jail. The auditor observed frequent well-being checks and positive inmate and resident interactions throughout the facility. The auditor also observed the monitoring of cameras in the Control Center and at officer stations as a supplement to the supervision of persons in custody. Cameras are not placed in areas which would be considered an invasion of privacy such as showers, and change outs. A review of the WCJ and THF Camera List was studied in addition to personal observation. Additionally, privacy screens and partial doors are in place for showering and changing. Toilet and changing areas are edited on camera. There are window coverings in booking, court holding, and at other holding locations as needed for sight and sound separation requirements. Supervisors and Administration have camera access. Informal discussions with staff and persons confined reflected safe supervision practices and strong staffing presence for safety and security of the jail and juvenile unit. The auditor was provided access to the change out area where inmates and residents are properly and safely supervised. The auditor also toured and observed the inmate worker locations for kitchen and laundry. There are cameras within the facility and staff were observed making rounds and checking in with the workers. The auditor also spent time in the medical unit and observed medical provider interactions and staff providing security while respecting the privacy of the inmate's medical examinations and discussions. The medical/mental health staff come to the juvenile unit for initial services. Educational, self-help, and recreational programs were also on-going under appropriate supervision during the on-site review. The court holding unit was also observed to have sufficient staffing with sight and sound separation as needed. Both male and female corrections officers and supervisors are assigned and working in all units of the jail. The auditor witnessed opposite gender announcements before entering housing units and unannounced rounds were conducted by Sergeant level and above throughout the facility tour. The auditor also witnessed same-sex pat-down searches and change outs during the observation period. The auditor studied current and past staffing plans, staff schedules, shift reports, jail logs, the list of authorized positions, the organizational chart, post orders, jail schematic, and the 09/27/2023 DOC inspection report all relative to this standard. There is more than sufficient coverage of video monitoring that is utilized as a supplement for personal staff supervision of persons

in custody. All staffing plans that are changed or developed are reviewed and/or approved by the MN DOC Inspection Unit. The Jail Commander was interviewed and verified their staffing plan. Adequate staffing levels to protect inmates and residents against sexual abuse are considered in this plan. The plan is documented annually on-site and submitted to the DOC facility inspector for approval. All PREA criteria are considered when assessing staffing levels and the need for video monitoring.

Staffing compliance checks are made on-going through the daily roster of staff positions and assignments. Communications and reviews are also conducted quarterly and annually with all variables considered. Financial considerations and (FTE) numbers are examined. There have been no incidents of non-compliance. The facility would document all instances of non-compliance with the staffing plan with explanation. This is a special incident they would have to report to the DOC. They are currently in the process of hiring and training new Corrections Officers for vacant positions.

Reference Policies: 1111 Juvenile Unit Recruitment, Selection, Hiring, and Retention/ 1111.3.1 Staffing Requirements, 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning, 202 Financial Practices/202.7 Staffing Plan, 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), 554 Post Locations, Post Orders.

Supporting Documents: 2023 Staffing Plan, Daily Population Reports, Jail Duty Rosters.

(b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

The Juvenile Unit PREA FACILITY STANDARDS. Prevention Planning: address this standard. 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.

The auditor was informed by the Jail Commander and the PREA Coordinator that the THF had no deviations from the staffing plan in the past year. There is always at least one Juvenile Unit Officer assigned to the unit when there is one or more residents in custody. There is also a Juvenile Sgt. who conducts unannounced rounds and oversees the unit, its staff and residents.

The auditor did not find any indication of non-compliance staffing occurrences upon review of jail population reports and duty rosters, and related records and logs. The Jail Commander advised that IF there was an emergency situation and the staffing went below the minimum staffing requirements, they would document and report to the DOC. Overtime is utilized for staff coverage of sick call, leaves, and vacations as necessary. This is also covered under the Union Contract provisions which was reviewed by the auditor. Informal conversations with staff and youth confined did

not indicate any understaffing, shortages, or overcrowding issues. The auditor conducted informal discussions with the three residents in custody. They said they felt safe, their needs were met, and they were able to attend programs and recreational activities. Female residents confirmed their attendance in programs and out of cell activities. Everyone that I spoke with confirmed the frequency of rounds or well-being checks (at least every 30 minutes) and frequent supervisory unannounced rounds as well.

Reference Policies: 1111 Juvenile Unit Recruitment, Selection, Hiring, and Retention/1111.3.1 Staffing Requirements, 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning, 202 Financial Practices/202.7 Staffing Plan, 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), 554 Post Locations, Post Orders.

Supporting Documents: 2023 Staffing Plan, Daily Population Reports, Jail Duty Rosters.

(c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

The Juvenile Unit PREA FACILITY STANDARDS. Prevention Planning: address this standard. The Current Staffing Ratio is as Follows: (a) 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. 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.

The WCTHF staffing ratio is 1:5 during waking hours as well as 1:5 during sleeping hours which is above the MN Juvenile Rules and PREA Staffing Requirements Standard. The capacity of the juvenile unit is 5 residents.

Thorough discussions with the Jail Commander and PREA Coordinator verified that the WCJ staffing plan is developed, implemented, documented, and reviewed. Adequate staffing levels are maintained to protect inmates and 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, the Jail Staffing Reviews, reports, and miscellaneous memos related to staffing that were supplied pre-on-site audit and during the on-site audit. The budget process

was also discussed. 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.

Reference Policies: 1111 Juvenile Unit Recruitment, Selection, Hiring, and Retention/1111.3.1 Staffing Requirements, 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning, 202 Financial Practices/202.7 Staffing Plan, 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), 554 Post Locations, Post Orders.

Supporting Documents: 2023 Staffing Plan, Daily Population Reports, Jail Duty Rosters, Days, Afternoons, Nights Duty Rosters, Shift bid documents, Sergeant Meeting Notes.

(d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The WCJ Staffing Policy requires the annual analysis of the staffing plan to evaluate personnel requirements and available staffing levels. The staffing analysis will be used to determine staffing needs and to develop staffing plans. The Jail Commander, in conjunction with the PREA Coordinator, should ensure that staffing levels are sufficient to consistently and adequately fill essential positions, as determined by the staffing plan. Relief factors for each classification and position should be calculated into the staffing analysis to ensure staffing levels will consistently meet requirements. Staff should be deployed in an efficient and cost-effective manner that provides for the safety and security of the staff, inmates and the public. The staffing analysis should be used to identify whether required activities are being performed competently and in compliance with current laws and office policies. If deficiencies are noted, the staffing analysis should also include recommendations regarding what corrective measures may be needed, including operational changes, equipment requirements, additional training, supervisory intervention, and additional personnel. The PREA Coordinator confirmed that he is consulted as part of team management efforts regarding the staffing plan with assessments and adjustments. This is accomplished through meetings and informal discussions as well as the daily monitoring of the schedule. As always, PREA incident reviews and aggregated annual reviews are a consideration with any adjustments to the Staffing Plan. Thorough discussions with the Jail Commander and PREA Coordinator verified that the WCJ staffing plan is developed, implemented, documented, and reviewed. Adequate staffing levels are maintained to protect

inmates and 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, the Jail Staffing Reviews, reports, and miscellaneous memos related to staffing that were supplied pre-on-site audit and during the on-site audit. The budget process was also discussed. 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 PREA Coordinator said that he is consulted regarding any assessments of, or adjustments to, the staffing plan for the jail and juvenile facility.

The selection, appointment and promotion of Juvenile Facility staff is based on assessed ability. Recruitment standards include the basic requirements of ability, preparatory experience, physical condition, and character, as well as those qualities that may disqualify. Criminal record checks are conducted on all new staff.

Reference Policies: 1111 Juvenile Unit Recruitment, Selection, Hiring, and Retention/1111.3.1 Staffing Requirements, 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning, 202 Financial Practices/202.7 Staffing Plan, 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), 554 Post Locations, Post Orders.

Supporting Documents: 2023 Staffing Plan, Daily Population Reports, Jail Duty Rosters, Days, Afternoons, Nights Duty Rosters, Shift bid documents, Sergeant Meeting Notes.

(e) Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.

As per the WCJ Administrative and Supervisory Inspection Policy, the Jail Commander is responsible for establishing both scheduled and unannounced inspections of the facility's living and activity areas. This is to encourage contact with staff, inmates, and residents and to observe inmate living and working conditions, including safety and inmate concerns. The inspection is then documented and reported in the appropriate facility log. The Inmate Supervision Policy/Staff Guidelines prohibits staff from alerting other staff members that supervisory rounds are occurring. The auditor requested to review a sampling of

	<p>video footage of supervisory unannounced rounds in comparison to what was documented in the jail logs covering all shifts for compliance. The auditor also made observations and asked questions of staff residents during the facility tour which verified supervisory participation. The PREA Coordinator seemed familiar to the residents and he verbally confirmed that he checks the housing units frequently. The auditor also witnessed other supervisors within the housing areas of the facility. The Correctional Officers (CO) also verified other supervisory involvement and unannounced rounds. I was informed that the jail had just conducted the annual shake-down inspection which involved supervisory personnel and administration. I also reviewed video footage of the shake-down process with the assistance of the PREA Coordinator and another Sgt.</p> <p>The Assistant Jail Commander was interviewed relative to conducting and documenting unannounced rounds. He confirmed that he conducts at least weekly unannounced rounds. Staff document the activity in the log. They check the housing units and speak with staff and inmates. They remind and coach staff from alerting other staff that they are conducting unannounced rounds. This is accomplished to identify and deter staff sexual abuse and sexual harassment among other safety, security, health and welfare purposes.</p> <p>There is a Juvenile Sgt. assigned to the Juvenile Unit who supervises the Juvenile Officers. He and other jail supervisors and administration conduct unannounced rounds of the facility intermittently.</p> <p>Reference Policies: 230 Administrative and Supervisory Inspections/230.3 Inspections, 509 Inmate Supervision/509.4.5 Staff Guidelines (f), 554 Post Locations, Post Orders.</p> <p>The WCSO THF Substantially exceeds the requirements of the Supervision and Monitoring Standard in consideration of their staffing ratio and no deviations to the staffing plan.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>The Juvenile Unit PREA Policy contains a section on the Limitation to Cross-Gender Viewing and Searches. Staff shall not conduct cross-gender pat-down searches, strip searches, or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Transgender inmates may request that either a male or female staff member conduct a search (pat and/</p>

or strip) consistent with the transgender resident or inmate's identified gender, if such search is required. The Juvenile Unit Searches policy states that staff of the same gender may only conduct strip searches of the juveniles, except in extreme emergency situations, and then any Juvenile Officer is authorized to perform any strip searches of any juvenile as necessary,

In the past 12 months, there were zero cross-gender strip/cross-gender visual body cavity searches of inmates. There were zero cross-gender strip/cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff. Numerous jail policies, staff training, and supporting documents address the limits to cross-gender viewing and searches.

WCJ Limitations to Cross-Gender Viewing and Searches 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 not be placed in positions of responsibility for the supervision and welfare of inmates of the opposite sex in circumstances that can be described as invasion of privacy, degrading, or humiliating to the inmates. Strip searches are to be conducted by same sex staff except under extreme emergency conditions requiring an immediate strip search. 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.

The auditor interviewed a non-medical staff, Jail Sgt. who verified that cross-gender strip searches do not occur at the WCJ. He said it is not acceptable and could not think of any urgent circumstances that would require cross-gender strip searches and visual body cavity searches. The auditor did not discover any documents pertaining to cross-gender strip searches. There were also no instances of medical cross-gender strip searches. Any situation requiring a body cavity search would require that the resident be brought to the hospital for professional medical examination.

The auditor was informed about the Gender Specific Screening. Staff observes and completes within 6 working days of admission. Facility staff observe peer gender preference, staff gender preference and general social behavior with documented observations.

During the site review, the auditor observed all areas where confined persons may be in a state of undress, such as showering, using the toilet, and/or changing their clothes. All areas included housing units, medical areas, intake, holding areas, and recreation areas. I also observed the use of electronic surveillance monitoring in the control room and officer stations. Both male and female staff monitor the cameras. The video monitoring technology does not allow staff to see confined persons in a state of undress or showering or on the toilet. There are no cameras in the showers and changing areas and the toilets are edited out on the screens. Specifically relative to this standard, the auditor observed areas used to conduct strip searches, visual body cavity searches, and pat-down searches and assessed that opposite-

gender staff cannot watch the conduct of a strip search or visual body cavity search (absent exigent circumstances). Opposite-gender supervisors do not supervise or observe strip searches. The auditor noted that the areas used to conduct searches have a privacy screen/curtain to obstruct cross-gender viewing. When opposite-gender staff or personnel are in the vicinity of the strip search area, a privacy screen/curtain is used to obstruct cross-gender viewing. Staff and other personnel are kept at a sufficient distance where the contours of the breasts, genitalia, or buttocks are not readily distinguishable. These searches are also logged into the electronic Jail Management System (JMS). The PREA Coordinator described the search process. Searches are conducted in the most noninvasive manner possible. There are no cameras in the changing area.

Informal conversations and formal interviews with staff and persons confined in the facility regarding search procedures indicated safe, secure, and respectful searches with limits to cross-gender viewing. The auditor inquired about logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months, and was informed that there were no logs because they do not conduct cross-gender searches. The auditor did not find any evidence of cross-gender strip searches of incarcerated persons at the THF.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning: Limitations to Cross-Gender Viewing and Searches (a), 1137 Juvenile Unit Searches/1137.4.2 General Instructions (e), 613 PREA/613.3 Limitations to Cross-Gender Viewing and Searches, 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.

Supporting Documents: PREA Compliant Practices, Statement of Preference, Glossary.

(b) Similarly, the WCSO does not permit cross-gender pat-down searches of residents absent exigent circumstances.

The Juvenile Unit Policy on Limitations to Cross-Gender Viewing and Searches states that Staff shall not conduct cross-gender pat-down searches, strip searches, or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Transgender inmates or residents may request that either a male or female staff member conduct a search (pat and/or strip) consistent with the transgender resident or inmate's identified gender, if such search is required. Staff shall document and justify all cross-gender pat-down searches, strip searches, and cross-gender visual body cavity searches. The General Instructions within the Juvenile Unit Search Policy states that staff of the same gender may only conduct pat searches of the juveniles, except in an extreme emergency situation.

All cross-gender pat-down searches shall be documented. The auditor was informed

that in the past twelve months, there were zero cross-gender pat searches conducted at the THF. The auditor did not find any violations of the cross-gender pat-down policies and standard requirements. During the on-site audit, the auditor observed same-sex pat searches of residents within the housing unit. The PREA Coordinator and Jail Commander confirmed that there are always both male and female Corrections Officers working in their co-ed jail and are available for juvenile unit searches.

The auditors interviewed five Juvenile Officers. They said that they are restricted from conducting cross-gender strip searches and pat-down searches. All three residents in custody were interviewed. They were asked if male/female opposite gender staff ever performed a pat-down search of your body. They all responded no.

The auditor also reviewed the programming schedules and the Resident Handbook which verified equal access to programs, services, and recreational activities.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS.
Prevention Planning: Limitations to Cross-Gender Viewing and Searches (a), 1137 Juvenile Unit Searches/1137.4.2 General Instructions (e), 613 PREA/613.3 Limitations to Cross-Gender Viewing and Searches, 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.

Supporting Documents: PREA Compliant Practices, Gender Specific Screening, Glossary.

(c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

The Juvenile Unit Policy on Limitations to Cross-Gender Viewing and Searches states that Staff shall not conduct cross-gender pat-down searches, strip searches, or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Staff shall document and justify all cross-gender pat-down searches, strip searches, and cross-gender visual body cavity searches.

If any inmate's privacy rights are breached for any reason, the Sergeant shall be notified, and all staff involved shall complete jail incident reports prior to the end of their shift. By policy, all searches in this category are to be documented. This was verified by the PREA Coordinator.

During the pre-audit portion of the audit, the auditor received and read all relative policies, procedures, reports, and documents to confirm the limits to cross-gender viewing and searches. Security staff are trained on PREA to include cross-gender viewing and the male/female housing announcement of the opposite gender. The PREA lesson plan was reviewed by the auditor and verified by the PREA Coordinator

to confirm this course content.

Juvenile Officers were asked about training on how to conduct cross gender pat-down and searches of transgender and intersex residents in a professional and respectful manner consistent with security needs. All but one said yes and they had received the training last year.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS.

Prevention Planning: Limitations to Cross-Gender Viewing and Searches (b), 1137

Juvenile Unit Searches/1137.4.2 General Instructions (e), 613 PREA/613.3

Limitations to Cross-Gender Viewing and Searches, 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.

Supporting Documents: PREA Compliant Practices, Gender Specific Screening, Glossary.

(d) The THF 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.

The primary policy that addresses this standard provision is the Juvenile Unit Policy on Limitations to Cross-Gender Viewing and Searches which states that Staff of the opposite gender of the inmate may not view inmates during showers, performance of bodily functions, or changing clothes, unless such viewing is incidental to routine well checks. All inmates or residents shall be able to shower, perform bodily functions, or change clothes, unless such viewing is incidental to routine well checks. Staff of the opposite gender are to announce their presence when entering a housing unit.

During the pre-audit portion of the audit, the auditor received and read all relative policies, procedures, reports, and documents to confirm the limits to cross-gender viewing and searches. Security staff are trained on PREA to include cross-gender viewing and the male/female housing announcement of the opposite gender. The PREA lesson plan was reviewed by the auditor to confirm this course content. Upon policy review, staff are prohibited from entering the cell of an inmate of the opposite gender unless there is a same gender staff present, or unless the cell is unoccupied. According to the WCJ Policy for General Supervision, inmates or 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 inmate and resident privacy rights and dignity while supervising and monitoring 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.

All of the staff interviewed expressed that they announce their presence when entering a housing unit of the opposite gender or at the start of their shift, and that residents are able to dress, shower, and toilet without being monitored by staff of the opposite gender. They typically announce: "Male/Female Officer." They were also asked if residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. They confirmed. The residents were asked if male/female staff announce their presence when entering their housing area or any area where they shower, change clothes, or perform bodily functions. Two residents responded affirmatively and one of them said they had not seen the opposite gender in the housing unit yet. They were also asked if they are ever naked in full view of male/female opposite gender staff. All said no.

The PREA Coordinator and the auditor conducted a walk-through of the facility and housing units in observance of opposite gender privacy considerations. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. There are no group showers at the WCJ. The auditor paid attention to the showers and change out areas for privacy. There are partial doors or shower screens for all showers and change out areas. Various visual angles were inspected by the auditor. These areas are not camera monitored. Toilets are edited out on the monitors. Specifically during the site review, the auditor observed all areas where confined persons may be in a state of undress, such as showering, using the toilet, and/or changing their clothes. All areas included housing units, medical areas, intake, holding areas, and recreation areas. I also observed the use of electronic surveillance monitoring in the control room and officer stations. The two housing units have their own showers. Both male and female staff monitor the cameras.

The video monitoring technology does not allow staff to see confined persons in a state of undress or showering or on the toilet. There are no cameras in the showers and changing areas and the toilets are edited out on the screens. The auditor also viewed all camera monitors of the jail and noted that the toilet and changing areas are electronically blocked from view. The showers all have privacy screens, curtains, or partial doors for privacy. The announcement requirement in this standard is intended to put inmates and residents on notice as to the presence of opposite-gender staff on the unit. This regulation is meant to balance privacy concerns of the resident population with the security and operational needs of the facility. This is also known as the "cover up rule." The auditor also held informal conversations with the Correctional Officers and residents about cross-gender viewing. The auditor was informed that residents are able to change clothes, use the toilet, and shower without staff of the opposite gender being able to view. Staff advised the auditor that there are procedures in place to prevent cross-gender viewing physically and via electronic monitoring. The alert method of announcing male/female entry is sufficient to allow persons in custody to cover-up as needed. Accommodations are made for persons who are deaf or hard-of-hearing with signage. Additionally, the auditor reviewed miscellaneous jail logs and incident reports for compliance. During a tour of the medical unit, the RN verified the privacy of the inmates and residents

with respect to sick call and examinations. The medical staff come to the juvenile unit. Upon review of the Juvenile Resident Handbook, the rules address resident rights and privileges with expected behavior and housing unit rules including showering and personal hygiene.

The Juvenile Unit Inmate Handbook informs the residents of their basic rights. They have a right to be free from abuse, neglect, inhumane treatment and sexual exploitation.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning: Limitations to Cross-Gender Viewing and Searches (b), 1137 Juvenile Unit Searches (d) (e) (f) /1137.4.2 General Instructions (e), 613 PREA/613.3 Limitations to Cross-Gender Viewing and Searches, 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.

Supporting Documents: PREA Compliant Practices, Gender Specific Screening, Glossary, Juvenile Resident Handbook.

(e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

Policy 529.9 Transgender Searches states: "Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status. If genital status is unknown, it may be determined during conversations with the inmate, 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."

The Juvenile Unit PREA Limitation to Cross-Gender Viewing and Searches is the primary policy relative to this provision. Staff shall not search or physically examine a transgender or intersex inmate or resident for the sole purpose of determining their genital status. If the inmate's/resident's genital status is unknown, it may be determined during conversations with the inmate or resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a Public Health Nurse. The WCJ shall train staff on how to conduct cross-gender pat-down searches and searches for trans-gender and intersex inmates/residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The PREA Coordinator informed me that there were no such searches conducted in the last 12 months at the THF or the Jail. The auditor did not find any indications

that this occurs.

Juvenile Officers were interviewed. They were asked if they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining the residents genital status. All staff interviewed responded affirmatively with the exception of one. One of the Juvenile Officers wasn't sure if there was a specific policy, but knew from training that this is not allowed.

There were no transgender or intersex youth to interview at the time of the on-site audit.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS.

Prevention Planning: Limitations to Cross-Gender Viewing and Searches (g), 1137 Juvenile Unit Searches/1137.4.2 General Instructions, 613 PREA/613.3 Limitations to Cross-Gender Viewing and Searches, 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.

Supporting Documents: PREA Compliant Practices, Gender Specific Screening, Glossary.

(f) The agency trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The Juvenile Unit PREA Limitation to Cross-Gender Viewing and Searches is the primary policy relative to this provision. The WCJ and THF shall train staff on how to conduct cross-gender pat-down searches and searches for trans-gender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff shall not conduct cross-gender pat-down searches, strip searches, or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Transgender inmates may request that either a male or female staff member conduct a search (pat and/or strip) consistent with the transgender resident or inmate's identified gender, if such search is required. The TRAINING AND EDUCATION Employee Training Policy requires staff who may have contact with inmates to receive instruction related to the following: 1. Its zero-tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Inmates' right to be free from sexual abuse and sexual harassment. Staff are trained how to perform pat-down, visual strip searches, and modified visual strip searches. Additionally, the Juvenile Unit Searches Policy requires that searches shall be conducted in a professional manner, quickly and efficiently with courtesy and tactfulness towards the subject of the

search.

I was informed by the PREA Coordinator who is also the PREA Training Officer, that all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, 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. (See Standard 115.331 Employee Training) The auditor read and reviewed the training curriculum and the jail staff training logs and records to assure compliance with this standard. All but one staff interviewed said that they received specific PREA training addressing cross-gender searches and searching transgender or intersex inmates. They are not allowed to search solely for the purpose of determining genital status. They articulated that the transgender or intersex inmate's own views as to their status and comfort level is taken into consideration and in consultation with a Jail Sgt. for determining which staff will conduct the search, always in a respectful and professional manner.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning: Limitations to Cross-Gender Viewing and Searches (b), 1137 Juvenile Unit Searches/1137.4.2 General Instructions, 613 PREA/613.3 Limitations to Cross-Gender Viewing and Searches, 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.

Supporting Documents: PREA Compliant Practices, Gender Specific Screening, Glossary.

The THF accomplished this three-part standard by prohibiting all cross-gender strip and body cavity searches and disallowing the use of cross-gender pat searches. Second, they provide for an announce practice when an opposite gender staff member enters a housing unit, and provide policies/procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except when viewing is incidental to routine cell checks. Third, they meet the standard by providing protection from intrusive searches for the purpose of determining gender for transgender or intersex inmates. For these reasons, the WCTHF is in substantial compliance with the limits to cross-gender viewing and searches PREA Standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The WCJ and THF have 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 maintains a general Juvenile Unit PREA Policy, Inmates with Disabilities or who are Limited English Proficient (LEP). WCJ staff shall take appropriate steps to ensure that inmates with disabilities (for example, who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy provides guidance for members when communicating with individuals with disabilities. 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 inmates and residents with disabilities equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. He described the language lines, tablets, and the Telecommunications Device for the Deaf (TDD). He said that they ensure financial resources to maintain supplies, equipment and training to service this population.

The custody manual maintains a policy for Inmates with Disabilities. This policy provides guidelines for addressing the needs and rights of inmates detained by the WCSO in accordance with the ADA and Minnesota Human Rights Act (MHRA). As related to PREA, the WCJ and THF has policies which address Inmates with disabilities or who are Limited English Proficient (LEP). It states that the WCJ staff shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to PREA participation and benefits. The jail's inclusive list of disabilities are: deaf or hard of hearing, blind or low vision, and intellectual, psychiatric, or speech disabilities. Specifically, the policy directs ways to effectively communicate

with inmates 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 inmates with disabilities. Likewise, staff are required to take reasonable steps to ensure meaningful access to all aspects of PREA for inmates 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. The WCSO/WCJ publishes on their website the availability of deaf and hard of hearing services: "Deaf and Hard-of-Hearing Services Inmates 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 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 jail that other inmates have. The WCJ 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 inmates. Sign language, oral interpreters, video remote interpreting, texting, TTYs and other auxiliary services are available to deaf and hard-of-hearing inmates free of charge. The WCJ 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 also read the Juvenile Resident Handbook which contains a PREA section. As an inmate, you have the right to report sexual misconduct and remain free from 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 following the notification of staff. Residents who need special assistance can contact a C.O. to receive guidance relative to their disability.

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 or LEP residents to interview. Additional information and material reviewed with the PREA Coordinator was the Spanish Inmate Handbook and the 2015 version of the inmate handbook, forms, and orientation materials in Brail and American Sign Language video with closed captioning. During the on-site audit, the auditor noted PREA

posters and notices in the Spanish Language. The WCJ and THF allows deaf and hard of hearing inmates the use of cell phones for communication. The facility also has a texting only cell phone for those residents to use. They also have amplifiers for hard of hearing residents. Also available are 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. They are assisted by two other staff members. All jail televisions are placed on closed captioning for hearing impaired inmates and residents. Finally, programs staff are available to meet with any inmates/residents who have limited reading and/or comprehension abilities. GED classes are also offered as a part of the education programs and services available at the facility All staff are trained in the PREA policies and procedures, including PREA for inmates with disabilities and continue with refresher training at least annually.

Reference Policies: 1130 Juvenile Unit PREA/Inmates with Disabilities or who are Limited English Proficient (a), 506 Inmate Handbook and Orientation/506.2.1 Orientation for Non-Readers, Visually Impaired, and Deaf or Hard-of-Hearing Inmates, 344 Communications with Persons with Disabilities/344.8 Qualified Interpreters, 604 Inmates with Disabilities, 613 PREA/613.2 Inmates with Disabilities or who are Limited English Proficient, PREA 115.33, Policy 1052 Deaf and Hard-of-Hearing Inmates.

Supporting Documents: Juvenile Resident Handbook, Mandatory Jail Procedures for ASL Detainees, LEP Guide, Language Line form, Securus VRS How to Poster, Miscellaneous jail invoices for services.

(b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The agency has established procedures to provide residents with LEP 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.

This sub-part is an extension of (a), and specifically addresses the meaningful practices of the policies and procedures that are in place for the handicapped and LEP individual relative to PREA. I will reference the evidence articulated above.

The same policy states that the PREA Coordinator shall ensure written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, limited reading skills, or who are blind or have low vision. Staff shall take reasonable steps to ensure meaningful access to all aspects of the jails efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates and residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The LEP Guide serves those who are LEP, and the Hearing and Speech impaired individual for the purpose of reporting sexual abuse and sexual harassment. It contains simple, basic instruction with pictures and signs regarding what is allowed and not allowed. It provides easy to understand reporting information.

Additionally, and during the facility tour of the on-site audit, the auditor looked for information about PREA. It was posted and available in manners that accommodate non-English proficient residents and residents with disabilities. The auditor observed PREA postings throughout the facility and the availability of the Resident Handbook in the Spanish language. The Resident Handbook addresses resident rights and privileges and a PREA section which contains special assistance for inmates with disabilities. When it comes to the PREA Statement and the Risk Screening Questions, the intake officers described the ways to assist with interpretation services as needed. The auditor tested the facility's access to interpretation services. The Intake Officers, Jail Sgt., and PREA Coordinator provided the auditor with information and demonstrated various equipment and technologies for interpretation services. One of the Jail Sergeants provided the auditor with demonstrations on the use of the various equipment available at the jail for interpreter services. Accommodations are made for residents who are unable to read or who are blind. They informed the auditor that they will coordinate with jail programs and services to make arrangements for a reader.

Reference Policies: 1130 Juvenile Unit PREA/Inmates with Disabilities or who are Limited English Proficient (b) (c), 506 Inmate Handbook and Orientation/506.2.1 Orientation for Non-Readers, Visually Impaired, and Deaf or Hard-of-Hearing Inmates, 344 Communications with Persons with Disabilities/344.8 Qualified Interpreters, 604 Inmates with Disabilities, 613 PREA/613.2 Inmates with Disabilities or who are Limited English Proficient, PREA 115.33, Policy 1052 Deaf and Hard-of-Hearing Inmates.

Supporting Documents: Juvenile Resident Handbook, Mandatory Jail Procedures for ASL Detainees, LEP Guide, Language Line form, Securus VRS How to Poster, Miscellaneous jail invoices for services.

(c) The THF does not rely 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.

The Juvenile Unit PREA Policy as specified in the Inmates with Disabilities or who are Limited English Proficient section states that Staff shall take reasonable steps to ensure meaningful access to all aspects of the jails efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The PREA Coordinator verified that in the past 12 months, no inmate interpreters

were utilized. All of the Juvenile Officers said that they have Professional Services for situations like that. They were asked if the agency ever allows the use of resident interpreters, readers, or other types of assistants to assist disabled residents or residents with LEP when making an allegation of sexual abuse/harassment. They all said no. To the best of their knowledge, other residents have not been used to interpret for PREA allegations. They described the use of the language line and interpretive services that are available at the jail when needed.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning/Inmates with Disabilities or who are Limited English Proficient (c), 613 PREA/613.2 Inmates with Disabilities or who are Limited English Proficient, PREA 115.33 Informational.

Supporting Documents: Juvenile Resident Handbook, Mandatory Jail Procedures for ASL Detainees, LEP Guide, Language Line form, Securus VRS How to Poster, Miscellaneous jail invoices for services.

In conclusion, the WCSO has provided appropriate and relevant evidence in support of the Residents With Disabilities and LEP Standard. The auditor has observed the implementation of the policies, procedures, and relative documents on-site in order to make the compliance determination. The WCJ Administration and staff 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. Such steps include, when necessary to ensure effective communication with inmates and residents who are deaf or hard of hearing, providing access to professional interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates and residents with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The agency also takes 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 LEP, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency does not rely on inmate or resident interpreters for PREA purposes in any way. The WCSO substantially exceeds the requirements of the equal opportunity standard by ways, means, and lengths it goes to in providing equal PREA opportunities to all inmates and residents. They continue to keep current in meeting all federal and state regulations and guidelines to aid people with disabilities and the LEP population.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The WCSO/WCJ/ and their co-located Juvenile Facility maintain multiple policies that prohibit the hiring or promotion of anyone as described above. The primary policy that addresses this standard is the PREA FACILITY STANDARDS, Hiring and Promotion Decision Policy. The auditor examined the policies pertaining to hiring and promotional decisions, recruitment and selection processes, as well as disqualification guidelines in accordance with the high standards of integrity and ethics valued by the WCSO and the community.

The selection, appointment and promotion of Juvenile Facility staff is based on assessed ability. Recruitment standards include the basic requirements of ability, preparatory experience, physical condition, and character, as well as those qualities that may disqualify.

During the pre-audit, the auditor was provided with hiring and promotional policies, procedures, applications and release of information forms, and background investigation cover letters for a preliminary review. During the on-site audit, the PREA Coordinator, a Jail Sgt., and the Human Resources staff provided files of persons hired or promoted in the past 12 months for review to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered.

The auditor interviewed 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. The representative walked me through the application to hiring process.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Hiring and Promotion Decision (a) (b), 308 Recruitment and Selection Process/308.4 Disqualification Guidelines, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check.

Supporting Documents: Informed Consent for Release of Information, Notice of Rights and Informed Consent, Bureau of Criminal Apprehension (BCA) Informed Consent Release of Predatory Offender Registration Data, Authorization to Release Data.

(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Specifically, The Hiring and Promotion Decision policy states that they will consider any incidents of sexual harassment in their determinations to hire or promote. Criminal Record and background checks are accomplished to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Washington County Sheriff's Office.

The Human Resources staff confirmed that the jail performs thorough criminal record and background checks and considers pertinent civil or administrative adjudications and incidents of sexual harassment when determining whether to hire or promote anyone who may have contact with inmates and residents. They do this for contractors who may have contact with inmates/residents as well. She explained that not only is this information considered, but with sufficient evidence the candidate would not be eligible for hiring, promoting, or enlisting contract services. The auditor again reviewed background investigative reports and corresponding materials within the personnel files.

The Sheriff, Jail Commander and PREA Coordinator informed the auditor of the high ethical and legal standards they place upon candidates for positions that have contact with inmates and residents.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Hiring and Promotion Decision (b), 308 Recruitment and Selection Process/308.4 Disqualification Guidelines, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check.

Supporting Documents: Informed Consent for Release of Information, Notice of Rights and Informed Consent, Bureau of Criminal Apprehension (BCA) Informed Consent Release of Predatory Offender Registration Data, Authorization to Release Data.

(c) Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.

The WCSO maintains a policy addressing this provision. Before hiring new employees who may have contact with inmates and residents, the WCJ shall perform a criminal background records check; and 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. The Juvenile Unit Recruitment, Selection, Hiring, and Retention Policy calls for a criminal record check to be conducted on all new Juvenile Unit staff to ascertain if there are criminal acts which have a specific relationship to job duties and responsibilities. Any conviction for, or admission of, or substantial evidence of an act of child battering, child abuse, child molesting, child neglect, or incest within the previous five years or any felony conviction within the previous three years.

In the past 12 months, 22 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. Prior institutional employers are contacted when applicable with the appropriate executed release of information documents. 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, and for all employees being considered for promotions through the Sheriff's Office. 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 and contractor 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, 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.

The auditor again reviewed a sample of files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with this provision.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Hiring and Promotion Decision, 308 Recruitment and Selection Process/308.4 Disqualification Guidelines, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check.

Supporting Documents: Informed Consent for Release of Information, Notice of Rights and Informed Consent, Bureau of Criminal Apprehension (BCA) Informed Consent Release of Predatory Offender Registration Data, Authorization to Release Data.

(d) The agency shall also perform a criminal background records check, and consult

applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The Juvenile Unit Policy for Hiring and Promotions require criminal background records check before enlisting the services of any contractor or volunteer who may have contact with inmates. The TRAINING AND EDUCATION: Employee Training Policy mandates consultation 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 juveniles. I was informed by the PREA Coordinator and the Human Resources staff that background investigators look at all criminal histories and child abuse registries prior to hiring an employee or enlisting the services of any contractor.

In the past 12 months, there was one new contract for service enlisted. The record of the background check of the contractor was examined. This position was for a teacher for educational programs at the jail. 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 or residents prior to service. The auditor was provided with other contractor files for viewing and confirmed this consistent process. Member, contractor, and volunteer background checks are required by policy.

Reference Policies: 1111 Juvenile Unit Recruitment, Selection, Hiring, and Retention 1130/1111.3 Procedures (c). Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Hiring and Promotion Decision, 308 Recruitment and Selection Process/308.4 Disqualification Guidelines, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check.

Supporting Documents: Informed Consent for Release of Information, Notice of Rights and Informed Consent, Bureau of Criminal Apprehension (BCA) Informed Consent Release of Predatory Offender Registration Data, Authorization to Release Data.

(e) The agency conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents and have in place a system for capturing such information for current employees.

The Juvenile Unit PREA Policy for Hiring and Promotion Decisions also require the five year records check of current employees. The WCSO shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. The WCJ shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The Human Services and 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 and residents. The process they maintain is a fingerprint and records check upon hire and every five years, no matter what the start date. (2015, 2020, 2025, etc.) So, for example, if a person was hired in 2019, they had another background check the following year (2020) and then every five years from there on. They maintain a list of current employees and contractors for documentation of background records checks at five-year intervals which was verified by the auditor.

Reference Policies: Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Hiring and Promotion Decision (d) (e), 308 Recruitment and Selection Process/308.4 Disqualification Guidelines, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check.

Supporting Documents: Informed Consent for Release of Information, Notice of Rights and Informed Consent, Bureau of Criminal Apprehension (BCA) Informed Consent Release of Predatory Offender Registration Data, Authorization to Release Data.

(f) The WCSO asks 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

According to the same policies, the WCJ asks all applicants and employees who may have contact with inmates 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/WCJ imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

The auditor discussed this provision 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.

Reference Policies: Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Hiring and Promotion Decision (e) (f), 308 Recruitment and Selection Process/308.4 Disqualification Guidelines, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check.

Supporting Documents: Informed Consent for Release of Information, Notice of Rights and Informed Consent, Bureau of Criminal Apprehension (BCA) Informed

Consent Release of Predatory Offender Registration Data, Authorization to Release Data.

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

The auditor reviewed the jail policies with procedures and the juvenile unit policies and confirmed the practice with the PREA Coordinator and the Administrative staff representative. The Hiring and Promotions Decisions policy specifically calls for a continuing affirmative duty to disclose in any application, interview, or evaluation process, as well as false or material omissions of any such misconduct being grounds for termination. Secondary forms were again reviewed in support of this standard. The auditor also reviewed the Disqualification Guidelines by policy.

Reference Policies: Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Hiring and Promotion Decision (f), 308 Recruitment and Selection Process/ 308.4 Disqualification Guidelines, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check.

Supporting Documents: Informed Consent for Release of Information, Notice of Rights and Informed Consent, Bureau of Criminal Apprehension (BCA) Informed Consent Release of Predatory Offender Registration Data, Authorization to Release Data.

(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.

Unless prohibited by law, the jail shall 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. The Hiring and Promotion Decision Policy addresses this standard and provision.

The auditor discussed this process with the PREA Coordinator and the Human Services/Administrative Representative. We discussed data practices, proper executed Release of Information (ROI) 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 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

	<p>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.”</p> <p>Reference Policies: Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Hiring and Promotion Decision (g), 308 Recruitment and Selection Process/ 308.4 Disqualification Guidelines, 613 PREA/613.3 Hiring and Promotion Decisions, 1005 Criminal Background Check.</p> <p>Supporting Documents: Informed Consent for Release of Information, Notice of Rights and Informed Consent, Bureau of Criminal Apprehension (BCA) Informed Consent Release of Predatory Offender Registration Data, Authorization to Release Data.</p> <p>The THF meets all requirements of the hiring and promotions PREA Standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) 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 agency’s ability to protect residents from sexual abuse.</p> <p>The jail and juvenile facility maintain a PREA Upgrades to Facilities and Technologies Policy relative to this standard.</p> <p>The WCSO has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA Audit in 2020.</p> <p>As per the Sheriff, Jail Commander, and PREA Coordinator, the WCSO has not acquired a new facility nor have they made a substantial expansion to existing facilities since the last PREA Audit. The auditor toured and observed the WCJ and the THF and is familiar with the facility having conducted previous audits there and did not observed any substantial expansions.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Upgrades to Facilities and Technologies(a), 613 PREA/613.3 FACILITY STANDARDS, Upgrades to Facilities and Technologies (a).</p> <p>(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such</p>

technology may enhance the agency's ability to protect residents from sexual abuse.

The same policy addresses this provision of the standard.

They have not installed or updated a new video monitoring system, electronic system, or other monitoring technology since then.

With that being said, the WCJ and THF operates proactively with continual improvements both structurally and electronically for safety and security purposes and in an effort to enhance the facility's ability to protect inmates from sexual abuse. The Juvenile Facility Policy 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 jail's ability to protect inmates and residents from sexual abuse. The agency also considers how technology updates may enhance the ability to protect inmates/residents. The auditor was provided with documents and reports and discussed with Jail Administration and the PREA Coordinator the various improvements accomplished since the last audit as related to the above referenced objectives. Since the Covid Pandemic, they have adapted to mostly remote court hearings with secure technologies in coordination with Court Administration.

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 and residents from sexual abuse and the safety of inmates, residents, and staff is one of their top priorities.

The Sheriff described that the DOC would be consulted and they would research Best Practices. Any modifications to their facilities would consider cameras, monitoring technology, and blind spots as well as structural advantages in keeping incarcerated persons safe and secure. The Jail Commander explained that the PREA Coordinator is part of the Administrative Team and provides input when installing or updating monitoring technology. Efforts are always made to enhance inmates'/resident's protection from sexual abuse. They informed me that they are planning to upgrade the servers and will be adding 50plus cameras next year focusing on intake and vulnerable areas of the facility, including the juvenile unit.

The Sheriff, Jail Commander, and the PREA Coordinator all emphasized the safety and security of incarcerated persons and staff relative to this standard.

Reference Policies: 1130 Juvenile Unit PREA/1130.3 FACILITY STANDARDS. Prevention Planning. Upgrades to Facilities and Technologies(b), 613 PREA/613.3 FACILITY STANDARDS, Upgrades to Facilities and Technologies (b).

The WCSO/WCJ meets the requirements of the PREA Upgrades to Facilities and Technology Standard in all material ways.

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) The WCSO is responsible for investigating allegations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The auditor reviewed the applicable agency and field division policies relative to sexual abuse investigations. The Washington County Sheriff's Office adopts the Investigations of Sexual Assault model policy established and published by the Minnesota Board of Peace Officer Standards and Training (MN POST) (Minn. Stat. § 626.8442). The WCJ and Juvenile Unit has policies and procedures in place to preserve 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 agency shall coordinate 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/WCJ/THF has licensed, trained, and experienced investigators who are responsible for investigating criminal and/or 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 and skills 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. Specialized Investigative training for the investigators include the uniform evidence protocol to maximize potential for obtaining usable physical evidence, 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 action or referral for prosecution. The auditor studied numerous policies, procedural documents, training and curriculum records, and investigative files as evidence of this standard.

The auditor also interviewed investigators, C.O.s, 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 WCJ policy is also published on its website: "The Washington County Sheriff's Office has a zero tolerance policy with regard to sexual abuse and sexual harassment within the Washington County Jail. The Sheriff's Office will take appropriate measures to protect all inmates, and will promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment (28 CFR 115.11)."

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

<https://dps.mn.gov/entity/post/licensing/Pages/default.aspx>

All Juvenile Officers interviewed had knowledge of and understood the agency's protocol for obtaining physical evidence if a resident alleges sexual abuse and the investigation requirements. They were aware of the facility policies and the First Responder Checklist. Staff knew to contact a Jail Sgt. or the PREA Coordinator to initiate the investigation process. Some of the officers knew that a Field Investigator would be assigned the investigation. 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 is utilized as a tool for investigating sexual abuse allegations.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 Training and Education/ Specialized Training Investigations, 1130.7 OFFICAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSEIVE PLANNING, 1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Specialized Training Investigations/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning/613.9 Investigations, Medical Policy/Procedure 516 Sexual Abuse, 601 Sexual Assault Investigations/See attachment Model Policy.

Supporting Documents: Washington County First Responders, Resident Handbook, Canvas Health Poster.

(b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The protocol is developmentally appropriate for youth.

The auditor reviewed WCSO 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.

The WCSO Sexual Assault Investigations Policy itself calls for special consideration to be given to minors and vulnerable adult victims. This agency recognizes that certain victims, due to their age or a physical, mental, or emotional distress, are better served by utilizing interview techniques and strategies that eliminate the duplication of interviews and use a question and answer interviewing format with questioning as nondirective as possible to elicit spontaneous responses. The auditor reviewed a sample of older jail PREA incident reports and investigation reports and focused on the consistent uniform evidence protocols for compliance of this standard requirement. The auditor also reviewed the specialized training materials for investigators. The auditor spoke with one of the investigators who is trained to investigate sexual assault allegations in confinement settings. He confirmed the standard practice of uniform evidence collection (DNA and physical

evidence), including electronic monitoring data, and interviewing sexual abuse victims. The auditor again reviewed the uniform evidence protocol for evidence that it is developmentally appropriate for youth, where applicable, and, as appropriate, adapted from or otherwise based on the DOJ's publication.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 Training and Education/ Specialized Training Investigations, 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING, 1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Specialized Training Investigations/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning/613.9 Investigations, Medical Policy/Procedure 516 Sexual Abuse, 601 Sexual Assault Investigations/See attachment Model Policy.

Supporting Documents: Washington County First Responders, Resident Handbook, Canvas Health Poster.

(c) The agency offers all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The PREA/Responsive Planning Policy - Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation and the Sexual Assault Investigations Policy addresses this standard.

The auditor had previously communicated with the regional director for SAFE/SANE. She has been the Supervisor of the Regions Hospital Sexual Assault Nurse Examiner (SANE) Program (which also serves Lakeview Hospital) since 2005. She has been an ER nurse for more than 40 years and a SANE since 2002. She is passionate about her work with patients who have experienced sexual assault and other interpersonal trauma, as well as supporting the nurses who do this work. She explained the SANE program and the on-call availability for emergency medical forensic examinations. I also reviewed the online MN SANE Programs list which included Lakeview Hospital in Stillwater, which is where an inmate or resident would be transported for forensic examination and emergency treatment.

[https://www.healthpartners.com/blog/contributor/\(name removed\)](https://www.healthpartners.com/blog/contributor/(name removed))

<https://mnforensicnurses.org/minnesota-sane-programs/>

The auditor was also provided with information regarding the Regions Hospital SANE program. I was informed by the PREA Coordinator, Jail Commander, and the members of the medical team that such examinations are performed by SANEs at the Lakeview Hospital which is conveniently located just 1.5 miles from the jail. According to the PREA Coordinator, in the past 12 months, there were no allegations of sexual abuse requiring SANE examinations. The Responsive Planning Policy

further addresses 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 WCJ has included in the procedures, a 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. Training is also available to jail medical/mental health staff for their knowledge and understanding, and to help assist in the continuum of care. 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 inmate or 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.

The auditor read and reviewed further documentation to corroborate that all resident victims of sexual abuse have access to forensic medical examinations as well as documentation made available that delineates responsibilities of medical and mental health practitioners.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 Training and Education/ Specialized Training Investigations, 1130.7 OFFICAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSEIVE PLANNING, 1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Specialized Training Investigations/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning/613.9 Investigations, Medical Policy/Procedure 516 Sexual Abuse, 601 Sexual Assault Investigations/See attachment Model Policy, 706 Referrals and Specialty Care, 708 Emergency Health Care Services.

Supporting Documents: Washington County First Responders, Sane Training Power Point.

(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

A Memorandum of Understanding (MOU) between Canvas Health and the WCSO/WCJ

was executed on 10/23/2023. The auditor received and reviewed the entire document. It states: "As part of Federal Legislation 28 CFR Part 115 Prison Rape Elimination Act (hereinafter "PREA") and notwithstanding the date of signatures, this updated agreement will go into effect on this 1st day of October 2023, between Canvas Health, Inc. and the Washington County Sheriff's Office." The agreement states Canvas Health, Inc. will be authorized to perform all advocacy services pertaining to inmate(s) who have experienced sexual assault/harassment within the confines of the Washington County Jail or before entering (past assault). 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 Washington County Hospitals or if necessary and appropriate, one-on-one in the confines of the Washington County Jail. The WCJ 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 are located in the housing units, and throughout the facility. The services advertised are free and private support to survivors of sexual abuse and information on how to make a private phone call. There is also a 24-hour crisis line available. The auditor conducted community outreach relative to this provision. I contacted the Abuse Response Services Supervisor who confirmed their working relationship with the WCSO, jail and juvenile facility. 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/>

There were no incarcerated youth who had reported a sexual abuse to interview.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 Training and Education/ Specialized Training Investigations, 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSEIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation (i), 1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Specialized Training Investigations/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning/613.9 Investigations, Medical Policy/Procedure 516 Sexual Abuse, 601 Sexual Assault Investigations/See attachment Model Policy, 706 Referrals and Specialty Care, 708 Emergency Health Care Services.

Supporting Documents: Washington County First Responders, Canvas Health Signed MOU 10/23/2023.

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

According to the RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: A staff member, Canvas Health advocate, or qualified community based organizational staff member may accompany and support the victim through forensic medical examination process and investigatory process. They will provide emotional support, crisis intervention, information, and referrals. The Sexual Assault Investigations Policy also states: "Officers are encouraged to connect the victim with local victim advocates as soon as possible. Inform the victim that there are confidential victim advocates available to address any needs they might have and to support them through the criminal justice system process. Provide the victim with contact information for the local victim advocate. Upon victim request the officer can offer to contact local victim advocate on behalf of the victim."

The MOU also states that an Abuse Response Services on-call advocate will provide confidential and free in-person advocacy services at hospitals in Washington County during the sexual assault nurse examination, once contacted by the SANE nurse and with the consent of the victim.

These services were also verified by the PREA Coordinator and the Jail Commander.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 Training and Education/ Specialized Training Investigations, 1130.7 OFFICAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSEIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation (i), 1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Specialized Training Investigations/613.7 Official Response Following an Inmate Report/613.8 Responsive Planning/613.9 Investigations, Medical Policy/Procedure 516 Sexual Abuse, 601 Sexual Assault Investigations/See attachment Model Policy, 706 Referrals and Specialty Care, 708 Emergency Health Care Services.

Supporting Documents: Washington County First Responders, Canvas Health Signed MOU 10/23/2023.

(f) Not applicable. The WCSO/WCJ conducts its own Administrative and Criminal Investigations.

(g) Not applicable.

Prior records and reports were reviewed for compliance of this standard. Investigator and Administrator interviews confirm PREA investigative standards when an outside agency investigates.

(h) Not applicable. The auditor was informed by the PREA Coordinator that the WCSO/WCJ always makes a victim advocate from a rape crisis center available to victims.

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

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) The WCSO ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The WCSO/WCJ/THF maintains policies and provides procedures to ensure referrals of allegations of sexual abuse/sexual harassment for investigations. The auditor reviewed all relative policies and documents. The primary policy that addresses this standard is the INVESTIGATIONS. Policies to Ensure Referrals of Allegations for Investigations from the Juvenile Unit PREA Policy.</p> <p>The WCJ publishes on their website PREA information including taking appropriate measures to protect all inmates 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 and harassment in jail and provides contact phone numbers within the agency or community resources (Canvas Health Abuse Response Services). "If you have information regarding sexual abuse, sexual harassment or retaliation against any person under the supervision of the Washington County Sheriff's Office Jail, email Jail Sergeant or call 651-439-9381. Or, you may call Canvas Health Abuse Response Services at 651-777-1117." (There is a link when you click on "Jail Sergeant.") The PREA sign that is located in the public lobby of the WCSO/WCJ/THF provides contact names and phone numbers for reporting a suspicion of sexual abuse/sexual harassment.</p> <p>https://www.co.washington.mn.us/3218/PREA</p> <p>In the past 12 months, there were no allegations of sexual abuse and sexual harassment that were received, investigated, and completed. The auditor spoke with the Sheriff who 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 explained the investigation process to completion.</p> <p>The Resident Handbook also contains PREA information on how to report sexual abuse and sexual harassment for referral for investigation.</p> <p>The auditor received and reviewed documentation of jail reports of sexual abuse and harassment with documentation of investigations, including full investigative reports with findings. There were no juvenile reports to review.</p> <p>https://www.co.washington.mn.us/3218/PREA</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS. Policies to Ensure Referrals of Allegations for Investigations, 601 Sexual Assault Investigations, 613 PREA/613.4 Specialized Training: Investigations/613.9 Investigations. Policies to Ensure Referrals of Allegations for Investigations, 318 PREA Training/318.5</p>

Specialized Investigative Training.

Supporting Documents: Incident and Investigation Reports, PREA Tracking Log, WCJ Inmate Handbook.

(b) The WCSO has in place a policy 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. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.

The auditor received and reviewed all relative policies to ensure that PREA allegations are referred for investigation. As previously established, the WCSO is the agency with legal authority to conduct criminal investigations that handles all referrals. If there is a conflict of interest, or the allegation involves a staff member, the investigation may be referred to another Sheriff's Office for investigation. The WCJ publishes their policy on its website. The WCJ documents all such referrals. The WCSO/WCJ has licensed, trained, and experienced investigators who are responsible for investigating criminal and administrative allegations of sexual abuse using a uniform evidence protocol. WCSO investigators are trained in sexual abuse investigations involving victims and investigate all allegations of sexual abuse including third-party and anonymous reports. They are trained specific to investigating sexual abuse in custody settings. 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. Juvenile Investigations: Juvenile facilities are prohibited from terminating an investigation of sexual abuse or harassment solely because the source of the allegation recants the allegation. The auditor reviewed the jail policies and procedures, the PREA tracking log, specialized investigator training records, documentation of referrals for investigation of allegations of sexual abuse/sexual harassment, the WCJ website, and interviewed an investigators of the WCSO to confirm the accuracy of this standard.

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

The Investigator said that agency policy requires allegations of sexual abuse/sexual harassment be referred for investigation. The WCSO conducts its own investigations. He explained their legal authority to conduct criminal investigations or administrative investigations if the allegation does not involve potentially criminal behavior. He explained their role and responsibilities as investigators and described their experience and verbal examples of their work.

	<p>https://www.co.washington.mn.us/3218/PREA</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS. Policies to Ensure Referrals of Allegations for Investigations, 601 Sexual Assault Investigations, 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.</p> <p>Supporting Documents: Incident and Investigation Reports, PREA Tracking Log, Resident Handbook.</p> <p>The WCSO meets the requirements of the PREA Standard to ensure referrals of custodial sexual abuse or sexual harassment for investigations at their juvenile facility.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The agency trains all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) 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;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.</p> <p>The auditor reviewed all training policies, procedures, and training records and logs. The auditor was also provided with the curriculum for content. The auditor viewed a PREA training video that is required of staff. A review of a sample of the training records and employee acknowledgement forms on-site verified their initial training, ongoing education, and refreshers. According to policy, all staff, volunteers, and contractors who have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within the facility. All of the elements required in this standard are covered. The PREA Coordinator shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any</p>

inmate or resident questions regarding sexual abuse/sexual harassment, and that they are familiar with the reporting process to take an initial report. The PREA Coordinator is responsible for developing and administering this training. Jail policy also requires training and education in all the PREA standard elements for their employees who have contact with inmates and youthful offenders. 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. Documentation and training records are maintained. In order to be a Juvenile Officer, you must accomplish an additional 8 hours of juvenile training. The selection, appointment and promotion of Juvenile Officers at the THF shall be based on assessed ability. Recruitment stands shall include the basic requirements of ability, preparatory experience, physical condition, and character, as well as those qualifications that may disqualify.

The assistant auditor and auditor interviewed Correctional Officers regarding this standard. 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 and residents receive PREA education and training on the required elements of the standard. The auditor reviewed the WCJ 2022 training logs, training files and records, and tests related to PREA in support of this standard in addition to previous years training. The auditor verified course content from legitimate sources. Daily Training Bulletins and memos are also utilized as PREA topic refreshers intermittently.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Employee Training (a) 1-10, 613 PREA/613.4 Training and Education: Employee Training, 529 Searches/529.8 Training, 318 PREA Training/318.3 Member Training, 535 Staff and Inmate Contact, 529 Transgender Searches.

Supporting Documents: PREA Compliant Practices, PREA Training Acknowledgement, 2022 PREA Training, PREA Report Definitions, PREA Review Questions and Acknowledgement, 2022 Guide on Sexual Abuse Prevention and Response.

(b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The THF 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 inmates and residents including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming. They also receive training on cross-gender and transgender searches. The auditor read and reviewed

a sample of the training records in support of this standard. Specific to juveniles, training consists of how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, relevant laws regarding the applicable age of consent, and consultation 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 juvenile residents.

The auditor continued to read the content of the PREA training material that is provided for its staff as listed in subdivision (a) of this standard. Thorough and comprehensive PREA training is provided frequently and is documented. The training comes from reputable sources such as the PREA Resource Center and the National Institute of Corrections. Some of the related training topics include how to communicate effectively and professionally with inmates and residents, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming, how to avoid inappropriate relationships with inmates and residents, and cross-gender searches and pat-downs as described previously in PREA Standard 115.15 - Limits to Cross-Gender Viewing and Searches. Additionally, staff are trained on the PREA policies and procedures including searches and male/female announcements prior to entering a housing unit. A review of PREA Lesson Plan noted the differences between male and females at risk of victimization and abusiveness.

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

Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Employee Training (a) 8-10, 613 PREA/613.4 Training and Education: Employee Training, 529 Searches/529.8 Training, 318 PREA Training/318.3 Member Training, 535 Staff and Inmate Contact, 529 Transgender Searches.

Supporting Documents: PREA Compliant Practices, PREA Training Acknowledgement, 2022 PREA Training, PREA Report Definitions, PREA Review Questions and Acknowledgement, 2022 Guide on Sexual Abuse Prevention and Response.

(c) All current employees of the WCJ have been PREA trained as required in provision (a) of this standard. The agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Between trainings, the WCJ provides employees with annual refresher information on the policies and procedures regarding sexual abuse and sexual harassment in confinement. Jail and juvenile staff receive PREA retraining more than once every two years. Two years is the minimum requirement. The auditor reviewed a sample of the training records which documented annual and refresher training provided at the WCJ.

New employees shall complete PREA training within their first year of employment.

	<p>Each employee shall complete refresher training on PREA every two years from the date of initial training. Staff shall sign an acknowledgement that they understood the training and they were allowed to ask questions. The facility shall monitor the PREA training and provide the PREA coordinator with a PREA training compliance report semi-annually.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Employee Training (b) (c) (d), 613 PREA/613.4 Training and Education: Employee Training, 529 Searches/529.8 Training, 318 PREA Training/318.3 Member Training, 535 Staff and Inmate Contact, 529 Transgender Searches.</p> <p>Supporting Documents: PREA Compliant Practices, PREA Training Acknowledgement, 2022 PREA Training, PREA Report Definitions, PREA Review Questions and Acknowledgement, 2022 Guide on Sexual Abuse Prevention and Response.</p> <p>(d) The agency documents, through employee signature or electronic verification, that employees understand the training they have received.</p> <p>The PREA Coordinator documents 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 supervisors and the PREA Coordinator. Some of the classes had sign in sheets. These training records are maintained by the PREA Coordinator. Again, the auditor reviewed a sampling of the training records and written acknowledgement of understanding documents supporting this standard.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Employee Training, 613 PREA/613.4 Training and Education: Employee Training, 529 Searches/529.8 Training, 318 PREA Training/318.3 Member Training, 535 Staff and Inmate Contact, 529 Transgender Searches.</p> <p>Supporting Documents: PREA Compliant Practices, PREA Training Acknowledgement, 2022 PREA Training, PREA Report Definitions, PREA Review Questions and Acknowledgement, 2022 Guide on Sexual Abuse Prevention and Response.</p> <p>The WCSO/THF meets the Employee Training Standard in all material ways as evidenced and described above.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency ensures 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.

The Juvenile Unit PREA/TRAINING AND EDUCATION: Contractor and Volunteer Training Policy addresses this standard provision. All contractors and volunteers who have contact with inmates shall be given the WCJ PREA informational packet. Washington County Form (Appendix A Jail) the document contains information on their responsibilities regarding prevention, detection and reporting of sexual abuse and sexual harassment. All contractors and volunteers shall be required to sign an acknowledgement form indicating that they have read and understand PREA Policies and Procedures. The PREA Coordinator shall maintain documentation as long as services are provided and for 5 years upon separation of services. The documentation shall confirm that the contractor and volunteers understood the training they received.

There are currently a total of 27 volunteers and individual contractors at the WCJ and 100% have been PREA trained according to the PREA Coordinator. The auditor reviewed a sample of training records of volunteers and contractors who may have contact with inmates and youthful offenders. I also interviewed two volunteers and two contractors to obtain additional evidence of this standard. All contractors and volunteers who have contact with inmates or 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, residents, 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 volunteers and contractors were asked if they had been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. 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 online 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 jail. 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. During the facility tour, the auditor was shown PREA training records by the Food Services Director and a member of the kitchen crew. They showed me the binder of material in their office containing PREA information and acknowledged training by their organization and the jail.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Contractor and Volunteer Training, 318 PREA Training/318.3 Member Training, 613 PREA/613.4 Contractor and Volunteer Training, 535 Staff and Inmate Contact,

Supporting Documents: PREA Review Questions and Acknowledgement, PREA Report Definitions, Sexual Misconduct with Inmates, PREA Training Letter, WCSO Appendix Criminal Sexual Conduct Policy, 2020 Washington County Volunteer Orientation, 2022 Guide on Sexual Abuse Prevention and Response.

(b) 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The training policies require that the training provided prepares contractors and volunteers to have sufficient knowledge to answer questions regarding sexual abuse or sexual harassment, and they are familiar enough to take an initial report. 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.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Contractor and Volunteer Training, 318 PREA Training/318.3 Member Training, 613 PREA/613.4 Contractor and Volunteer Training, 535 Staff and Inmate Contact,

Supporting Documents: PREA Review Questions and Acknowledgement, PREA Report Definitions, Sexual Misconduct with Inmates, PREA Training Letter, WCSO Appendix Criminal Sexual Conduct Policy, 2020 Washington County Volunteer Orientation, 2022 Guide on Sexual Abuse Prevention and Response.

(c) The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

	<p>According to the Contractor and Volunteer Training Policy of the Juvenile Unit PREA, all contractors and volunteers shall be required to sign an acknowledgement form indicating that they have read and understand PREA Policies and Procedures. The PREA Coordinator shall maintain documentation as long as services are provided and for 5 years upon separation of services. The documentation shall confirm that the contractor and volunteers understood the training they received.</p> <p>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. Relevant documentation and signed acknowledgement of understanding by volunteers/contractors was reviewed by the auditor.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Contractor and Volunteer Training, 318 PREA Training/318.3 Member Training, 613 PREA/613.4 Contractor and Volunteer Training, 535 Staff and Inmate Contact,</p> <p>Supporting Documents: PREA Review Questions and Acknowledgement, PREA Report Definitions, Sexual Misconduct with Inmates, PREA Training Letter, WCJO Appendix Criminal Sexual Conduct Policy, 2020 Washington County Volunteer Orientation, 2022 Guide on Sexual Abuse Prevention and Response.</p> <p>The facility has demonstrated full compliance with this standard.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>The Inmate Education Policy within the Juvenile Unit PREA Policy describes that during the intake process, inmates shall receive information explaining the WCJ zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The WCJ shall maintain documentation of resident participation in these education sessions. The WCJ shall show a PREA inmate educational video once every thirty days. In addition to providing such education, the WCJ shall ensure that key information is continuously and readily available or visible to inmates and residents through posters, the resident handbook, and PREA brochures. The facility shall provide resident education in formats accessible for all, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to</p>

residents who have limited reading skills. The facility shall maintain documentation of resident participation in these education sessions.

The Inmate Education and Inmate Handbook and Orientation Policies require that this initial information be provided to the newly arrested and detained inmates. The PREA Coordinator informed the auditor that In the past 12 months, there were 108 youth admitted into the THF. The auditor verified according to resident population reports received. The PREA Coordinator also informed that 100% of new admits were provided this information at intake. The auditor reviewed a sample of resident files which corroborates these statements. The auditor and assistant auditor interviewed the residents and intake staff in terms of this PREA standard.

The WCJ Inmate Orientation Guide that is given to the new admit contains a section on the "PREA: 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. Reference page 44 in Inmate Handbook."

All new incarcerated persons are given an resident handbook. Page 23-24 of the handbook contains the PREA information describing the zero tolerance policy and how to report a sexual abuse or sexual harassment. The auditor was also provided with a copy of the PREA Statement form which is provided to the residents upon booking. The document inclusively describes their right to a safe environment, free from sexual abuse and sexual harassment. The information also describes the facility zero tolerance policy concerning any sexual misconduct. They are informed that they have a right to report sexual misconduct and remain free from any retaliation regardless of their English speaking proficiency, physical or mental disability, or any limitations they have in reading or writing. Confidentiality will be protected. The statement describes definitions as to abuse and harassment. It describes information on the ways to report sexual abuse/sexual harassment.

These documents are signed by the resident and staff and are saved as a permanent record in the resident file. The PREA educational video is also acknowledged on these forms.

The auditor discussed the booking process with intake staff and asked specifically about initial PREA education provided to new residents. They 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 well within 24 hours during the intake process. They said that all new residents are always informed whether they are new arrests or whether they are transferred from another facility. They described the PREA form which can be read to the incoming detainee and they are asked if they understand. A signature with date is documented. I inquired about communications with inmates with disabilities or LEP. Intake staff confirmed accessibility of interpretation services when needed.

All 3 residents were interviewed. One had been there for 8 days, the other two were new within 24 hours. They were asked about when they first came here were they told about their rights not to be sexually abused or harassed, how to report sexual abuse/harassment, and their right not to be punished for reporting. All three said yes to all questions. The auditor reviewed numerous corroborating records

including a sample of intake records with signatures, facility logs, and receipt of the resident 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 juvenile unit. The WC Juvenile Resident Handbook contains PREA Education to inform the resident of the rules against sexual abuse and harassment, the zero-tolerance, and reporting policies as well as continuing education on the subject.

Reference Policies: 506 Inmate Handbook and Orientation, 1130 Juvenile Unit PREA/ 1130.4 TRAINING AND EDUCATION/Inmate Education.

Supporting Documents: WC Juvenile Resident Handbook, PREA Statement Form, PREA Screening Statement, Inmate Orientation Guide, Canvas Health Poster.

(b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights 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 Inmate Orientation and Inmate Handbook and the PREA Inmate Education policies address this standard.

Considering that the WCTHF is an 8-day Temporary Holding Facility, the staff provide 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 agency policies and procedures for responding to such incidents right away at booking and continuing through their stay. There is a PREA Video that is played for new detainees. The auditor verified the meaningful practice of this requirement by reviewing a spot check of additional intake records of residents entering the facility in the past 12 months. Inmate population statistics and facility logs and resident files were also reviewed in support of this standard. Every resident receives a handbook which contains PREA information, including their right to be free from sexual abuse/sexual harassment and to be free from retaliation when reporting sexual abuse or sexual harassment. The handbook receipt is maintained in the jail file. The handbook also provides further information as to response policies. 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 facility provides a list of rules and regulations. All of this is for the protection of the resident while in custody. The phone system also contains a reporting element with their prompts.

The Juvenile Officers also acknowledged that PREA information and education is provided to all residents initially and ongoing.

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

Reference Policies: 506 Inmate Handbook and Orientation, 1130 Juvenile Unit PREA/ 1130.4 TRAINING AND EDUCATION/Inmate Education.

Supporting Documents: WC Juvenile Resident Handbook, PREA Statement Form, PREA Screening Statement, Inmate Orientation Guide, Canvas Health Poster.

(c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

This is an 8-day Temporary Holding Facility for juveniles.

New 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.

Reference Policies: 506 Inmate Handbook and Orientation, 1130 Juvenile Unit PREA/ 1130.4 TRAINING AND EDUCATION/Inmate Education.

Supporting Documents: WC Juvenile Resident Handbook, PREA Statement Form, PREA Screening Statement, Inmate Orientation Guide, Canvas Health Poster.

(d) The facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The auditor reviewed the inmate orientation and education policies in addition to the inmates with disabilities policies. The PREA Inmate Education Policy calls for the facility to provide inmate and resident education in formats accessible to all inmates/residents, including those who are LEP, deaf, visually impaired, or otherwise disabled, as well as to inmates and residents who have limited reading skills. In addition to English, orientation information will be provided in the most commonly used language for the population. Translation and Interpretive services are required as needed. The WC Juvenile Resident Handbook also provides information for residents who require special assistance. They can ask for guidance from correctional staff by informing them in detail what their needs are. This may include, but is not limited to:

- Interpreter services for non-English speaking people
- Cannot read or write
- Physical handicaps or limitations as documented by a physician
- Deaf and/or hard-of-hearing and interpreter services
- Sight impaired or blind
- Medical issues/allergies
- Religious needs, (i.e., Hijab, prayer rug)
- Separation concerns, (i.e., rival gang, co-defendant, safety)

Handbooks and orientation materials are also available in Spanish and in a video with American Sign Language. Programming for residents who require special

assistance is available. Residents can ask staff for batteries for their hearing aids. TDD, TTY, text phone, sound amplifiers, Ubiduo and remote video interpreting is available for deaf and hard-of-hearing inmates and residents. The jail uses the "Language Line" for non-English speaking inmates. They are instructed to turn in a request slip or talk to staff if any of these services are needed.

In addition to English, the auditor was provided with a Spanish language inmate handbook, and observed Spanish language PREA statements and posters during the on-site facility tour and observation period. Translation and Interpretive services are provided as needed and as referenced in the auditor's narrative of Standard 115.16: Inmates with Disabilities. The Auditor read the WCJ 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 inmate and resident PREA education experience to include accessibility for all inmates and residents with various degrees of disabilities or language barriers. The WCJ website lists services that are provided for the deaf and hard of hearing. Inmates in custody at the WCJ will be provided full and equal access to programs.

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

The auditor tested how the facility provides the necessary PREA information to all confined persons, regardless of ability and language, including whether written information, if applicable, is clear and provided at an appropriate reading-level and is accessible for all persons confined in the facility, including those who are LEP.

The auditor observed Spanish language PREA documents at intake available as needed. As previously established, with the 115.316 Residents with Disabilities and LEP Standard compliance narrative, the facility provides interpreters, when needed, to assist Deaf and non-English speaking persons confined in the facility.

The WCJ and THF have numerous policies with procedures which address this standard. There are also notices, forms, 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 inmates with disabilities equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. He described the language lines, tablets, and the Telecommunications Device for the Deaf (TDD). He said that they ensure financial resources to maintain supplies, equipment and training to service this population. The custody manual maintains a policy for Inmates with Disabilities. This policy provides guidelines for addressing the needs and rights of inmates detained by the WCSO in accordance with the ADA and Minnesota Human Rights Act (MHRA). As related to PREA, the WCJ and THF have

policies which address inmates and residents with disabilities or who are Limited English Proficient (LEP). It states that the facility staff shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to PREA participation and benefits. The facility's inclusive list of disabilities are: deaf or hard of hearing, blind or low vision, and intellectual, psychiatric, or speech disabilities. Specifically, the policy directs ways to effectively communicate with inmates and 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 inmates and residents with disabilities. Likewise, staff are required to take reasonable steps to ensure meaningful access to all aspects of PREA for inmates with these disabilities, including steps to provide interpreters who can interpret both receptively and expressively, using any necessary specialized vocabulary. Inmates and 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. Inmates and 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 inmate/resident in understanding the PREA orientation material. The WCSO/WCJ publishes on their website the availability of deaf and hard of hearing services: "Deaf and Hard-of-Hearing Services Inmates 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 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 jail that other inmates have. The Washington County Jail 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 inmates. Sign language, oral interpreters, video remote interpreting, texting, TTYs and other auxiliary services are available to deaf and hard-of-hearing inmates free of charge. The WCJ 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>

Staff are prepared to read written information out loud, if applicable, to make accommodations for persons confined in the facility when necessary and can recruit the assistance of program staff when necessary. (e.g., Blind or have low vision, limited reading skills). Additionally, Mental health staff or other skilled educators/ staff are involved in providing the required information to confined persons with cognitive or functional disabilities.

There were no residents with disabilities to interview.

The auditor also tested the facility's process for securing interpretation services on-demand. The PREA Coordinator and another Jail Sgt. demonstrated the various

supplies and equipment to assist with educating the disabled or LEP inmate on PREA. Persons confined in the facility must self-identify (e.g., enter pin, provide name/ID number) to access some interpretation services. However, there are also cell phones available for phone calls and texting that do not require pin or ID numbers. The availability of interpretation services is immediate. There are various locations for the use of interpretation services that provides some privacy for the persons confined in the facility.

Reference Policies: 506 Inmate Handbook and Orientation, 1130 Juvenile Unit PREA/ TRAINING AND EDUCATION/Inmate Education, 1052 Deaf and Hard-Of-Hearing Inmates, 604 Inmates with Disabilities, 344 Communications with Persons with Disabilities,

Supporting Documents: WC Juvenile Unit Handbook, PREA Statement Form, PREA Screening Statement, Inmate Orientation Guide, Canvas Health Poster, PREA 115.33, Additional Auxiliary Devices, Limited English Proficient Guide, Deaf and Hard-Of-Hearing UBIDUO, Mandatory Procedures for ASL, DHH Guides and checklists, DHH Preferred Communication, Securus How To instructions.

(e) The THF maintains documentation of resident participation in these education sessions.

As per the Inmate Education and Orientation/Handbook Policies, the jail is required to maintain records of initial and continuing PREA education in the inmate files. The Inmate Education Policy for juveniles also requires documentation of resident participation in PREA education. The auditor reviewed a spot check of documentation of inmate participation in education sessions to verify this standard compliance. Resident and staff signatures with date is recorded.

Reference Policies: 506 Inmate Handbook and Orientation, 1130 Juvenile Unit PREA/ 1130.4 TRAINING AND EDUCATION/Inmate Education.

Supporting Documents: WC Juvenile Resident Handbook, PREA Statement Form, PREA Screening Statement, Inmate Orientation Guide, Canvas Health Poster.

(f) In addition to providing such education, the facility ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

In addition to providing the previously referenced PREA education, the THF ensures that key information is continuously and readily available and visible to residents through posters, the resident handbook, and PREA brochures available to residents.

The same policies address this provision of the inmate education standard.

Throughout the facility tour, the auditor observed visible signage and copies of the resident handbook in the housing units and throughout the jail advising residents of their right to be free from sexual abuse and how to report incidents. The auditor also reviewed Spanish language information. Informal conversation with all the residents provided the auditor with assurances that the residents had sufficient

	<p>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.</p> <p>Reference Policies: 506 Inmate Handbook and Orientation, 1130 Juvenile Unit PREA/ 1130.4 TRAINING AND EDUCATION/Inmate Education.</p> <p>Supporting Documents: WC Juvenile Resident Handbook, PREA Statement Form, PREA Screening Statement, Inmate Orientation Guide, Canvas Health Poster.</p> <p>For the reasons and evidence described in the body of this narrative, the WCJ substantially complies with all sub-parts of the Inmate Education PREA Standard.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) In addition to the general training provided to all employees pursuant to § 115.331, the agency ensures its investigators have received training in conducting PREA investigations in confinement settings.</p> <p>The Washington County Investigative Division will be responsible for conducting sexual abuse investigations in the jail and juvenile unit. Investigators receive training in conducting sexual abuse/sexual assault investigations and will comply with 28 C.F.R. PART 115, 115.334 and 115.34. This is according to the Specialized Training: Investigations Policy of the Juvenile Unit PREA Policy.</p> <p>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 is a total of 16 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. One of them specializes in Administrative Investigations and the other is a MN P.O.S.T. licensed officer who is responsible for Criminal Investigations. Both said they received in-person training approximately five years ago through the National Institute of Corrections (NIC) and since then, have taken the on-line courses. Prior to the on-site audit, the PREA Coordinator had provided the auditor with Certificates of Completion for completing the online course: PREA Investigating Sexual Abuse in Confinement Settings by the NIC. It is a three-hour course. During the on-site audit, the auditor reviewed a sample of training records for proof of specialized</p>

training in PREA Investigations. The auditor has taken the initial course and the advanced course for a better understanding of course content. Classes and curriculum were provided to the auditor.

<https://nicic.gov/about-nic#mission>

Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Specialized Training: Investigations, 318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Training and Education/Specialized Training: Investigations.

Supporting Documents: NIC Training Certificates

(b) 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 Specialized Investigative Training for Investigations address this standard provision. The Sexual Assault Investigations Policy and Model Sexual Assault Investigation Policy part (D) address the special considerations for minors and vulnerable adults. The agency recognizes that certain victims, due to their age or a physical, mental, or emotional distress, are better served by utilizing interview techniques and strategies that eliminate the duplication of interviews and use a question and answer interviewing format with questioning as nondirective as possible to elicit spontaneous responses. Members of this agency will be alert for victims who would be best served by the use of these specialized interview techniques. Officers, in making this determination, should consider the victim's age, level of maturity, communication skills, intellectual capacity, emotional state, and any other observable factors that would indicate specialized interview techniques would be appropriate for a particular victim.

The investigators interviewed confirmed the training and use of the uniform evidence protocol for youth 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 auditor further reviewed the investigator's training records and logs of investigative staff to confirm training content.

The WCJ Specialized Investigative Training policy emphasizes the training details and subject matter required.

Reference Policies: 318 PREA Training/318.5 Specialized Investigative Training, 1130 Juvenile Unit PREA/TRAINING AND EDUCATION/Specialized Training: Investigations,

	<p>601 Sexual Assault Investigations with Model Sexual Assault Investigation Policy.</p> <p>Supporting Documents: Training records, Certificates of Completion.</p> <p>(c) Training records are maintained by the WCSO and the WCJ.</p> <p>The Specialized Training: Investigations and Sexual Assault Investigations Policy address this standard provision.</p> <p>The auditor reviewed the documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The PREA Coordinator confirmed the importance of keeping thorough training records.</p> <p>There are 16 officers who have received the approved training for Specialized Investigations relative to PREA.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Specialized Training: Investigations,318 PREA Training/318.5 Specialized Investigative Training, 613 PREA/613.4 Training and Education/Specialized Training: Investigations, 601 Sexual Assault Investigations with Model Sexual Assault Investigation Policy.</p> <p>Supporting Documents: Training records, Certificates of Completion.</p>
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115.335 Specialized training: Medical and mental health care	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Jail, Public Health, and Mental Health divisions of the WCSO have policies and protocols addressing this standard requirement. All Public Health Nursing staff shall be trained under (28 C.F.R. Part, §115.331)</p> <p>The auditor examined related policies, training and personnel records, and conducted medical and mental health staff interviews to verify that these required elements are addressed. The policies and course content were examined to ensure the required elements of training. Specifically for juveniles, public health nurses shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in a correctional setting, unless the resident is under the age of 18.</p>

There is a total of six medical and two mental health practitioners who work regularly at the facility who have contact with inmates. Medical services are provided by the Washington County Public Health system. The WCJ contracts with a Medical Doctor who is the medical authority at the facility. Medical, mental health staff and social workers who work regularly at the jail and juvenile facility have all received member and specialized medical training regarding PREA. Most of the medical/mental health staff have received power point and online PREA training.

There are some new employees who are in the process of meeting their mandatory training requirements with their initial training. Caring for the Sexual Assault Patient in Custody from a SANE perspective is one of the trainings provided to the medical unit. An inspection of medical training records showed that their main source of specialized medical training is through the NIC - PREA 201 for Medical and Mental Health Care Practitioners and PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. The PREA Coordinator provides employee/contractor training for the medical staff and maintains the training records and logs.

The auditor interviewed one nurse, one mental health practitioner, and one social worker relative to this standard. The Nurse Supervisor was interviewed and confirmed that medical and mental health staff receive specialized medical training regarding sexual abuse and sexual harassment. She described that all elements of the standard are included in their training, including a review of policies and protocols related to sexual abuse and sexual harassment response. All three representatives verified the PREA training topics that were covered in their training.

Policies indicate that all staff, volunteers, and contractors who have contact with inmates and residents 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 WCJ utilizes WC Public Health Nursing for their correctional health care services and contract the services of mental health care professionals. The auditor also read the related jail health care policies which provide for access to 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, juvenile, 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.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION: Special Training: Medical and Mental Health Care/318 PREA Training/318.4 Specialized Medical Training, 613 PREA/613.4 Special Training: Medical and Mental Health Care/613.11 Medical and Mental Care (d), 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.

Supporting Documents: SANE training power point curriculum, Public Health Sexual Assault Response List, PREA Medical Staff Training by NIC, NIC Behavioral Health

Care for Victims of Sexual Assault in Confinement Settings course completion notifications.

(b) N/A. Medical staff at the WCJ do NOT conduct forensic examinations; however, receive training for understanding and coordination 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 or resident 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. Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

The PREA Coordinator shall maintain documentation that Public Health Nurses have received the above training. (member training and specialized medical training)

Training logs of medical and mental health care practitioners were examined to ensure they received the training for employees AND contractors in the referenced standards, as well as the requirements of specialized medical training. 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. The PREA Coordinator informed the auditor that the nurses are employees of Washington County, so are considered members for all intents and purposes.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION:
Special Training: Medical and Mental Health Care/318 PREA Training/318.4
Specialized Medical Training, 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

	<p>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.</p> <p>The WCSO medical and mental health division of the jail meet 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.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's 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.</p> <p>The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. All residents shall be assessed during the intake screening for their risk of being sexually abused by other residents or they being sexually abusive toward other residents. This assessment is put into place to determine appropriate housing and to prevent sexual misconduct. (Assessment must take place within 24 hours of arrival at the jail and residents will be reassessed periodically throughout their incarceration.) The policy that addresses this standard is the SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS. The Juvenile Officers obtain information through a variety of assessments.</p> <p>The auditor was provided the Gender Specific Screening with staff observations for peer gender preferences, staff gender preferences and general social behavior. The observation areas are the youth's general behaviors towards others: being physically aggressive, verbally aggressive, withdrawn, passive, social, or other examples of how the youth interacted with others. Notes are documented for the file. Next is the Vulnerability Assessment and Sexually Abusive Behavior Screening which addresses the child's history of abuse including sexual abuse, history of vulnerability, history of victimizing others, or the need for special precautions or particular staffing patterns in the facility. The facility must develop written risk reduction measures to minimize the potential for further abuse in the facility and in the community. The auditor then reviewed the Culture Screening/Interview. One of the questions the youth are asked is about identify with sexual orientation and whether it is easier for them to relate to male or female staff and peers. Health, chemical dependency, education, and Mental Health Screenings are also</p>

administered. Responses and observations are documented. From there, a Care Plan is accomplished. The incarcerated youth are then advised that while at the WC Juvenile Holding Facility they will be treated fairly and with dignity and respect and are expected to treat others in the same manner. Efforts will be made to accommodate any special needs. WCJTHF staff will work with them to solve their issues and provide guidance and support.

I reviewed the current resident files and some older files to corroborate this provision of the standard. After the screening is accomplished, the facility must develop written risk reduction measures to minimize the potential for further abuse in the facility and in the community.

I was informed by the PREA Coordinator and verified with a review of the PREA Report that there were 49 residents who stayed longer than 72 hours at the juvenile facility. The auditor conducted a spot-check of resident files and saw that assessments and screenings are accomplished according to policy and the standard. They are accomplished within 24 hours.

Differences to note between the jail and the juvenile facility are: 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 residents can only be isolated as a last resort when the least restrictive measures are inadequate to keep the residents safe, 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, and juvenile facilities may not use a resident's identification or status as lesbian, gay, bisexual, transgender, or Intersex (LGBTI) as an indicator of being sexually abusive.

The auditor toured the WCJ and the Juvenile Unit and spent a considerable amount of time at intake. The Juvenile Officer walked me through a booking process and showed me the change out and search area. He provided me with the required forms and documents to complete for all new detainees. I assessed that the screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. Other residents are locked down in their housing units while a new booking is in progress. There is one officer for up to 5 residents. I also assessed that screening staff ask screening questions in a manner that fosters comfort and elicits responses. The screening method was tested for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility, by confirming that screening staff use screening and classification instruments to collect information during the risk screening process. Screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment. The screening tool documents responses and staff observations as well as data. The Classification Sgt. and the medical/mental health staff will be notified at the completion of the risk screening of any positive response. The risk assessment information will be utilized as part of the Classification tool and which results in a score for assigning security levels and/or special housing and program considerations. I was able to have a conversation with

the Juvenile Officer responsible for inmate screening. They demonstrated and provided the auditor with the screening documents consistent with this standard. They verified what questions are asked in the assessments for the purpose of determining their risk status.

The 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 and residents upon admission for this purpose. All three residents were asked if they recalled if they were asked any questions like whether they had been in custody before, whether having been sexually abused previously, whether they identify with being gay, lesbian, or bisexual, and whether they think they might be in danger of sexual abuse at the THF. They responded positively that they remembered being asked most of the questions indicated. They said it happened soon after they first arrived here. When asked how soon, they responded anywhere from a few minutes, to within hours, and same day. The standard calls for within 72 hours of arrival. The Juvenile Unit 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 staff and signatures. The information is shared with the Juvenile Probation Officer as necessary.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS, 613 PREA/613.5 Screening for Risk of Sexual Victimization and Abusiveness, 516 Inmate Classification/516.3 Classification Plan.

Supporting Documents: Screening documents, Classification forms, Vulnerability Assessments, Assessment and other screening documents.

(b) The PREA standard states that Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

The SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS Policy states that assessments must take place within 24 hours of arrival at the jail and reassessments will take place periodically throughout the resident's incarceration. The PREA Coordinator provided inmate and juvenile population reports and statistics and reviewed with the auditor that 49 inmates stayed longer than 72 hours and all of them went through the PREA screening process. The auditor was informed that ALL new residents are screened and assessed shortly after admission. Further review of booking records provided evidence of appropriate screening within the 72-hour Standard timeline. The intake officers that were interviewed informed the auditor that the PREA Screening forms are accomplished usually within an hour of arrival, and most definitely within 24 hours. The residents interviewed also corroborated the timing of the questions asked of them.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS, 613 PREA/613.5 Screening for Risk of Sexual Victimization and Abusiveness, 516 Inmate Classification/516.3 Classification Plan.

Supporting Documents: Screening documents, Classification forms, Vulnerability Assessments, PREA Juvenile Report, Assessment and screening documents.

(c) At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS Policy addresses all elements of this provision.

The auditor was provided the Gender Specific Screening with staff observations for peer gender preferences, staff gender preferences and general social behavior. The observation areas are the youth's general behaviors towards others: being physically aggressive, verbally aggressive, withdrawn, passive, social, or other examples of how the youth interacted with others. Notes are documented for the file. Next is the Vulnerability Assessment and Sexually Abusive Behavior Screening which addresses the child's history of abuse including sexual abuse, history of vulnerability, history of victimizing others, or the need for special precautions or particular staffing patterns in the facility. The facility must develop written risk reduction measures to minimize the potential for further abuse in the facility and in the community. The auditor then reviewed the Culture Screening/Interview. One of the questions the youth are asked is about identify with sexual orientation and whether it is easier for them to relate to male or female staff and peers. Health, chemical dependency, education, and Mental Health Screenings are also administered. Responses and observations are documented. From there, a Care Plan is accomplished. The incarcerated youth are then advised that while at the WC Juvenile Holding Facility they will be treated fairly and with dignity and respect and are expected to treat others in the same manner. Efforts will be made to accommodate any special needs. WCJTHF staff will work with them to solve their issues and provide guidance and support.

The Screening instrument utilized 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 historical data. Together with the Classification tool, the assessment is put into place to determine appropriate housing and to prevent sexual misconduct. The WCJ and THF will make individualized determinations about how to ensure the safety of each inmate and resident.

According to the PREA Resource Center (PRC): "The Department (Department of Justice (DOJ)) made clear in the PREA Notice of Final Rule that the "standard provides that the agency shall attempt to ascertain specific information about the

[resident, inmate, or detainee] and that the agency develop an objective, rather than subjective, process for using that information..." See 77 Fed. Reg. 37106, 37154 (June 20, 2012) (emphasis added). Objective screening instruments have been used in corrections and other disciplines for decades in order to create uniformity, accuracy, and transparency in internal decision-making processes.¹ Such instruments lead to a presumptive determination of risk, and are "point-additive," "decision-tree," or "software-based algorithm." "

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 inmate's and resident's permanent file.

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification Correctional Officer. The review of initial classification documents and the questions, answers and observations from the resident's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each resident. Individualized determinations shall be made about how to ensure the safety of each resident. The auditor studied the PREA Screening Instrument, the Medical Screening and the Classification tools in addition to the policies in support of this standard.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS, 613 PREA/613.5 Screening for Risk of Sexual Victimization and Abusiveness, 516 Inmate Classification/516.3 Classification Plan.

Supporting Documents: Screening documents, Classification forms, Vulnerability Assessments, PREA Juvenile Report, Assessment and screening documents.

(d) This information shall be ascertained through conversations 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.

The auditor reviewed the risk screening instruments, classification forms, and vulnerability assessments to ensure that each item prescribed by the PREA standard is included/assessed. In order to meet the requirements of the standard, the screening should use all criteria (1-11), at a minimum, to assess risk. The auditor and the PREA Coordinator discussed a revision of the screening document to better suit and clarify the standard criteria.

The Classification Plan Policy describes the initial screening process for determining appropriate housing assignments. The plan should also include 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

classification and housing records are maintained in each resident's permanent file. The plan should include an evaluation of the following criteria (Minn. R. 2911.2500; Minn. R. 2911.2600):

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 and assessment. He showed me the resident files which contained the assessment documents. He explained the criteria from the screening tools. He said that it consists of questions and answers as well as observations and asks for data. Any "yes" response will be reported to the Classification Sgt.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS, 613 PREA/613.5 Screening for Risk of Sexual Victimization and Abusiveness, 516 Inmate Classification/516.3 Classification Plan.

Supporting Documents: Screening documents, Classification forms, Vulnerability Assessments, PREA Juvenile Report.

(e) The agency shall implement 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 who have a legitimate need to know. This is found in the SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS Policy.

During the site review, the auditor observed the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., key card, lock and key). The files are kept secure within the secure perimeter of the juvenile facility at the officer's station. Only Juvenile Officers, supervisors, administration and medical staff would have access. I also observed electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security). Additionally, the auditor had informal conversations with the juvenile staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. Sensitive information is stored for juvenile officers for security and management decisions. PREA and other assessment documents are shared with medical and mental health staff in order to provide for an inclusive care and treatment plan as needed.

The PREA Coordinator advised that this sensitive juvenile information is shared with medical staff and on a need-to-know basis for security and management decisions.

	<p>The auditor noted on some of the assessment forms that information can be shared with the juvenile probation officers as needed. The WCJTHF also has a Medical Consent Form that they have the parent or guardian sign to administer over the counter medication to their child and to take them to a medical facility to receive treatment in the case of an emergency.</p> <p>The staff person that perform screening for risk of victimization and abusiveness was asked if the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. The intake officer advised that they are trained according to which information is considered private and/or confidential. Most juvenile information is confidential. Information is shared on a need-to-know basis for the betterment of the juvenile.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS, 613 PREA/613.5 Screening for Risk of Sexual Victimization and Abusiveness, 516 Inmate Classification/516.3 Classification Plan.</p> <p>Supporting Documents: Screening documents, Classification forms, Vulnerability Assessments, PREA Juvenile Report.</p>
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115.342 Placement of residents	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>The facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. This provision can be found in the SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS Policy.</p> <p>WCJ Policy further states that inmates identified as being at high risk for sexually aggressive behavior will be monitored in an area that will minimize the risk to other inmates and staff. Likewise, inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. The screening and classification assessment is put into place to determine appropriate housing and to prevent sexual misconduct.</p> <p>Inmates and residents are initially classified according to a point system. Low</p>

points are considered low/medium security, next level is medium/high security and high security represents an immediate threat with assignment to Administrative Separation. Vulnerable status would also go to Administrative Separation (medical or protective custody). Whenever an inmate or resident is placed in ADMIN. SEP., a Notice of Administrative Separation must be completed and forwarded to Jail Administration in accordance with SPECIAL MANAGEMENT INMATES. Once it has been determined that the person arrested will not be released from custody, a more in-depth classification of the inmate or resident will be conducted as soon as possible but no later than 24 hours after the person's arrival at the facility, after which they will be moved to more permanent housing. Single-occupancy cells may be used to house sexual predators and/or any resident with an elevated risk of becoming a victim of sexual abuse or sexual harassment. All of the cells in the juvenile facility are single-occupancy with a shared day area. Residents can be out together in the day area or can take turns as needed for safety/security purposes. Classification Correctional Officers should receive training specific to inmate classification before being assigned primary classification duties. Individuals not specifically trained in inmate classification may work in classification provided that they are under the immediate supervision of a trained and qualified staff member.

The jail 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. In turn, the auditor again reviewed documentation of risk-based housing decisions. A sample of resident files containing classification and screening forms for housing assignments and program opportunities was reviewed regarding placement decisions. It appeared that resident's are being classified in a manner to enhance sexual safety at the THF.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (a), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.

Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.

(b) Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

According to the jail and juvenile unit policies, inmates or residents at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has

been made that there is no available alternative means of separation from likely abusers. 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. Residents can only be isolated as a last resort when the least restrictive measures are inadequate to keep the residents safe. 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. This is according to the SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS Policy.

The auditor conducted a documentation review and read a sample of case files. I could not find any documentation that residents had been held in isolation during the past 12 months to determine if any residents were placed in isolation due to a risk of sexual victimization. I also looked for records for length of placement of residents at risk of sexual victimization who were in isolation during the past 12 months. I also reviewed programming records which did not indicate denial of resident access to large muscle exercise, legally required education, special education services, and other programs and work opportunities. The Social Worker said that they would coordinate follow up meetings with Mental Health for any previous victimization. The Correctional Health Nurse Supervisor said that an isolated resident would be visited daily in the juvenile unit. She said they are there daily anyways to check on the medical and mental health status of the residents. Medical documentation verified nurse visits for sick call and status checks.

The PREA Coordinator also informed the auditor that the facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The Superintendent (Jail Commander) confirmed that residents are only isolated from others 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. They have single cell availability with shared dayroom space to accommodate separation necessities. He said that residents have not been isolated for these purposes. If it would happen, the longest would be 8 days because of their designated status as an 8-day temporary holding facility. Staff who supervise residents in isolation were also interviewed. They said that programs and privileges are not restricted for these reasons. Other than daily cleaning assignments, they do not have special work opportunities for residents because of their short stay. They confirmed that if residents would be placed in involuntary isolation, it would only be until an alternative means of separation from likely abusers could be arranged. They could not think of a time when residents were placed in involuntary isolation for risk of sexual victimization. They also verified that medical and mental health staff make daily visits to the juvenile unit for any isolated resident situation.

The Social Worker was formally interviewed as to this standard provision. They would follow up within the first 24 hours and accomplish the Adolescent Assessment form. Information would be shared with Child Protective Services and Legal Guardians as needed. Medical/mental health contact would continue on a daily

basis as needed. This is within the scope of the medical and mental health unit responsibilities at the facility. There were no residents to interview who were in isolation.

I was also informed that there were no residents placed in isolation for this reason in the last 12 months. A review of the juvenile records did not indicate isolation for risk of sexual victimization or abusiveness. If isolated, daily visits from the medical/mental health staff are necessary.

As a reminder, the WCJ operates the Temporary Juvenile Holding Facility. It is a co-located facility but securely separate from the jail. The 8-day, 5-bed temporary juvenile holding facility is 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 classification officers and supervisors at the WCJ and THF are the ones who make individualized determinations about how to ensure the safety of each inmate. Any housing assignment other than that recommended by the assessment must be approved by the Correctional Sgt.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (j) (k) (l), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.

Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.

(c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

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. They also prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS Policy addresses the LGBTI resident and their considerations. In deciding whether to assign transgender or intersex inmates or residents to housing or program assignments, security staff will consider on a case by case basis whether placement would ensure the inmate's/resident's health and safety, and whether the placement would present management or security problems. A transgender or intersex inmate's/resident's views with respect to his/her own safety shall be given serious consideration.

During the on-site audit there were no LGBTI residents to interview according to the Juvenile Officer and in reference to the case file records. There was one resident classified as special management due to mental health issues. The auditor asked questions of the one male and two female residents currently in custody. They said they felt safe, were given information about PREA and the facilities zero tolerance policy and how to report a sexual misconduct.

The PREA Coordinator was interviewed about the LGBTI resident population and if they have special housing units for that classification. They do not.

The auditor reviewed a sample of resident files electronically and hard copy for any documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard. There are no designated cells for this resident population. There are two housing units that are separated according to male and female assignments.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (g) (i) (m), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.

Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.

(d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

I was informed by the PREA Coordinator that the facility follows this PREA Standard and the Juvenile Unit Policies in this regard. Again, the SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS Policy addresses this standard provision. In deciding whether to assign a trans-gender or intersex inmate to housing or programming assignment, jail staff will consider on a case by case basis whether placement would ensure the inmates/resident's health and safety, and whether the placement would present management or security problems.

The auditor was provided a sample of assessments and reassessments for the transgender inmate whose classification status had been reviewed intermittently.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (c), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.

Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.

(e) Placement and programming assignments for each transgender or intersex

resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The Juvenile Unit PREA policies enforce this standard, however does not apply since the facility is an 8-day Temporary Holding Facility for juveniles.

There was no transgender or intersex inmate in custody available to interview on interview day.

A review of the documentation within the juvenile files indicated intermittent reassessments. The documents reviewed state that care plans may be modified at any time.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (d), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.

Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.

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

The same Screening Policy addresses this standard provision as stated.

A Corrections Officer that performs screening for risk of victimization and abusiveness was asked if transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments. This was confirmed.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (g), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.

Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.

(g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The Screening Policy addresses this standard provision.

The auditor reviewed accommodations made for transgender and intersex residents to shower separately from other residents. The auditor toured the facility and paid close attention to the shower areas at intake, within the housing units, and in the medical units. 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. The auditor toured all areas of the juvenile unit including intake and housing units. The auditor saw that there are no group shower areas at

the WCJ. Residents can be locked down in their individual cells when another resident is taking a shower as an added precaution if necessary.

Staff who perform screening for risk of victimization and abusiveness said that transgender and intersex residents are given the opportunity to shower separately from other residents.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (h), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.

Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.

(h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.

The Screening Policy states that If an involuntary segregated housing assignment is made pursuant to paragraph 1 of this section, the jail or juvenile unit will clearly document: The basis for the concern for the inmate's or resident's safety; and 2. The reason why no alternative means of separation can be arranged. Every 30 days, WCJ and THF will afford each such inmate or resident a review to determine whether there is a continuing need for separation from the general population. The residents are only held for a maximum of 8 days (not including weekends and holiday).

The auditor reviewed a sample of case files of residents at risk of sexual victimization. They were not held in isolation in the past 12 months.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (d 1-2), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.

Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.

(i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

The same policy addresses this standard provision, however the Juvenile Unit is only an 8-day temporary holding facility so the 30 day requirement does not apply. Even so, the auditor reviewed a sample of case files for proof of intermittent reassessments.

The Juvenile Officer explained the ongoing assessment process when working with youth. He showed the auditor a sample of files which contained screening and

	<p>assessment forms with opportunities for modifications as needed. The youth in the facility are not isolated for risk of sexual victimization. They can keep the residents safe without having to isolate.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (d-2), 516 Classification/516.3 Classification Plan, 613 PREA/613.5 (a) Screening for Risk of Sexual Victimization and Abusiveness.</p> <p>Supporting Documents: PREA Questionnaire, Classification forms, Medical Questionnaire, PREA Report, Assessments and Screening forms.</p> <p>The WCJ has provided the auditor with evidence of the appropriate use of the screening information and classification process for housing and program assignments in order to protect inmates and residents from sexual abuse and sexual harassment. The auditor reviewed the policy and procedural documents for use of screening information for the goal of sexual safety in the facility. Staff interview responses corroborated this standard. The THF complies in all material ways with the standard during the relevant review period.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>(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.</p> <p>The WCTHF maintain policies that address the Reporting of Sexual Abuse or Sexual Harassment and the ways to internally report a PREA incident. The policy outlines four ways to report: verbally report the incident to staff, contractors, volunteers, visitors or third parties, contacting the jail "tip line" through the inmate phone system, Securus by following the prompts provided, free of charge, contacting the WCJ Sexual Assault helpline, also with English and Spanish prompting on the phone, or give the PREA pamphlet/grievance directly to staff. What is unique with juvenile reporting as opposed to adult requirements is that residents must be provided with the tools necessary to make a written report, 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, and youth must have reasonable and confidential access to attorneys or other legal representation and reasonable access to parent or guardians regarding this matter.</p> <p>As previously established, at the time of booking, initial inmate education and PREA Screening provides inmates with information on reporting methods.</p>

Page 23 of the Juvenile Resident Handbook informs inmates to: "Report Sexual Abuse/Sexual Harassment using any of the procedures listed below: You can verbally or in writing inform any staff member; officers, medical, teachers, Chaplain and/or volunteer. Report anonymously via an inmate request slip within your housing unit. You may contact the Assistant Jail Administrator tip-line AT 651-555-1234 WITH SPEED DIAL CODE OF 222. You may have an outside party call 651-430-7900 and ask to speak to the Asst. Jail Administrator. You or a 3rd party may contact Canvas Health (free of charge on any phone) 651-777-1117 speed dial 223 or in writing to:

Canvas Health Abuse Response Services

8451 East Point Douglas Road

Cottage Grove, Minnesota 55016

The auditor spoke with all the residents during the facility tour who were able to demonstrate the reporting process and the various resources as described above. The auditor observed various posters with reporting information at intake, within the housing units, and throughout the facility. They contain information on the ways to report a sexual abuse or harassment.

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

"How to Report Sexual Abuse and/or Harassment Washington County Jail. If you have information regarding sexual abuse, sexual harassment or retaliation against any person under the supervision of the Washington County Sheriff's Office Jail, email Jail Sergeant or call 651-439-9381. Or, you may call Canvas Health Abuse Response Services at 651-777-1117. If you call during regular business hours, your call may be answered by a staff member who will ask you a number questions regarding the allegations. If you call during non-business hours, leave a detailed message about the incident that includes: The facility where the alleged abuse occurred. The nature of the sexual abuse being reported. The names or descriptions of those involved in the alleged abuse. Any additional details that will assist the investigation of this incident. The Washington County Sheriff's Office will investigate any criminal allegations."

The auditor also observed a PREA sign in the public lobby of the WCSO/WCJ. The notice provides contact names and phone numbers for reporting sexual abuse/sexual harassment.

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

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

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

The assistant auditor interviewed all three residents and as many Juvenile Officers that were available during the on-site audit. Corrections Officers were asked about the ways in which residents are able to report sexual abuse/sexual harassment, retaliation, or staff neglect. Sexual abuse and sexual harassment reporting is one of

the PREA topics that the staff are trained on. Responses included PREA hotline, talk to staff privately, email to Sgt. or PREA Officer, send a kite or write a note. All officers were able to give at least three examples of how inmates can report in private. The residents interviewed said they would notify a Correctional Officer.

The auditor tested the phone numbers as being available for inmates or third-party reporting.

Specifically during the site review, the auditor actively observed signage throughout the facility. Signage included audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Information provided on signage is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. The signage language is clear and easy to understand. The auditor noted emotional support services and advocacy, civil immigration, and external reporting, clearly detailing what services are available and for what purposes. The auditor confirmed that signage is provided in English and translated in Spanish with PREA posters and with the Inmate and Juvenile Resident Handbooks. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. Information on the postings were accurate and consistent throughout the facility. The auditor noted that signage was located near the phone(s), so persons confined in the facility can easily access the phone number if needed. Informal conversations with residents and staff indicated knowledge of PREA posters with reporting information and understanding of ways to report sexual abuse/sexual harassment within the THF.

Internal reporting includes multiple ways for submitting a written report. Residents and staff informed the auditor that they could report anonymously through an inmate/resident request slip. Writing utensils are provided to the residents. The phone system has a "tip line" and a Sexual Assault helpline as instructed through the prompts. The auditor asked the Corrections Officers to demonstrate the process for sending and receiving mail. Mail is accepted and delivered on a daily basis via the Officer's station. Residents are made aware that if they want to make a private call to report a sexual abuse or harassment to an outside agency such as Canvas, they can contact the Juvenile Officer who will bring them to a private area for a phone call.

The Juvenile Unit Handbook informs the inmates/residents: "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. Your right to be free from retaliation when reporting sexual abuse or sexual harassment, means your confidentiality will be protected. Any allegation of sexual misconduct will be taken seriously. A Correctional Sergeant/Program Coordinator will be in conduct with you

concerning victim advocacy and services, and will help you through all the necessary steps."

Additionally, the auditor reviewed the staff training records and resident PREA education documents which affirmed that they are instructed on the ways to privately report sexual abuse or sexual harassment.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 Reporting. Reporting of Sexual Abuse or Sexual Harassment (a) (b), 318 PREA Training.

Supporting Documents: Juvenile Resident Handbook, 2022 PREA Training, 2022 Guide on Sexual Abuse and Sexual Response, Washington County Private Numbers, PREA Form for Sexual Abuse and Sexual Harassment - Rights and Reporting with signatures.

(b) The WCTHF also provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

WC policy provides for Inmate or Resident Access to Outside Support Services and Legal Representation. They shall provide residents with access to outside Sexual Assault Counselors at (Canvas Health) for reporting and emotional support services related to sexual abuse. They can contact the WCJ Sexual Assault helpline. Connection to the help line can be made through Securus phone system speed dialing and following the prompts. Prompts are recorded in both English and Spanish. Inmates/residents will not be charged for the phone call. All phone calls directed to the assault helpline will not be recorded. Residents can also give PREA pamphlet/grievance directly to staff, contractors, volunteers. The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The facility allows for inmates or residents to make toll free and unrecorded phone calls to Canvas Health Sexual Assault Counselors. The MOU between the WCJ and Canvas Health Abuse Response Services provides for crisis calls and free, 24-hour confidential support services. Canvas Health has agreed to accept referrals from inmates or residents who have been victims of sexual abuse or sexual assault. They will report this information to law enforcement as soon as possible as mandated by statute. Residents are given a pamphlet for Abuse Response Services (ARS). It says that Canvas Health's ARS serves victims of sexual assault and teen relationship abuse in Washington County. All services are free. Contact information is also provided on the flyer. The Director of Canvas Health advised me that they are working on a way to separate the reporting component with the emotional support services and advocacy. The PREA Coordinator confirmed this approach they are also working towards.

The Foreign Nationals and Diplomats Policy has a section on Consular Notifications.

Inmates or 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. Intake Officers shall inform the foreign national, without delay, that they may have their consular officers notified of their arrest and may communicate with them. This notification is acknowledged and documented. The procedure for consular notification at booking is described within the content of the policy.

The posters for Canvas Health advertise to contact a Correctional Sgt. for use of a private phone. (651) 777-1117. The auditor observed Consular Notification information and list with contact information in the booking room. There is a poster in Spanish explaining their rights on contacting consular officials.

Prior to the on-site audit, 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 have access to the sexual assault hotline in all housing units. Reports are immediately received and forwarded to agency officials. The auditor communicated with the Director of the Abuse Response Services/Canvas Health. (ARS) She explained the mandatory reporting piece to the auditor. The auditor furthered her community outreach and called Canvas Health for informational purposes. The clinician that answered the phone confirmed that they accept calls from the jail or juvenile facility or third parties for sexual abuse/harassment reporting purposes and emotional support services. Again, the auditor observed Canvas Health posters in the housing units and throughout the THF with reporting contact information advertised. Brochures were also available in the jail lobby. The inmate and resident handbooks also contain the Abuse Response Services phone number and address for reporting purposes. The auditor also observed consular contact information and procedures in the booking room for those inmates or 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.

The residents were interviewed about this. They were asked if there was someone who does not work at the facility that they could report to about sexual abuse or sexual harassment. All three residents said they could call family or a counselor. They were also asked if they were allowed to make a report without having to give their names. One said yes, the other two were unsure.

<https://www.canvashealth.org/crisis-support/abuse-response-services>
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During the facility tour, the auditor observed posters on how to report sexual abuse and/or sexual harassment (external and internal reporting methods) posted in areas frequented by persons confined in the facility, including intake, housing/living units, programming areas, work areas, education areas, etc. The signage was located near the phone(s), so persons confined in the facility can easily access the phone

number if needed. Civil immigration information was posted at intake and translated into Spanish.

The auditor tested the external reporting methods as demonstrated by a few of the incarcerated persons in the housing units. They showed the auditor the posters, information in their resident handbooks and the phones, KIOSK for access to outside agencies such as Canvas Abuse Response Services. The staff described the daily mail process to the auditor and informed me that residents have ample opportunity to privately write to an outside agency to report abuse or harassment. The residents are informed about the mail procedures within the resident handbook. They receive a certain amount of stamped envelopes for legal or other purposes.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 Reporting. Reporting of Sexual Abuse or Sexual Harassment (c) (d) (e), 608 Foreign Nationals and Diplomats/608.41 Consular Notification List and Contacts/608.4.2 Consular Notification on Booking

Supporting Documents: Canvas Health MOU, WCJ Inmate Handbook, 2022 PREA Training, 2022 Guide on Sexual Abuse and Sexual Response, Washington County Private Numbers, PREA Form for Sexual Abuse and Sexual Harassment - Rights and Reporting with signatures, Canvas Posters and Intake resident Pamphlet - Canvas.

(c) The WCSO has a policy which directs staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document such reports.

This is a follow-up provision to (a) of this Resident Reporting Standard and directs staff to accept sexual abuse/harassment reports made through any channel and to document the reports promptly. The PREA Reporting Policy addresses this standard. Staff are trained in how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

Staff are required to promptly document any verbal reports. Jail policies also provide a grievance and an emergency grievance procedure as an option for reporting sexual abuse or sexual harassment. The Juvenile Resident Handbook provides information to the inmates pertaining to the jail's grievance process.

All of the Juvenile Officers interviewed confirmed that when a resident alleges sexual abuse or sexual harassment, they can do so verbally, in writing, anonymously, and through a third-party. They said that verbal reports are documented as soon as possible as well as reporting to the Jail Sgt. All of the residents said that they could make reports of sexual abuse/sexual harassment either in person or in writing. They said that someone else could make the report for them so that they would not have to give their name.

Again, the auditor reviewed jail policies, staff training and resident education documents, the resident handbook, the jail website, jail and lobby signs and brochures and PREA Notices, and Inmate 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 by contacting the Sheriff's Administrative Branch (651) 439-9381 with instructions on how to report or to Canvas Health Abuse Response Services at (651) 777-1117.

During the site review the auditor tested staff reporting to confirm the practice of accepting reports made verbally, in writing, anonymously, and from third parties. I asked a few Corrections Officers how the inmates or residents could report a sexual abuse or sexual harassment privately. They described and showed the auditor the electronic options for inmates/residents via the mail process, the inmate grievance process, or a note. They said they would accept anonymous reports or reports from third parties. The staff reporting method is available, on demand, to all staff in the facility. Staff are required to report to their immediate supervisor, or as needed to the PREA Coordinator or Jail Commander or Assistant Jail Commander.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 Training and Education. Employee Training/Resident Education/1130.6 Reporting. Reporting of Sexual Abuse or Sexual Harassment, 608 Foreign Nationals and Diplomats/608.41 Consular Notification List and Contacts/608.4.2 Consular Notification on Booking, 318 PREA Training.

Supporting Documents: Canvas Health MOU, WCJ Inmate Handbook, 2022 PREA Training, 2022 Guide on Sexual Abuse and Sexual Response, Washington County Private Numbers, PREA Form for Sexual Abuse and Sexual Harassment - Rights and Reporting with signatures, Canvas Posters and Intake resident Pamphlet - Canvas.

(d) The facility shall provide residents with access to tools necessary to make a written report.

The Reporting of Sexual Abuse or Sexual Harassment Policy directs that residents must be provided with the tools necessary to make a written report. 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. Youth must have reasonable and confidential access to attorneys or other legal representation and reasonable access to parent or guardians.

The juveniles are provided with writing instruments as needed.

Jail staff are trained in the policies and procedures on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response.

Please review the narrative discussion of the site review in provisions (a) and (b) relative to this standard as well.

Reference Policies: 1130 Juvenile Unit PREA/1130.4 Training and Education. Employee Training/Resident Education/1130.6 Reporting. Reporting of Sexual Abuse or Sexual Harassment, 608 Foreign Nationals and Diplomats/608.41 Consular Notification List and Contacts/608.4.2 Consular Notification on Booking

	<p>Supporting Documents: Canvas Health MOU, WCJ Inmate Handbook, KIOSK PREA Statement, 2022 PREA Training, 2022 Guide on Sexual Abuse and Sexual Response, Washington County Private Numbers, PREA Form for Sexual Abuse and Sexual Harassment - Rights and Reporting with signatures, Canvas Posters and Intake resident Pamphlet - Canvas.</p> <p>(e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these methods through training and policy/procedure.</p> <p>The Juvenile Officers that were interviewed were asked how staff can privately report sexual abuse and sexual harassment of residents. Everyone had a sensible answer. Answers included the PREA hotline, email the Sgt., make verbal report to supervisor, or write a report.</p> <p>The auditor did a testing of staff reporting during the site review. The auditor asked a staff person to demonstrate their reporting methods available and provided by the facility. They described the multiple ways to report a sexual abuse or sexual harassment to their Sgt., PREA Coordinator or Jail Administration. They explained that they can accomplish this through an email, a phone call, or in person to supervisors that work on every shift. They also have the option of reporting privately in person or in writing. I observed that the staff reporting method is available, on demand, to all staff in the facility.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.4 Training and Education. Employee Training/Resident Education/1130.6 Reporting. Reporting of Sexual Abuse or Sexual Harassment, 608 Foreign Nationals and Diplomats/608.41 Consular Notification List and Contacts/608.4.2 Consular Notification on Booking, 318 PREA Training.</p> <p>Supporting Documents: Canvas Health MOU, WCJ Inmate Handbook, 2022 PREA Training, 2022 Guide on Sexual Abuse and Sexual Response, Washington County Private Numbers, PREA Form for Sexual Abuse and Sexual Harassment - Rights and Reporting with signatures, Canvas Posters and Intake resident Pamphlet - Canvas.</p> <p>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.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

There are two policies that describe the process for handling emergency and standard grievances, including additional provisions for grievances related to sexual abuse. The Juvenile Unit PREA, Exhaustion of Administrative Remedies Policy, describes the process of handling emergency grievances. WCJ and THF staff shall receive any grievance to any type of any type of sexual assault or sexual harassment no matter what the time frame when the alleged conduct. There is also a Grievance Policy which contains additional provisions for grievances related to Sexual Abuse. The Grievance Process is also spelled out in the Juvenile Resident Handbook. Inmates and residents may request to submit the grievance directly to the Jail Commander if they reasonably believe 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 inmates or residents.

The PREA Coordinator and the Jail Commander confirmed that there is an administrative process to address inmate and resident grievances and grievances specific to sexual abuse/harassment and emergency sexual assaults.

The auditor read the resident handbook. There is a section which describes the grievance process:

"RESIDENT GRIEVANCES

EXHAUSTION OF ADMINISTRATIVE REMEDY

Residents shall have a grievance process available to express complaints without fear of reprisal or punitive disciplinary action. You must FIRST attempt to settle any dispute or complaint on an informal basis with the officer. If the problem cannot be resolved on an informal basis, you may request a grievance form from the officer...All grievances having to do with sexual assault or sexual harassment, staff will receive NO MATTER WHAT THE TIME FRAME from when the alleged misconduct occurred." For PREA grievances, there is no attempt to settle the complaint informally.

The auditor read a few jail PREA allegations that had come through via the grievance process.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING. Reporting of Sexual Abuse or Sexual Harassment/Exhaustion of Administrative Remedies (a) Process of Handling Emergency Grievances, 613 PREA/613.6 Reporting/Exhaustion of Administrative Remedies, 620 Inmate Grievances/620.6 Additional Provisions for Grievances Related to Sexual Abuse.

Supporting Documents: Juvenile Resident Handbook, pg. 10-11.

(b) The WCSO does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege

an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

The Grievance Policies and procedures specifies that the Corrections Officers shall receive any grievance to any type of sexual abuse or sexual harassment no matter what the time frame when the alleged conduct occurred. The allegation will be directly forwarded to the Jail Commander or designee. Facility policy also assures that inmates and staff are not to attempt to informally resolve grievances related to sexual abuse or sexual harassment.

The Juvenile Resident Handbook also documents this information in the Grievance section of the book.

This provision is confirmed by the PREA Coordinator and the Jail Commander.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING/Exhaustion of Administrative Remedies, 620 Inmate Grievances/620.6Additional Provisions for Grievances Related to Sexual Abuse.

Supporting Documents: Juvenile Unit Handbook

(c) The agency shall ensure that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

The same Grievance Policies address this provision.

This standard and policy was verified by the PREA Coordinator.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING/Exhaustion of Administrative Remedies, 620 Inmate Grievances/620.6Additional Provisions for Grievances Related to Sexual Abuse.

Supporting Documents: Juvenile Unit Handbook

(d) (1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.

The Additional Provisions for Grievances Related to Sexual Abuse Policy requires the Shift Supervisor to ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. This standard is virtually not applicable since we are auditing an 8-day Temporary Holding Facility.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING/Exhaustion of Administrative Remedies, 620 Inmate Grievances/620.6 Additional Provisions for Grievances Related to Sexual Abuse.

Supporting Documents: Juvenile Unit Handbook.

(e) (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted 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 residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

This policy applies to grievances that relate to sexual abuse allegations. The Inmate Grievance Procedure also permits third parties to file such requests on behalf of inmates.

Staff members who receive the grievance filed by a third party on behalf of an inmate or resident shall inquire whether the inmate or resident wishes to have the grievance processed and will document the inmate's/resident's decision. Instructions are posted and found within the handbook. Specific to juveniles, are: Residents must be provided with the tools necessary to make a written report, 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, and youth must have reasonable and confidential access to attorneys or other legal representation and reasonable access to parent or guardians.

The PREA Coordinator informed the auditor that they follow the juvenile specific standard and policy protocols when processing grievances involving sexual abuse/harassment allegations. Residents are provided a very liberal phone and visiting schedule at the facility. Communications are encouraged with parents, attorney, and other professionals as referred through court.

I was informed that in the past 12 months, there were zero instances of inmates who declined third-party assistance, containing documentation of the inmate's

decision to decline. There was no documentation noted to this effect.

Specific to third-party reporting, the auditor looked for signage and information allowing for the reporting of PREA allegations on behalf of an inmate/resident. The "No Means No" poster describes the multiple ways to report. Inmates/residents can tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on the inmate's/resident's behalf by calling (651) 430-7900. The inmate/resident is informed that they can also submit a report on behalf of another inmate. The WCSO Zero Tolerance Policy Against Sexual Abuse and Harassment also describes that the inmate/resident can have someone they trust report it on-line @ www.washingtonsheriff.org. The auditor observed the signage within the secure perimeter of the jail, juvenile unit, at intake, and in the housing units. There is also a posting in the public jail lobby for citizens. The WCSO/WCJ website advertises "How to Report Sexual Abuse and/or Harassment Washington County Jail - If you have information regarding sexual abuse, sexual harassment or retaliation against any person under the supervision of the Washington County Sheriff's Office Jail, email Jail Sergeant or call 651-439-9381. Or, you may call Canvas Health Abuse Response Services at 651-777-1117.

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

The WCJ Inmate Handbook contains reporting information. "Report Sexual Abuse/ Sexual Harassment using any of the procedures listed below:

- You can verbally or in writing inform any staff member; officers, medical, teachers, Chaplain and/or volunteers.
- Report anonymously via an inmate request slip within your housing unit.
- You may have an outside party call 651-439-7900 and ask to speak to the Assistant Jail Administrator.
- You or a 3rd party may contact the Rape Crisis Line:
 - o Canvas Health 651-777-1117
 - o In writing to:
Canvas Health Abuse Response Services
8451 East Point Douglas Road
Cottage Grove, Minnesota 55016

The auditor also conducted testing of third-party reporting. During the post-audit, the auditor completed and submitted a test third-party report using the same methods provided to the public and emailed and called the phone numbers provided. I confirmed with the representatives that they would accept a report of sexual abuse on behalf of an inmate.

During the on-site audit, informal discussions with jail staff, residents, and inmates affirmed the multiple ways to report sexual abuse/sexual harassment internally, externally, anonymously, privately, and through third-parties.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING/Exhaustion of Administrative Remedies, 620 Inmate Grievances/620.6 Additional Provisions for Grievances Related to Sexual Abuse.

Supporting Documents: Juvenile Unit Handbook.

(f) (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The WCJ maintains a policy that addresses Emergency Grievances Related to Sexual Abuse. An inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor.

Inmates may request to submit the grievance directly to the Jail Commander if they reasonably believe 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 inmates. The Juvenile REPORTING Policy also describes the Process of Handling Emergency Grievances. Initial Response is received within 48 hours. The timeline initial response and final decision issue is specified according to the PREA Standard.

Staff are to determine whether there is a substantial risk and actions to be taken in response to the emergency grievance. Additional procedures provided in the jail and juvenile policies address emergency grievances related to sexual abuse. Everything shall be documented.

Jail Administration and the PREA Coordinator informed the auditor that an initial response would be immediate. The grievance will be referred 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. The auditor reviewed older jail PREA incident logs and case files and affirmed prompt response in emergency situations.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING/Exhaustion of Administrative Remedies, 620 Inmate Grievances/620.6 Additional Provisions for Grievances Related to Sexual Abuse.

Supporting Documents: Juvenile Unit Handbook.

(g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The agency has a written policy that limits its ability to discipline a resident for filing

	<p>a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. A grievance process is available to express complaints without fear of reprisal or punitive disciplinary action.</p> <p>The resident handbook states that this grievance procedure is in place to protect residents and allow for the settling of disputes or problems that cannot be settled informally with staff. ABUSE OF THE GRIEVANCE SYSTEM WILL NOT BE TOLERATED. In speaking with the Jail Commander and the PREA Coordinator, it would be very rare to discipline a resident for these reasons and that the resident's mental health, cognitive, and behavioral issues are always considered. The juvenile responses are more treatment oriented rather than punitive. I was informed by the PREA Coordinator that in the past 12 months, there was no resident discipline for filing a false report of sexual abuse/sexual harassment. The auditor did not find any disciplinary records for this reason.</p> <p>As per the Grievance Policy, the Training Sgt. shall ensure that all custody staff receive initial and periodic training regarding all aspects of the Inmate Grievances Policy. All training delivered is tested to document that the employee understands the subject matter. The auditor reviewed a sample of staff orientation and training records relative to this standard.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING/Exhaustion of Administrative Remedies, 620 Inmate Grievances/620.6 Additional Provisions for Grievances Related to Sexual Abuse/620.5 Training.</p> <p>Supporting Documents: Juvenile Unit Handbook, Staff PREA Training Records</p> <p>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.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) The WCTHF provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable</p>

reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The auditor reviewed the Juvenile Unit PREA Policy/Inmate Access to Outside Support Services and Legal Representation which addresses this standard. The jail and juvenile unit shall provide inmates and residents with outside access to Sexual Assault Counselors (Canvas Health Abuse Response Services) for emotional support services related to sexual abuse. They allow for inmates and residents to make toll free and unrecorded phone calls to Canvas Health Sexual Assault Counselors. The same policy provides inmates and residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The Foreign Nationals and Diplomats Policy addresses the Consular Notification List and Contacts as well as the procedure for Consular Notification on Booking. Inmates and residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and officials at the U.S. Department of Homeland Security.

The Inmate Handbook and Orientation Policy also mandates that sexual abuse and sexual harassment information be provided to inmates and residents to include treatment and counseling for victims of sexual abuse/harassment and to provide them with mailing addresses and phone numbers and how to contact foreign nationals. The auditor again reviewed the WC Orientation documents to corroborate this policy and standard.

Also reviewed was the 2023 MOU between Canvas Health Abuse Response Services (ARS) and the WCJ. The agreement states Canvas Health, Inc. will be authorized to perform all advocacy services pertaining to inmate(s) who have experienced sexual assault/harassment within the confines of the Washington County Jail or before entering (past assault). In addition, Canvas Health, Inc., at the discretion of the ARS Supervisor, is hereby authorized to conduct sexual assault advocacy services via telephone, at Washington County Hospitals or if necessary and appropriate, one-on-one in the confines of the Washington County Jail. 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. Inmates and residents have access to the sexual assault hotline in all housing units or program areas. The auditor reached out to the ARS Supervisor who described the emotional support services and advocacy program. She explained that calls are confidential.

Specifically during the site review, the auditor actively observed signage throughout the facility. Signage included audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Information provided on signage is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. The signage language is clear and easy to understand. The auditor noted emotional support services and

advocacy, civil immigration, and external reporting, clearly detailing what services are available and for what purposes. The auditor confirmed that signage is provided in English and translated in Spanish with PREA posters and with the Inmate and Resident Handbook. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage.

Information on the postings were accurate and consistent throughout the facility.

The auditor noted that signage was located near the phone(s), so persons confined in the facility can easily access the phone number if needed. Informal conversations with residents and staff indicated knowledge of PREA posters with reporting and contact information and understanding of ways to report sexual abuse/sexual harassment within the jail and juvenile unit. The auditor observed Canvas Health posters in the housing units and throughout the jail and juvenile unit with reporting contact information advertised. Brochures were also available in the jail lobby. The juveniles are provided with a pamphlet for ARS, which serves victims of sexual assault and teen relationship abuse in Washington County. All services are free. The Juvenile Resident Handbook also contains the Canvas Abuse Response Services' phone number and address for reporting purposes. See contact information below:

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.

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

The WCJ website also contains information on: "How to Report Sexual Abuse and/or Harassment Washington County Jail. If you have information regarding sexual abuse, sexual harassment or retaliation against any person under the supervision of the Washington County Sheriff's Office Jail, email Jail Sergeant or call 651-439-9381. Or, you may call Canvas Health Abuse Response Services at 651-777-1117.

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

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. Prominently displayed placards informing inmates and residents of rights related to consular notification is also posted. The auditor also observed consular contact information and procedures in the booking room and juvenile unit for those inmates and 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 in providing inmates and residents with communication and reporting assistance for this provision.

The auditor conducted a test of the phone call capability post-audit to contact the ARS crisis line. I tested on a Saturday morning and because an advocate was currently not available, the ARS crisis line directs callers to contact the MN Day One Crisis Line @ 1-866-223-1111, which I did. The representative confirmed the

availability of these services for inmates and youth of the Washington County Jail. I was informed that if an ARS advocate is not available at the time of the person's call, they will be allowed to contact the MN Day One Crisis Line at that time at no cost to the inmate or resident, OR to call the ARS sexual assault crisis line at a later time, depending on the inmate's or residents preference and staff availability.

Reporting includes multiple ways for submitting a written report. Inmates, residents, and staff informed the auditor that they could report anonymously through an inmate request slip. Writing utensils are provided to the inmates and residents. The phone system has a "tip line" and a Sexual Assault helpline as instructed through the prompts. The auditor asked the staff to demonstrate the process for sending and receiving mail. Mail is accepted and delivered on a daily basis via the Officer's station. Jail staff informed the auditor that any mail prepared for Canvas Health or other sexual assault advocacy organization would be handled discreetly. Inmates and residents are made aware that if they want to make a private call to report a sexual abuse or harassment to an outside agency such as Canvas, they can contact the Sgt. who will bring them to a private area for a phone call. The jail lobby also maintains signage for WCJ reporting names and numbers.

The residents were asked a number of questions relative to this standard. They were asked if they knew about services available outside of the facility for dealing with sexual abuse if they ever need it. Two responded yes, one did not know. They said they would review the postings or use the PREA hotline. One did not know. (The resident that did not know was new to the facility) They were asked if they were provided with mailing addresses and telephone numbers for these outside services. Two-yes, one did not know. The facility provided this information through postings and verbal notice at booking. They said they think the telephone numbers are free to call. They are able to talk with people from these services during their allotted phone time which is most of the day. They believe that what they say to people from these services remains private. There were no victims of sexual abuse to interview.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING. Inmate Access to Outside Support Services and Legal Representation (a) (d), 608 Foreign Nationals and Diplomats/608.4.1 Consular Notifications, 1119 Juvenile Unit Handbook.

Supporting Documents: Juvenile Unit Handbook, 2023 Canvas Health MOU, Canvas Health PREA Posters, Resident Education and Orientation documents.

(b) The WCTHF informs 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.

The Juvenile Unit PREA Policy for Inmate Access to Outside Support Services and Legal Representation, requires that facility to inform inmates (or 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.

Mandatory reporting rules are provided to inmates and 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. Inmates and residents are instructed to contact a Correctional Sergeant for use of a private phone. The facility allows for inmates and residents to make toll free and unrecorded phone calls to Canvas Health Sexual Assault Counselors.

The auditor reviewed the WC Mental Health Services Agreement which describes the agency's zero tolerance stance against all forms of sexual abuse and sexual harassment. If an inmate or resident has been abused or harassed, they are encouraged to use the Jail Sexual Assault Hot Line. There, they will have access to a counselor at no cost and all counseling sessions will be strictly private, no phone call recordings. They are informed also though, that the counselors are mandatory reporters and are required by law to report any illegal activities within the confines of the WCJ or juvenile facility. They will report child abuse, a danger to self or others, or any intentions of harm. The agreement is read and signed.

The WCJ has entered into an MOU with Canvas Health for inmates to obtain confidential emotional support services for incidents of sexual abuse or sexual harassment. If an inmate requests to call the ARS sexual assault crisis line, the Correctional Sergeant will place the alleged victim into a programs room so he/she/they may speak privately with the ARS advocate. Recording of any call between inmates, residents, and ARS will be strictly prohibited. If a sexual assault is reported to have happened within the confines of the WCJ or THF, ARS recommends that the Washington County Jail transports the alleged victim and perpetrator in separate vehicles to Lakeview hospital for examination. The WCJ will decide the proper course of action based on the evidence presented during their internal investigation. An ARS on-call advocate will provide confidential and free in-person advocacy services at hospitals in Washington County during the sexual assault nurse examination, once contacted by the SANE nurse and with the consent of the victim and legal guardians. The ARS advocate will discuss follow-up options with the victim regarding follow-up advocacy services and will provide appropriate information and referrals. The Supervisor of the Canvas ARS informed the auditor that inmates, residents, or their representatives are advised initially as to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The juvenile unit policies referenced above also address this privacy issue of the PREA standard.

The PREA section of the resident handbook describes: "You or a 3rd party may contact the Rape Crisis Line:

- o Canvas Health 651-777-1117

- o In writing to:

Canvas Health Abuse Response Services

8451 East Point Douglas Road

Cottage Grove, Minnesota 55016

Inmates wanting to talk to a Sexual Violence Advocate should request a private room call from the on-duty Sergeant. These calls are not recorded. The on-duty Sergeant will verify if any non-authorized calls were made."

The residents were asked about the private phone calls for reporting. They didn't know if what they say to people from these services remain private or not.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING. Inmate Access to Outside Support Services and Legal Representation (b), 1119 Juvenile Unit Handbook.

Supporting Documents: Juvenile Unit Handbook, 2023 Canvas Health MOU, Canvas Health PREA Posters, Resident Education and Orientation documents, PREA Mental Health Agreement.

(c) The WCSO maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The WCJ maintains a current MOU dated 10/23/2023. The MOU is reviewed and updated every few years. "As part of Federal Legislation 28 CFR Part 115 Prison Rape Elimination Act (hereinafter "PREA") and notwithstanding the date of signatures, this updated agreement will go into effect on this 1st day of October 2023, between Canvas Health, Inc. and the Washington County Sheriff's Office. The agreement states Canvas Health, Inc. will be authorized to perform all advocacy services pertaining to inmate(s) who have experienced sexual assault/harassment within the confines of the Washington County Jail or before entering (past assault). 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 Washington County Hospitals or if necessary and appropriate, one-on-one in the confines of the Washington County Jail."

Inmate Access to Outside Support Services and Legal Representation Policy also mandates the WCJ to enter into an MOU with an outside advocacy agency such as Canvas Health for inmates to obtain confidential emotional support services for incidents of sexual abuse and sexual harassment.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING. Inmate Access to Outside Support Services and Legal Representation (c) (e), 1119 Juvenile Unit Handbook.

Supporting Documents: Juvenile Unit Handbook, 2023 Canvas Health MOU, Canvas Health PREA Posters, Resident Education and Orientation documents, PREA Mental Health Agreement.

(d) The WCTHF also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The same primary policy covers this standard provision. The auditor also reviewed supplemental policies, procedures, and resident handbook information relative to this provision.

Policy 1153.1 states that the WCTHF shall allow juveniles the ability to maintain

contact with family, friends, the Courts, legal counsel and the community at large by providing access to the United States Postal Service. The Juvenile Unit Handbook addresses the resident mail process and visiting policies. There is no limit on the amount of mail sent or received. Mail is delivered M-F. One of the Corrections Officers said that mail of a sensitive nature would be handled discreetly. Legal mail is opened and inspected in front of the resident. Juvenile residents are allowed to receive contact visits from parents/legal guardians, attorneys, probation, court appointed officials, or law enforcement. I was told by the PREA Coordinator and the Juvenile Officer that they have a very liberal visiting policy. Telephone and mail procedures are described by policy and within the Juvenile Resident Handbook. Policy 1107.1 Provides the resident Basic Rights, including the right to reasonable communication and visitation with adults outside the facility which may include parent, extended family member, siblings, legal guardian, caseworker, attorney, therapist, a physician, a religions advisor and a case manager. The Juvenile Unit Handbook contains a section called "Juvenile Unit 8-day Temporary Holding Facility Resident Basic Rights" and includes the right to reasonable communication & visitation with adults outside the facility, which may include parent, extended family members, siblings, legal guardian, caseworker, attorney, therapist, a physician, a religious advisor & a case manager in accordance with the resident's case plan.

The residents were also asked if the facility allowed them to see or talk with their lawyer in private. All said yes. They were also asked about family communications and if they are able to see or talk with their parents or someone else. They all said yes. The Jail Commander was also interviewed. He explained how the facility provides residents with reasonable and confidential access to their attorneys. There are no restrictions when it comes to legal communications. The residents are allowed contact visits, phone calls, or remote screen communications. Parental or legal guardian visits are very liberal with more contact visiting opportunities.

Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING. Inmate Access to Outside Support Services and Legal Representation (d), 1119 Juvenile Unit Handbook, 1153 Policy, 1107.1 Resident Basic Rights

Supporting Documents: Juvenile Unit Handbook, Resident Education and Orientation documents.

The WCTHF meets the PREA standard requirements of providing residents with access to outside confidential support services and legal representation related to sexual abuse for the reasons indicated in the body of this narrative.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 resident through the public lobby and on the official WCSO/WCJ Website.

The main policy which provides for third-party reporting of sexual abuse/harassment is the REPORTING. Reporting of Sexual Abuse or Sexual Harassment. Inmate Reporting: Inmates who are the victim or have knowledge, suspicion, or information regarding sexual abuse or sexual harassment, retaliation by other inmates or staff, and/or staff neglect or violation of responsibilities that may have contributed to such incidents, may report through the following means: Verbally report the incident to staff, contractors, volunteers, visitors or third parties.

The Juvenile Unit PREA, Inmate Access to Outside Support Services and Legal Representation contains the policy pertaining to third-party reporting: "The WCJ, at their lobby, in which the public has access, shall list 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.

The Grievances Policy also states that third parties including fellow inmates, staff members, family members, attorneys and Canvas Health shall be permitted to assist inmates in filing requests for administrative remedies related to allegations of sexual abuse and shall be permitted to file such requests on behalf of inmates.

The PREA Training and Education Policies instruct staff on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

The auditor also studied the official website. The Washington County Sheriff's Office has a zero tolerance policy with regard to sexual abuse and sexual harassment within the Washington County Jail. The Sheriff's Office will take appropriate measures to protect all inmates, and will promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment (28 CFR 115.11)." "How to Report Sexual Abuse and/or Harassment Washington County Jail. If you have information regarding sexual abuse, sexual harassment or retaliation against any person under the supervision of the Washington County Sheriff's Office Jail, email Jail Sergeant or call 651-439-9381. Or, you may call Canvas Health Abuse Response Services at 651-777-1117.

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

The Juvenile Resident Handbook has a PREA section which pertains to Reporting Sexual Abuse/Sexual Harassment: "You may have an outside party call 651-439-7900 and ask to speak to the Assistant Jail Administrator.

- You or a 3rd party may contact the Rape Crisis Line:

- o Canvas Health 651-777-1117

- o In writing to:

Canvas Health Abuse Response Services

8451 East Point Douglas Road

Cottage Grove, Minnesota 55016"

	<p>During the post-audit reporting period, the auditor tested third-party reporting by observing lobby and website information for phone numbers and addresses for internal and external reporting methods, the same that is provided to the public. The auditor called the jail numbers and spoke with a representative who confirmed that they would take a report of sexual abuse/harassment from a third-party on behalf of an inmate or resident for referral for investigation. The auditor also called Canvas ARS. The representative also confirmed the acceptance of reports by third parties for sexual abuse and sexual harassment of an inmate or resident at the facility.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.6 REPORTING. Reporting of Sexual Abuse or Sexual Harassment. Inmate Reporting/Exhaustion of Administrative Remedies/1130.4 TRAINING AND EDUCATION. Employee Training, Policy 506 Inmate Handbook and Orientation.</p> <p>Supporting Documents: Juvenile Resident Handbook, PREA Sexual Abuse and Sexual Harassment Statement.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The WCSO requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>The auditor reviewed the related policies. Sexual Abuse and Sexual Harassment Staff Reporting requirements are provided in the PREA Training policies for jail and juvenile staff, Response Policies Following an Inmate Report, Staff and Inmate Contact policy, and the Anti-Retaliation policy. The Juvenile Unit Abuse and Neglect Reports provide policy in that the WCTHF shall receive, record and report any case of physical, sexual, emotional abuse or neglect reported by an in-custody juvenile. Facility staff will have yearly Mandatory Reporter training and will review the policy and procedure for reporting abuse and neglect. Direction and guidelines are given within the body of the policies.</p> <p>The auditor reviewed the training records and curriculum as evidence of this standard requirement. See a description of the employee training of Standard 115.331.</p> <p>Juvenile staff were asked if the WCSO requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual</p>

harassment that occurred in a facility; or retaliation against inmates or staff who report, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All of the Juvenile Officers responded "yes" to all three components of the standard. They said that the WCTHF 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. They said they are obligated to notify the Jail Sgt. Their First Responder Checklist is used as a guide when responding to allegations of sexual abuse.

Reference Policies: 1165 Juvenile Unit Abuse and Neglect Reports, 1130 Juvenile Unit PREA1130.4 TRAINING AND EDUCATION. Employee Training 2/113-.6 REPORTING. Reporting of Sexual Abuser or Sexual Harassment. Inmate Reporting/ 318 PREA Training/318.3 Member Training (a), (f), (k), 601 Sexual Assault Investigations.

Supporting documents: Training records and curriculum, Washington County First Responder Sexual Assault Response Checklist.

(b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

The Juvenile Unit Abuse and Neglect Reports Policy mandates the WCTHF to receive, record and report any case of physical, sexual, emotional abuse or neglect reported by an in-custody juvenile. Juvenile Officers are also required to have yearly Mandatory Reporter training and will review the policy and procedure for reporting abuse and neglect. Procedures are documented. When a juvenile informs Juvenile staff of any abuse or neglect, the staff member shall report the information to WC Community Services, notify the Juvenile Correctional Sgt., and then the Sgt. shall contact WC Community Services per the MN Department of Health and Human Services guidelines. The OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT for a Report of Sexual Abuse Policy also requires if the alleged victim is under the age of 18 or is considered a vulnerable adult, staff will contact WC Community Services per the MN Department of Health and Human Services guidelines. The Sexual Assault Investigation Policy contains the Model Policy as adopted by MN POST Board. There is a section called Special Considerations - Minors and Vulnerable Adults which addresses the mandatory reporting element.

The PREA Coordinator said that staff must comply with any applicable mandatory child abuse reporting laws. There are policies and procedures in place relative to this standard provision. Juvenile Staff receive training on mandatory reporting.

The Juvenile Facility staff were interviewed as it relates to this standard. They were asked if they have been trained on all the required elements of PREA. All officers confirmed training on items A-K as previously described in the Employee Training Standard. This would include mandatory child abuse reporting. Juvenile Officers have an additional 8 hours of training focused on working with youth in a confinement setting.

Reference Policies: 1165 Juvenile Unit Abuse and Neglect Reports (b) (f), 1130 Juvenile Unit PREA1130.4 TRAINING AND EDUCATION. Employee Training 2/1130.6 REPORTING. Reporting of Sexual Abuser or Sexual Harassment. Inmate Reporting/ 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. For a Report of Sexual Abuse (g), 318 PREA Training/318.3 Member Training (a), (f), (k), 601 Sexual Assault Investigations - Model Policy (d).

Supporting documents: Training records and curriculum, Washington County First Responder Sexual Assault Response Checklist.

(c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

The OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT for a Report of Sexual Abuse mandates that staff not reveal any information related to sexual abuse to anyone other than to the extent necessary as specified in policy, to make treatment, investigation, and other security and management decisions.

The PREA Coordinator informed me that Correctional Officers are trained according to the PREA Standards and their policies and procedures about the sensitive nature of PREA allegations. This is especially true for the juvenile population.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT For a Report of Sexual Abuse: (j).

Supporting documents: Training records and curriculum.

(d) (1) Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The auditor read the SEXUAL ABUSE & ASSAULT Policy/Procedure as signed by the Medical Director. If an inmate notifies any jail or medical staff of an alleged sexual assault occurring within the jail, the Sgt. on duty will be notified immediately. The OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. For a Report of Sexual Abuse Policy says that juvenile facilities are required to ensure that all staff comply with any applicable mandatory child abuse reporting laws. Upon receiving an allegation of sexual abuse, the juvenile facility head must promptly inform the alleged victim's parents or legal guardians, caseworker, or attorney within 14 days of receiving the allegation. The Informed Consent and Right to Refuse Medical Care Policy addresses the informed consent aspect of this provision. Public health nurses shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in a correctional setting, unless the resident is under

the age of 18.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT For a Report of Sexual Abuse: If Public Health Nursing Staff receive the report, they must initiate the Health Services Sexual Assault Response Checklist. Washington County form (Appendix E). If the victim consents, the inmate will undergo a sexual assault forensic examination by a Sexual Assault Examiner (SANE) at Lakeview Emergency room. The auditor reviewed the Public Health - Sexual Assault Response Checklist that coincides with this policy and provides the steps to take in response to a report of sexual assault. The CHN are required to document in the medical record any notifications made. Communications with Jail Supervisors and Investigators are noted.

The auditor interviewed the Supervising Nurse, a mental health practitioner, and the social worker. I asked about informed consent. They said that at the initiation of services to a resident, they disclose the limitations of confidentiality and duty to report. They affirmed that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor immediately upon learning of it. They said they report verbally and in writing. They are mandatory reporters. Two of them had experience with a previous abuse allegation with a resident. One incident was a previous victimization - not in a facility. One was an allegation that was investigated and determined to be unfounded. They reported appropriately and immediately.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT for a Report of Sexual Abuse, 318 PREA Training/318.4 Specialized Medical Training, 708 Emergency Healthcare Services, 706 Referrals and Specialty Care, 601 Sexual Assault Investigations, 516 SEXUAL ABUSE & ASSAULT. Medical Policy, 762 Informed Consent and Right to Refuse Medical Care.

Supporting documents: Training records and curriculum, Public Health Sexual Assault Response Checklist

(e) (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT For a Report of Sexual Abuse: states that Juvenile facilities are required to ensure that all staff comply with any applicable mandatory child abuse reporting laws. Upon receiving an allegation of sexual abuse, the juvenile facility head must promptly inform the alleged victim's parents or legal guardians, caseworker, or attorney within 14 days of receiving the allegation.

The Model Sexual Assault Investigations Policy contains a section on mandatory reporting. Officers responding to victims with special considerations must comply with the mandated reporting requirements of Minnesota Statute Section 260E.06 and 626.557, as applicable. Officers investigating cases involving victims with special considerations should coordinate these investigations with the appropriate local human services agency where required. Any victim or witness interviews conducted with individuals having special considerations must be audio and video recorded whenever possible. All other interviews must be audio recorded whenever possible.

Jail Administration, medical unit, and investigators interviewed described a coordinated team approach with checks and balances to ensure that the parents, legal guardians, and other appropriate contacts and agencies are reported to.

The Jail Commander was asked about their reporting requirements. He said that when a facility receives an allegation of sexual abuse, they inform the victim's parents or legal guardians. If the victim is under the guardianship of the child welfare system, they would report to the victim's caseworker instead. They report as soon as possible and within a day. He was asked if they report the allegation to the juvenile's attorney. He said yes and as soon as possible.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT for a Report of Sexual Abuse (f) (g), 318 PREA Training/318.4 Specialized Medical Training, 708 Emergency Healthcare Services, 706 Referrals and Specialty Care, 601 Sexual Assault Investigations.

Supporting documents: Training records and curriculum, Public Health Sexual Assault Response Checklist

(f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Juvenile Unit PREA for INVESTIATIONS Policy states that WCSO investigators will be trained in sexual abuse investigations involving victims, and shall investigate all allegations of sexual abuse including third-party and anonymous reports. Investigators shall gather and preserve direct and circumstantial evidence. The Juvenile Unit PREA REPORTING. Reporting of Sexual Abuse or Sexual Harassment, Inmate Reporting Policy states that inmates who are the victim or have knowledge, suspicion, or information regarding sexual abuse or sexual harassment, retaliation by other inmates or staff, and/or staff neglect or violation of responsibilities that may have contributed to such incidents, may report through the following means: (a) Verbally report the incident to staff, contractors, volunteers, visitors or third parties.

The WCJ website and lobby PREA Statement advertise that The Washington County Sheriff's Office has a zero tolerance policy with regard to sexual abuse and sexual harassment within the Washington County Jail. The Sheriff's Office will take appropriate measures to protect all inmates, and will promptly and thoroughly

investigate all allegations of sexual abuse and sexual harassment (28 CFR 115.11). If you have information regarding sexual abuse, sexual harassment or retaliation against any person under the supervision of the Washington County Sheriff's Office Jail, email Jail Sergeant or call 651-439-9381. Or, you may call Canvas Health Abuse Response Services at 651-777-1117.

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

The PREA Coordinator and the auditor reviewed a sample of reports to investigators to ensure that all allegations of sexual abuse/sexual harassment are referred for investigation, including third-party and anonymous reports.

The Jail Commander assured the auditor that *all* allegations of sexual abuse and sexual harassment are reported directly to designated facility investigators, including those from third-party and anonymous sources. The investigators were also interviewed who confirmed the investigation referral from all sources, including third-party and anonymous allegations.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT for a Report of Sexual Abuse (f) (g), 318 PREA Training/318.4 Specialized Medical Training, 708 Emergency Healthcare Services, 706 Referrals and Specialty Care, 601 Sexual Assault Investigations.

Supporting documents: Training records and curriculum, Public Health Sexual Assault Response Checklist

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(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.</p> <p>The THF has multiple policies that address the protection of residents against sexual abuse. The primary policy is the Juvenile Unit PREA/Official Response Following and Inmate Report: "Staff shall ensure immediate action is taken to protect inmates that are subject to risk of sexual abuse." The policy provides a checklist of the steps security staff are supposed to take in the event of an incident of abuse/assault. It references the WC First Responder Sexual Assault Response Checklist. The Exhaustion of Administrative Remedies section under the PREA Reporting Policy provides a process for handling emergency grievances. Staff are to determine</p>

whether there is substantial risk and action to be taken in response. The facility protective custody policies and procedures also provide for a determination for inmates at high risk for sexual victimization. The Screening for risk of Sexual Victimization Policy also provides for a determination for inmates at high risk of sexual victimization as a result of screening responses and observations. They will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The THF may hold a resident in involuntary segregated housing for less than 24 hours while completing the assessment to emergency grievance. The Resident Grievances policy also responds to Emergency Grievances Related to Sexual Abuse. Any resident who believes that he/she or any other resident is in substantial risk of imminent sexual abuse may file an emergency grievance. The supervisor will determine whether immediate action is reasonably necessary to protect the inmate.

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. The Jail Commander said that safety is their first priority. There are protective custody options and resources available. Investigation to follow. They described their policies, procedures, and training in this regard. Inmate safety and the security of the institution is their top priority.

Jail staff that were interviewed said that they would remove the inmate from the situation immediately, fast, right away, or as soon as possible. They would always follow up with Sgt. notification and write a report. A review of incident reports verified the prompt actions of Corrections Officers.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS/1130.6 REPORTING. Reporting of Sexual Abuse or Sexual Harassment. Exhaustion of Administrative Remedies. 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT.

Supporting Documents: WC First Responder Sexual Assault Response Checklist

The WCJ complies in all material ways to immediately protect inmates from imminent danger of sexual abuse.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Upon receiving an allegation that a resident was sexually abused while confined

at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

The Juvenile Unit PREA maintains a policy section for Reporting to Other Confinement Facilities. "Reporting to Other Confinement Facilities: (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Jail Commander/Designee that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The WCJ shall document that it has provided such documentation. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards."

This provision is located within the Official Response Following an Inmate Report Policy.

The auditor was informed by the PREA Coordinator that the WCJ has three reports of sexual abuse allegations which happened at another facility within the past 12 months. I was also provided with the documentation and the Jail Incident Summary for review which corroborated the requirements of this standard and timelines. There was one older juvenile sexual harassment allegation from 2020 that was examined. That is the only historically recorded PREA allegation for the juvenile unit. This report came from another facility to the WCSO and was investigated.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Reporting to Other Confinement Facilities.

Supporting Documents: Jail Incident Summary

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

The same policy requires the 72 hour time limit. The reports reviewed by the auditor indicated information sent to the other facility within a 24-hour period. Initial investigation and statements were obtained. Reports documented the time the report was received, the time it was reported to a supervisor, and the PREA Coordinator, and when the other facility was notified.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Reporting to Other Confinement Facilities.

Supporting Documents: Jail Incident Summary

(c) The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

The Reporting to Other Confinement Facilities Policy addresses this provision of the standard.

The WCSO documents all PREA allegations including a report which involves another agency or facility. The facility documents the notifications with date, time, and who notified who. The auditor reviewed documentation of notifications to verify that they occurred well within 72 hours of receiving allegation. The allegation is documented by staff before the end of their shift. PREA incident and investigative reports were reviewed. The auditor reviewed the PREA tracking logs for a review of records as well. The auditor discussed the importance of the facility/agency head ensuring the notification is directed to the responding facility/agency head or designee for investigation with Jail Administration. The importance of the matter must be noted.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Reporting to Other Confinement Facilities.

Supporting Documents: Jail Incident Summary

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Likewise, Reporting to Other Confinement Facilities 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 WCJ received from another facility/agency. The auditor was supplied with the investigative file which contained documentation of allegations against another agency and documentation of responses that the allegation has been investigated.

The Sheriff was interviewed relative to this standard. He said that the Jail Commander is the designated point of contact for facilities. Investigations or communications as to the status of an investigation are documented and investigated according to the PREA Standards of confinement. He verified that all sexual abuse allegations are investigated no matter the source or route received. Their office follows the chain of command protocols for reporting. The Jail Commander said they ensure an immediate investigation and communicate with other agencies/facilities as needed at a supervisory level. They follow their chain of command protocols. 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: 1130 Juvenile Unit PREA/1130.7 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Reporting to Other Confinement Facilities.

Supporting Documents: Jail Incident Summary, PREA Tracking Log.

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

115.364	Staff first responder duties
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1477 831">(a) Upon learning of an allegation that a resident was sexually abused, the WCTHF ensures that the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.</p> <p data-bbox="280 875 1453 1111">The THF has two main policies that direct staff first responder duties. They are the Official Response Following an Inmate Report and Responsive Planning. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation. To aid staff in the procedures set out in the policy, there is a corresponding First Responder Sexual Assault Response Checklist. All four criteria and more are covered in the policy contents. Additional directives are also set forth.</p> <p data-bbox="280 1155 1342 1223">In the past 12 months, there were no allegations of sexual abuse. No PREA allegations required the collection of physical evidence.</p> <p data-bbox="280 1267 1422 1335">The auditor reviewed the other PREA incident reports and confirmed appropriate response and documentation.</p> <p data-bbox="280 1379 1477 1704">The 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 talked about separating the alleged victim and abuser or removing them to safety, protecting the crime scene for investigators to collect evidence, making sure the parties involved do not take any actions that would destroy evidence such as washing, brushing teeth, changing clothes, urinating, etc. They also added that they would notify the medical staff and investigators and write a detailed report. They said they are mandatory reporters.</p> <p data-bbox="280 1749 1437 1783">There were no residents in custody who had reported a sexual abuse to interview.</p> <p data-bbox="280 1827 1477 1928">Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation.</p> <p data-bbox="280 1973 1414 2007">Supporting Documents: WCJ First Responder Sexual Assault Response Checklist.</p> <p data-bbox="280 2051 1461 2085">(b) If the first staff responder is not a security staff member, the responder shall be</p>

required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Juvenile Unit 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. (a) If Public Health Nursing Staff receive the report, they must initiate the Health Services Sexual Assault Response Checklist. Washington County form (Appendix E). If the victim consents, the inmate or resident will undergo a sexual assault forensic examination by a Sexual Assault Examiner (SANE) at Lakeview Emergency room; (b) The victim will be examined for injuries, sexually transmitted infections, and biological specimens will be collected; (c) And blood may be drawn for toxicology screening. (d) A 120 hour time period exists which evidence has to be collected from the patient during the medical forensic exam.

All staff, volunteers and contractors are trained in their individual responsibilities under sexual abuse response policies and procedures. Non-security staff are instructed in the event that they would 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 to take upon receipt of a sexual abuse report.

The auditor reviewed the jail 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 knew to contact a C.O. right away, and articulated the prevention of inmate washing, brushing teeth, eating, etc. The jail staff were asked if they were the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what their responsibility is in that situation. Responses included separate, notify Sgt., write a report, preserve evidence.

In the past 12 months, there were no instances of sexual abuse at the WCJ, in which a non-security staff member was the first responder. Jail 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: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation/1130.4 TRAINING AND EDUCATION Employee Training.

Supporting Documents: WCJ First Responder Sexual Assault Response Checklist, Public Health First Responder Checklist.

	<p>The WCJ meets all components of the First Responder duties required of this PREA Standard. Upon review of the related facility 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.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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.</p> <p>The Juvenile Unit PREA Policy provides for an inclusive plan which coordinates actions in response to an incident of sexual abuse among all participants as specified above. The Responsive Planning Policy says that the agency shall coordinate actions taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioners, investigators and the PREA Coordinator. Another policy outlines their Official Response Following and Inmate Report for Sexual Abuse. It specifies roles and responsibilities of staff, contract employees, and volunteers. The policy also addresses requirements for the Public Health Nursing Staff. The Responsive Planning Policy provides evidence protocols and forensic medical examinations with crime scene preservation. These policies 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 facility has included in the procedures referral to a Sexual Assault Advocate. The agency shall coordinate actions taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioners, investigators and the PREA Coordinator. In all instances, supervisors and the Jail Commander are to be notified. Above all, staff shall ensure that immediate action is taken to protect inmates and residents. They are provided safety and support.</p> <p>The auditor had previously reviewed the relative training records which supports this standard. The PREA Training Policies provide for individual responsibilities under sexual abuse and sexual harassment response policies and procedures for members, medical and mental health practitioners, and investigators.</p> <p>The Jail Commander was interviewed regarding his facility's coordinated response plan. He confirmed the WCJ and THF maintain an institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan is implemented through trainings, review of incident reports, and PREA incident</p>

	<p>reviews.</p> <p>First Responder checklists are utilized in the event of a sexual abuse report according to job description.</p> <p>The auditor also reviewed the training records for a comprehensive overview of all key players within the WCSO as to response training and education.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.4 TRAINING AND EDUCATION/ 1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation.</p> <p>Supporting Documents: WCJ First Responder Sexual Abuse Response Checklist, Public Health Sexual Abuse Response Checklist.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The Preservation of Ability to Protect Inmates from Contact with Abusers Policy addresses this standard.</p> <p>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.</p> <p>The auditor was provided with four agreements. The contracts studied are:</p> <ul style="list-style-type: none"> • COLLECTIVE BARGAINING AGREEMENT BETWEEN THE COUNTY OF WASHINGTON AND MINNESOTA PUBLIC EMPLOYEE’S ASSOCIATION CORRECTIONAL OFFICER/ PUBLIC SAFETY TELECOMMUNICATOR UNIT January 1, 2022 - December 31,2023. • 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, 2022 - December 31, 2023

	<p>• COLLECTIVE BARGAINING BETWEEN THE COUNTY OF WASHINGTON AND WASHINGTON COUNTY ASSOCIATION OF SUPERVISORS January 1, 2022- December 31, 2023</p> <p>* COLLECTIVE BARGAINING AGREEMENT BETWEEN THE COUNTY OF WASHINGTON AND Minnesota Public Employees Association CORRECTIONAL OFFICER/ PUBLIC SAFETY TELECOMMUNICATOR SUPERVISORS' UNIT January 1, 2022 - December 31, 2023</p> <p>The auditor verified in writing that the various contracts 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 contracts recognize 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 Agreements shall remain solely within the discretion of the Employer to modify, establish, or eliminate.</p> <p>The Sheriff was interviewed in respect to this standard. He described the 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.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Preservation of Ability to Protect Inmates from Contact with Abusers.</p> <p>The WCSO is in compliance with its preservation of ability to protect residents from contact with abusers.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The WCSO has established policies to protect all 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.

This is the Agency Protection Against Retaliation Policy as found in the Juvenile Unit PREA overall Policy: (a) WCJ shall ensure the protection of all inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. (b) WCJ shall employ multiple protection measures such as housing changes or transfer for inmate's victims, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmate and staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with Investigations. (c) For at least 90 days following a report of sexual abuse, the WCJ shall monitor the conduct or treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the WCJ should monitor include any inmate disciplinary reports, housing, program changes, or negative profile entries. The WCJ shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (d) In case of inmates, such monitoring shall include periodic well checks. (e) The WCJ obligation to monitor shall terminate if WCSO determines that the allegation is unfounded. (f) The AJA shall monitor retaliation against inmates or staff members reporting cases of sexual misconduct.

In addition to the overall PREA Policy which addresses protection against retaliation within the Official Response Following an Inmate Report Policy, the agency has a specific Anti-Retaliation Policy. The WCSO has zero tolerance for retaliation and is committed to taking reasonable steps to protect from retaliation members who, in good faith, engage in permitted behavior or who report or participate in the reporting or investigation of workplace issues. All complaints of retaliation will be taken seriously and will be promptly and appropriately investigated. The policy designates the Assistant Jail Administrators (two Lieutenants) to monitor retaliation against inmates or staff members reporting sexual misconduct.

It should also be noted that staff are trained according to the Anti-Retaliation Policy. This policy should be reviewed with each new member. All members should receive periodic refresher training on the requirements of this policy.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Agency Protection Against Retaliation, Policy 122 Anti-Retaliation.

(b) The agency shall 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.

the juvenile 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 residents and staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations.

The Sheriff was asked how they protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. He 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 such as removal or transfers. The Jail Commander reinforced that they do not tolerate retaliation and verified that there are policies and procedures which address the protection measures for inmates, residents, or staff. He stressed the importance of training according to policy with 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 Lieutenant described the role they play in preventing retaliation against inmates, residents, and staff who report sexual abuse/harassment or who cooperate with investigations. First they separate. He would monitor grievances and coordinate any housing changes or transfers. The measures taken to protect those inmates, residents, and staff would be protective custody or swap with another facility, and for the staff it could be shift reassignments or shift transfers. This would be investigated for disciplinary actions as they do not tolerate retaliation in any form. While monitoring, he initiates contact with inmates or residents who have reported sexual abuse. He sometimes designates the shift Sgt. to follow up in person. The PREA Coordinator is also a supervisor (Programs Sgt.) who also monitors for potential retaliation. Basically, they monitor for behavior changes. Any changes or incidents are noted in the classification forms for inmates or 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.

There were no residents who had reported a sexual abuse in custody to interview during the on-site audit. The auditor reviewed PREA incident reports relative to housing changes and intermittent review documentation in support of this standard.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Agency Protection Against Retaliation (b), Policy 122 Anti-Retaliation.

(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. As per the Agency Protection Against Retaliation Policy: "For at

least 90 days following a report of sexual abuse, the WCJ shall monitor the conduct or treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the WCJ should monitor include any inmate disciplinary reports, housing, program changes, or negative profile entries. The WCJ shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (d) In case of inmates, such monitoring shall include periodic well checks. (e) The WCJ obligation to monitor shall terminate if WCSO determines that the allegation is unfounded. (f) The AJA shall monitor retaliation against inmates or staff members reporting cases of sexual misconduct.

Some of the things to look for include any inmate disciplinary reports, housing, program changes, or negative profile entries. The Anti-Retaliation Policy 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 90-day requirement does not apply since the WCTHF is only an 8-day temporary holding juvenile facility.

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 the measures they would take when monitoring for potential retaliation. They would monitoring video footage, review reports, and look for housing changes. They would also monitor any changes with the staff. The designated staff member charged with monitoring retaliation described what they would look for to detect possible retaliation including any disciplinary reports, housing or program changes and with staff it could be negative performance reviews or reassignments. Being observant to any change is important. He verified that periodic status checks are accomplished. Anything of importance is always documented. Investigators would be assigned to an allegation of retaliation. They would monitor for retaliation while the resident is in custody.

The auditor reviewed the available documentation of monitoring efforts. There were no documentation of reports of retaliation and agency response for review. Intermittent reassessments and classification documents were examined on-site.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Agency Protection Against Retaliation (c) (d), Policy 122 Anti-Retaliation.

(d) In the case of residents, monitoring efforts described above include periodic well checks.

The same policies confirm this requirement.

The designated staff in charge of monitoring retaliation confirmed that periodic in-person status checks are accomplished and documented. The inmates, residents, and/or staff are personally checked for their well-being. He said that the monitoring

	<p>for conduct and treatment can continue for as long as necessary until inmates or residents are released from custody.</p> <p>The auditor was provided with documentation of jail reviews. There were no available retaliation monitoring in the juvenile unit. The PREA Coordinator assisted the auditor with a review of electronic jail logs as well individual monitoring notes.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Agency Protection Against Retaliation (d), Policy 122 Anti-Retaliation.</p> <p>(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.</p> <p>As per the Agency Protection Against Retaliation provision, the WCJ shall employ multiple protection measures such as housing changes or transfer for inmate or resident victims, removal of alleged staff or inmate or abusers from contact with victims, and emotional support services for inmates, residents, and staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with Investigations. This is not just for the reporters, but the protection extends for anyone who has cooperated with the investigation.</p> <p>This was verified by the Sheriff. The Jail Commander described the measures they would take when monitoring for potential retaliation for anyone involved in a PREA investigation. They would monitor video footage, review reports, and look for housing changes. They would also monitor any changes with the staff. Any negative observance would be documented in the files. Any evidence of retaliation would be referred for investigation.</p> <p>Reference Policies: Policy 122 Anti-Retaliation, 613 PREA/613.7 Official Response Following an Inmate Report - Agency Protection Against Retaliation (f).</p> <p>This is the comprehensive discussion of all the evidence relied upon in making a compliance determination for the agency protection against retaliation standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is also subject to the requirements as previously established with PREA Standard 115.342. (Please review the overall compliance determination narrative of Standard 115.342)</p> <p>The Post-Allegation Protective Custody policy within the Juvenile Unit PREA states</p>

the same as above.

"Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers. Housing and program assignments of transgender or intersex inmates shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. A transgender or intersex inmate's views with respect to his/her own safety shall be given serious consideration."

The PREA Protective Custody policies and the Inmate Classification Policy with PREA Considerations speak to this standard. This standard specifically addresses post-allegation protective custody. The WCJ prohibits the placement of inmates 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. For juveniles, residents can only be isolated as a last resort when the least restrictive measures are inadequate to keep the residents safe. 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.

In the past 12 months, there were zero instances of residents placed in involuntary segregated housing for these reasons, while awaiting completion of assessment, investigation, or otherwise. A review of resident files confirmed this information. When this is the case, a statement of the basis for the facility's concern for the inmate's safety and the reasons why alternative means of separation could not be arranged is documented in the inmate's/resident's file.

The Jail Commander advised the auditor that they do not place residents at high risk for sexual victimization or those who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. Isolation is a last resort. He explained that they have flexibility with their two-bed and three-bed pod housing units. Dayrooms are shared or the residents can alternate as needed. They also have the option of transferring them to the East Central Regional Juvenile Center (ECRJC) in Anoka County. Staff who supervise inmates and residents in segregated housing were asked about involuntary segregation for these residents at risk of sexual victimization. They said that if there was involuntary segregation, their status would be reviewed frequently to see if they can be moved or lessen restrictions based on various factors. He said that they

would always consult with the Jail Sgt. The Jail Commander verified that inmates or residents at high risk of sexual victimization or who have alleged sexual abuse are only placed in involuntary segregation until an alternative means of separation from likely abusers can be arranged. He said ordinarily that will be well less than 24 hours. The PREA Coordinator documented that there were no residents placed in involuntary segregation in the last 12 months while awaiting alternative placement. Policy would be followed. A statement of the basis for facility's concern for the residents safety, and the reason or reasons why alternative means of separation cannot be arranged would be documented.

<https://www.anokacountymn.gov/573/East-Central-Regional-Juvenile-Center>

The PREA Coordinator and the Jail Commander verified that they document all relative information in cases of involuntary segregation for protective custody reasons. The auditor reviewed case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months. There were just a few inmate files to review and no juvenile files pertaining to involuntary segregation for protective custody reasons. The inmate files reviewed contained screening, classification, and assessments based on information on a individualized basis. Safety concerns and vulnerabilities or threat of abuse was noted.

Previous discussions and interviews with the medical team indicated that there would be daily visits for any juvenile who had alleged victimization and who was isolated for their own protection.

Reviews and assessments are always documented in jail logs, resident files, and medical files. There were no residents in involuntary segregated housing for these reasons during the on-site audit. The auditor reviewed numerous related documents and secondary forms related to the housing of post-allegation sexual abuse for housing assignments and did not see 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 status' for residents. There were no residents post-allegation of sexual abuse that were isolated during the on-site audit. If programs and services are restricted, it would documented as to their limitations, duration of the limitations and the reasons for the limitations. For juveniles, there cannot be restrictions for education and large-muscle exercise and activity.

Reference Policies: 1130 Juvenile Unit PREA/1130.5 SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS (I)/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT. Post-Allegation Protective Custody, 516 Inmate Classification/516.10 PREA Considerations.

Supporting Documents: PREA Questionnaire, Classification tool, Assessment and reassessment documentation.

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.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The WCSO conducts its own investigations into allegations of sexual abuse and sexual harassment, and does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>The facility has a policy related to criminal and administrative agency investigations. The Juvenile Unit PREA Investigations Policy ensures referrals of allegations for Investigations. The WCJ shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The WCJ shall publish such policy on its website. The WCJ shall document all such referrals. Allegations of sexual abuse will be referred and investigated by agency Investigations 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 will be trained in sexual abuse investigations involving victims, and shall investigate all allegations of sexual abuse including third-party and anonymous reports. A review of the Sexual Assault Investigation Policy indicated that the WCSO adopts the Investigations of Sexual Assault model policy established and published by the Minnesota Board of Peace Officer Standards and Training (MN POST) (Minn. Stat. § 626.8442).</p> <p>In addition to a review of the related policies, the auditor read the WCJ website which publishes: "The Washington County Sheriff's Office has a zero tolerance policy with regard to sexual abuse and sexual harassment within the Washington County Jail. The Sheriff's Office will take appropriate measures to protect all inmates, and will promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment (28 CFR 115.11)."</p> <p>https://www.co.washington.mn.us/3218/PREA#:</p> <p>Two investigators were interviewed. One of the investigators specializes in Administrative Investigations and the other was from the field division of the WCSO, who specializes in Criminal Investigations. They said that following an allegation of sexual abuse or sexual harassment, an investigation is quickly initiated and would take place the same day. There is a call out system 24/7 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.</p> <p>The auditor reviewed a sample of investigative records. The auditor was satisfied</p>

that all PREA allegations are investigated promptly, thoroughly, and objectively.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.

(b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Standard 115.334 is the Specialized Investigative Training Standard for juveniles. The Juvenile Unit PREA INVESTIGATIONS Policy also requires the WCSO Investigators to be trained in sexual abuse investigations involving juvenile 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. They said they received the initial training approximately five years ago through the DOC and NIC. Since then, they have received online training through the NIC. The auditor has also taken this course for a better understanding of sexual abuse investigations in confinement. To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The auditor conducted a spot-check on-site of training files of jail and field investigators and noted the Certificates of Completion for Sexual Abuse Investigations in Confinement Settings.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.

(c) Investigators of the WCSO shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

This is covered in the Juvenile Unit PREA INVESTIGATIONS Policy/Criminal

Investigations.

The auditor also read the Model Sexual Assault Investigation Policy which was adopted by the MN POST Board in 2019 and subsequently adopted by the WCSO in 2021. The purpose of this policy is to provide employees with guidelines for responding to reports of sexual assault. It provides procedures for interviews, evidence collection, Medical Forensic Examinations, and special considerations for minors and vulnerable adults.

The auditor interviewed the investigators to corroborate investigation techniques and responsibilities. They described the first steps in initiating an investigation to include obtaining the initial jail information and interviewing the victim and other parties as soon as possible. They would make sure that Jail Administration is made aware of the alleged incident. They detailed the investigation process as being thorough and comprehensive including making sure the alleged victim/perpetrator have been separated, securing the crime scene, the collection of evidence including video footage, 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. They would look for any prior reports or histories of sexual victimization or abuse. They also described the advocacy component with SAFE/SANE forensic examinations.

During the pre-audit, the auditor was provided with sexual harassment/abuse Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse investigative reports with findings that had been alleged within the past 12 months for the jail. There were no allegations on the juvenile side.

During the on-site audit, the auditor reviewed a sample of additional Investigative reports and copies of older case records detailing abuse allegations relative to this standard. I was informed by the PREA Coordinator who securely maintains the PREA files, that they have kept files since 2014. Their first PREA Audit was accomplished in 2017. There was only one Sexual Harassment allegation on record from 2020 that was received and reviewed. The claim was unsubstantiated. This was a report received from another facility. The auditor found the report to be detailed and thorough.

The investigators have received Specialized Investigator Training (318.5 Policy) for sexual abuse in confinement.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.

(d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The Juvenile Unit PREA INVESTIGATIONS Policy states the same, word for word. Juvenile facilities are prohibited from terminating an investigation of sexual abuse or harassment solely because the source of the allegation recants the allegation.

The investigators were asked if an investigation would terminate if the source of the allegation recants his/her allegation. They said they would still investigate.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

(e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The WCSO has policies which have been implemented to include specialized investigative training for the proper use of *Miranda* and *Garrity* warnings. The wording used when a person is read the Miranda Warning, also known as being 'Mirandized,' is clear and direct: "You have the right to remain silent. Anything you say can and will be used against you in a court of law. You have the right to an attorney. If you cannot afford an attorney, one will be provided for you. Do you understand the rights I have just read to you? With these rights in mind, do you wish to speak to me?" Often, public employers will simply want to conduct an administrative investigation to ascertain whether misconduct has occurred, and to determine if disciplinary action is warranted. Accordingly, many employers begin investigatory interviews by asking employees to sign "Garrity Statements," "Garrity Advisements," or "Garrity Warnings" (in federal employment, "Kalkines Warnings"). A properly-worded statement enables management to question the employee and require that they respond (compelled interviews), while protecting the employee's constitutional rights.

<http://www.mirandawarning.org/whatareyourmirandarights.html>

<http://www.garrityrights.org/garrity-warnings.html>

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 are very familiar with the *Miranda* warning requirements as a routine part of their investigation. They have a good working relationship with the County Attorney. 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.

The auditor reviewed both criminal and administrative investigation reports and paid attention to the interview portion of the case files.

Investigators receive Specialized Investigative Training on the proper use of *Miranda* and *Garrity* warnings.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.

(f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

These investigative requirements can be found in the Juvenile Unit PREA INVESTIGATIONS Policy.

The investigators acknowledged this. They said that these are policy requirements and they have been trained according to these elements. The auditor is familiar with these NIC course topics and content for Investigations in Confinement Settings. The investigators were asked on what basis do you judge the credibility of an alleged victim, suspect, or witness. They do not judge, but base their investigation on facts and evidence and not biases. They do not utilize polygraphs in their investigations. There were no residents who had reported a sexual abuse in custody during the auditor's on-site visit to interview.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files

(g) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The PREA Investigation Policy distinguishes between Criminal Investigations and Administrative Investigations. Administrative Investigations include these elements. It should be noted as per policy that allegations of sexual harassment by staff, contractors or volunteers will be referred to an outside agency for an investigation.

The investigator who conducts Administrative Investigations was asked about the efforts taken during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse and whether this is documented in reports. Staff and staffing issues are always examined. They attempt to answer the five "W's" - Who, what, where, when, why, and how. The written reports 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. Previously, the auditor had discussed whether staff neglect or failures are critiqued post-incident with the Jail Commander and PREA Coordinator. They said that all

variables are examined upon review of a PREA incident and they assess whether additional training, coaching, disciplinary, or policy review is needed. They look at the number of staff working at the time of a PREA incident as well. They always try to detect and prevent any future sexual misconduct.

The auditor took this opportunity to look at their record storage practices during the site review. I observed the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured. Only Corrections Officers have access to the officers station at intake where PREA screening and the medical questionnaire take place. Older records are kept in a file in the PREA Coordinator's locked office. I observed that electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) and how to access the information. (e.g., password protected, accessible only in certain areas, role-based security). Access to inmate records including medical and mental health files and sexual abuse and sexual harassment reports are available to medical and mental health practitioners, supervisors, Classification Officers, Administration, Program personnel and other staff on a need to know basis for safety, security, and management decisions. Staff advised the auditor that medical records are kept separate from inmate jail and juvenile resident files. The auditor was able to review and compare samples of administrative and criminal investigation reports in support of this standard in the PREA Coordinator's office.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files

(h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The Juvenile Unit PREA INVESTIGATIONS Policy distinguishes between Criminal Investigations and Administrative Investigations. Criminal Investigations include these elements as referenced.

Investigators verified that criminal investigations are always documented in a report that is thorough and comprehensive. Descriptions of physical, testimonial, and documentary evidence is contained in the reports. Supplemental reports and evidentiary attachments are included. As described in the previous provision, 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.

Investigators receive Specialized Investigative Training to include the uniform evidence protocol to maximize potential for obtaining useable physical evidence and techniques for interviewing sexual abuse victims.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files

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

The PREA Investigations Policy describes this standard provision for their policy.

The Criminal Investigator 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 for both the jail and the juvenile unit.

Investigators receive Specialized Investigative Training on the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.

(i) 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 Reporting to Inmates Policy states that the PREA coordinator shall maintain written reports in reference to criminal and administrative investigations for as long as the alleged abuser is incarcerated in the WCJ or employed or retained by Washington County, plus five years. The WCJ Data Storage, Publication and Destruction Policy requires the PREA coordinator to secure and retain all data collected regarding sexual abuse and sexual harassment for a minimum of 10 years unless Federal, state or local laws require otherwise.

The PREA Coordinator acknowledged that he is the staff member who is responsible for maintaining the records in reference to criminal and administrative investigations. The auditor was able to review a sample of some older reports that were contained in hard files under lock and key.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (4)/Data Collection, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.

(j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

The Reporting to Inmates Policy and the Data Storage, Publication, and Destruction policies address this standard.

The PREA Coordinator said that they would follow all record retention and data practices laws and rules for juvenile PREA case files. The auditor researched the juvenile laws as to record retention. Juvenile records are automatically expunged when the individual reaches 21 years of age, unless the person was previously classified as a serious or habitual juvenile offender, or he had been committed to a juvenile correctional facility or juvenile prison.

There were no Juvenile PREA Case files to review as requested.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (4)/Data Collection/Data Storage, Publication and Destruction, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.

(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 INVESTIGATIONS Policy and the Reporting to Inmates Policy addresses this requirement. In the event a victim or abuser leaves the WCJ, an active investigation will not be terminated.

The investigators confirmed that allegations of sexual abuse/sexual harassment are investigated until complete and is not dependent on the employment status or incarceration status of an individual. The investigation continues. The alleged abuser or victim can be located for any further interview, interrogation, or follow up like they do working in the community.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (6)/Data Collection, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.

Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.

(l) N/A. Auditor is not required to audit this provision.

(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 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.

Interview responses from the Jail Commander, PREA Coordinator, and Investigative Staff all indicated that they assist, coordinate, and cooperate as needed with

	<p>outside investigators and the Command Staff and Investigators remain informed about the progress of the investigation with status updates. The Sheriff would be notified and kept apprised of the status of the investigation. The DOC inspector will also be involved as they are required to be notified of any unusual occurrences. 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.</p> <p>https://www.co.washington.mn.us/2244/PREA</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (6)/Data Collection, 318 PREA Training/318.5 Specialized Investigative Training, 601 Sexual Assault Investigations.</p> <p>Supporting Documents: WCJ PREA Tracking log, PREA Investigation Case Files.</p> <p>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.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The WCSO imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>This standard is addressed in the INVESTIGATIONS Policy.</p> <p>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. This is according to the PREA Investigations Policy.</p> <p>For your information, the burden of proof is a legal standard that requires parties to provide evidence to demonstrate that a claim is valid. Three levels of the burden of proof, "beyond a reasonable doubt," a "preponderance of the evidence," and "clear and convincing" determine the level of evidence required for a claim. Preponderance of the evidence is one type of evidentiary standard used in a burden of proof analysis. Under the preponderance standard, the burden of proof is met when the party with the burden convinces the fact finder that there is a greater than 50% chance that the claim is true.</p>

	<p>https://www.law.cornell.edu/wex/preponderance_of_the_evidence</p> <p>https://www.google.com/search?q=preponderance+of+evidence+definition&sca</p> <p>PREA investigators are trained in the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.</p> <p>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. Reports are also reviewed by agency supervisors prior to submission to the prosecutor.</p> <p>The auditor studied a sample of administrative and criminal reports. They are not indicative of standards of proof higher than a preponderance of the evidence.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS, 318 PREA Training/318.5 Specialized Investigative Training.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Following an investigation into a resident's allegation that he or she suffered sexual abuse at the WCTHF, the facility shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The Juvenile Unit PREA Reporting to Inmates Policy adheres to this standard.</p> <p>I was informed by the PREA Coordinator that in the past 12 months, there were no allegations of sexual abuse at the WCTHF. The WCJ make it a practice to report and inform the inmate as to whether a sexual harassment allegation has been determined to be substantiated, unsubstantiated, or unfounded. They would do the same for the juvenile in custody if required. I was informed by the PREA Coordinator that there were no juvenile sexual abuse allegations recorded. The only historical Juvenile PREA allegation was an unsubstantiated sexual harassment complaint from 2020.</p> <p>The PREA Coordinator and auditor discussed the importance of consistent written notifications for best practices and record keeping. The auditor also reviewed the WCJ PREA Tracking log going back to 2014.</p> <p>The auditor reviewed a sample of inmate investigation files and notification records to verify the inmate notification requirements.</p>

The PREA auditor interviewed the Jail Commander in this regard. He verified that the jail notifies an inmate who makes an allegation of sexual abuse that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. They would do the same for the juvenile unit. The investigators also confirmed that the jail has a procedures for informing an inmate who makes an allegation of sexual abuse as to the findings following an investigation. If it appears to be criminal in nature, there is a prosecution referral. He said that the County Attorney and the Victim/Witness Coordinator also respond to victims. There were no residents in custody who had reported a sexual abuse at the time of the on-site audit. There were no Juvenile PREA allegations at all in the past 12 months.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (a).

Supporting Documents: WCJ PREA Tracking Log, PREA Review and Inmate Notifications.

(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

This instruction is found in the Reporting to Inmates Policy.

I was informed that in the past 12 months there were no cases where the WCSO requested an outside PREA investigation. Inmates and residents are notified and supplied relevant information and findings of another jurisdiction as necessary.

The auditor verified this practice with the Jail Commander and the PREA Coordinator.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (b).

Supporting Documents: WCJ PREA Tracking Log, PREA Review and Inmate Notifications, PREA Review and Inmate Notifications, PREAA Incident files.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

This provision can also be found in the Reporting to Inmates Policy within the Juvenile Unit PREA. It covers all the criteria described above.

The PREA Coordinator verified the procedures to be followed following the resident's allegation for reporting. Even unfounded determinations are reported back to the inmate or resident at the jail or THF. In the past 12 months, there were no PREA

incidents reported.

The auditor reviewed a sample of some older jail reports and notification records during the on-site audit to verify that inmates are provided with investigative outcome information. The PREA Coordinator informed me that they would follow the same procedures in the event of a Juvenile PREA investigation and determination.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (c).

Supporting Documents: WCJ PREA Tracking Log, PREA Review and Inmate Notifications, PREA Review and Inmate Notifications, PREAA Incident files.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The WCJ's Reporting to Inmates policy directs this standard requirement. The previous provision addressed staff-inmate and this one addresses inmate-inmate allegations and investigation results.

The auditor reviewed additional sample of documentation of notifications. A review of jail files showed appropriate reporting measures are taken and documented. There were no juvenile case files to review for allegations of sexual abuse or sexual harassment by another resident.

Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (d).

Supporting Documents: WCJ PREA Tracking Log, PREA Review and Inmate Notifications, PREA Review and Inmate Notifications, PREAA Incident files.

(e) All such notifications or attempted notifications shall be documented.

As per the Reporting to Inmates Policy, following an investigation into an inmate's allegation of sexual abuse suffered in the WCJ, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy also requires the WCJ to document the notifications.

It is the PREA Coordinator's responsibility to maintain the written reports in reference to all administrative or criminal investigations for as long as the alleged abuser is incarcerated in the WCJ or employed or retained by Washington County, plus five years. The obligation to report under this standard shall terminate once the inmate or resident is released. In the event a victim or abuser leaves the THF an active investigation is not terminated.

	<p>From a review of case files and reports and PREA tracking logs, it appears that inmates who allege sexual abuse in the jail are notified appropriately and documented as required.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.9 INVESTIGATIONS/Reporting to Inmates (d-3).</p> <p>Supporting Documents: WCJ PREA Tracking Log, PREA Review and Inmate Notifications, PREA Review and Inmate Notifications, PREAA Incident files.</p> <p>The WCTHF is found to be substantially compliant with the PREA Reporting to Residents 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 and the details required in the standard with investigation findings.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The Juvenile Unit PREA DISCIPLINE. Disciplinary Sanctions for Staff Policy describes this standard provision. The WCTHF maintains a PREA Discipline Policy that prescribes Disciplinary Sanctions for Staff. In addition to Discipline Policy, the auditor also read the Staff and Inmate Contact Policy relative to this standard. This policy provides guidelines for appropriate and professional interaction between members and inmates, 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. 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 pending the outcome of an investigation or of a determination of whether and to what discipline is warranted. (See 115.366 Preservation of Ability to Protect Residents from Contact with Abusers)</p> <p>The PREA Training Policy addresses Member Training. All staff, volunteers and contractors who may have contact with inmates and residents receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within the facility. It has been established in the Staff Training Standard, the topics required. Staff are trained and provided information on how to avoid inappropriate relationships with inmates and residents and an individual's right to be free from sexual abuse. The auditor noted training which addressed</p>

disciplinary sanctions for members that violate these policies. (See 115.331 Employee Training)

Reference Policies: 1130 Juvenile Unity PREA/1130.10 DISCIPLINE (a), 535 Staff and Inmate Contact, 318 PREA Training/318.3 Member Training.

Supporting Documents: Union Contracts.

(b) Termination is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse.

The PREA Discipline Policy states the same.

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 Juvenile Unit. The auditor reviewed the PREA Incident tracking logs and the Jail PREA Incident Reports and Investigation records pertaining to this standard and confirmed the same.

Discussions with the Jail Commander, Sheriff, and PREA Coordinator confirmed that termination would be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. As we know, the WCTHF maintains a written policy mandating zero tolerance toward all forms of sexual misconduct in the jail and juvenile unit for all inmates and residents under its jurisdiction. All sexual abuse or harassment is strictly forbidden.

Reference Policies: 1130 Juvenile Unity PREA/1130.10 DISCIPLINE (b), 535 Staff and Inmate Contact, 318 PREA Training/318.3 Member Training.

Supporting Documents: Union Contracts.

(c) Other than 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.

The same DISCIPLINE Policy describes this provision.

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. There were no substantiated determinations of staff sexual abuse or sexual harassment. The auditor could find any indication of current or past staff-inmate sexual abuse/harassment allegations that were investigated.

Reference Policies: 1130 Juvenile Unity PREA/1130.10 DISCIPLINE (c) (d), 535 Staff and Inmate Contact, 318 PREA Training/318.3 Member Training.

Supporting Documents: Union Contracts.

(d) All terminations for violations of agency sexual abuse/sexual harassment

	<p>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).</p> <p>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 Jail and THF PREA Policies and information. The WCSO, jail and juvenile division provides PREA member training to all staff, volunteers, and contractors who may have contact with inmates and 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.</p> <p>All terminations or resignations for sexual abuse violations are reported to law enforcement (the WCSO investigate or refer for investigation all sexual abuse allegations) and any relevant licensing bodies such as P.O.S.T. for the licensed officer and the D.O.C. for the reporting of unusual occurrences, and any other applicable licensing body. This action was confirmed by the Jail Commander, Sheriff, and the PREA Coordinator.</p> <p>Reference Policies: 1130 Juvenile Unity PREA/1130.10 DISCIPLINE (a), 535 Staff and Inmate Contact, 318 PREA Training/318.3 Member Training, 120 Personnel Complaints/120.10.1 Discipline.</p> <p>Supporting Documents: Union Contracts.</p> <p>The compliance requirements of this standard are met.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(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.</p> <p>The same Disciplinary Policy describes corrective action for contractors and volunteers. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement, unless the activity was clearly not criminal. The same PREA Training Policy for staff,</p>

volunteers, and contractors require education with the zero tolerance policy and how to avoid inappropriate relationships with inmates and residents among the other required topics. It has been established with the Contractor and Volunteer Training Standard that members are warned of the disciplinary consequences for violating the jail's sexual abuse/harassment policies. (See Standard 115.332 Volunteer and Contractor Training Narrative)

I was informed that in the past 12 months there have been no contractors or volunteers who have engaged in sexual misconduct at the facility to report to relevant licensing bodies and prohibit further inmate or resident contact.

There was no documentation of referrals to law enforcement and/or relevant licensing bodies to review. The auditor reviewed a sample of other investigative reports in support of this standard.

Reference Policies: 1130 Juvenile Unit PREA/1130.10 DISCIPLINE/Discipline/Corrective Actions for Contractor and Volunteers (a), 318 PREA Training/318.3 Member Training.

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The Discipline/Corrective Action for Contractor and Volunteers Policy describes this standard.

The WCSO is a law enforcement agency and the jail 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. The Investigators, Jail Commander, 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. Their services would be discontinued with appropriate criminal charges. The Jail Commander said that depending on the violation, possible remedial measures could include reprimand or coaching and no further inmate and resident contact.

In the past 12 months, there have been no contractors or volunteers reported to any licensing bodies for engaging in sexual abuse with inmates.

The WCSO jail division provides PREA member training to all staff, volunteers, and contractors who may have contact with inmates or residents on the prevention, detection, and response of sexual abuse and sexual harassment within the jail or juvenile unit. 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: 1130 Juvenile Unit PREA/1130.10 DISCIPLINE/Discipline/

	<p>Corrective Actions for Contractor and Volunteers (B), 318 PREA Training/318.3 Member Training.</p> <p>The WCJ substantially complies with this standard and its subparts.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>There are two main juvenile policies that address the disciplinary sanctions for residents engaged in resident-on-resident sexual abuse. The Discipline Section of the Juvenile Unit PREA Policy describes the Disciplinary Sanctions for Inmates regarding PREA. It states that an inmate may be subject to disciplinary sanctions only pursuant to the WCJ disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The WCJ Inmate Discipline Policy also outlines discipline related to PREA incidents. Discipline may be imposed for sexual activity between inmates. However, such activity will not be considered sexual abuse for purposes of discipline unless the activity was coerced.</p> <p>The Inmate Handbook and Orientation Policy also notes the facility rules and disciplinary sanctions for inmates or residents. Sexual abuse and sexual harassment information is provided to the residents during the orientation process and continuing. The auditor read the Juvenile Resident Handbook which contains a section entitled: JUVENILE RULES AND DISCIPLINARY PROCEDURES RULE VIOLATIONS. Inmate discipline procedures and their rights are described. Sexual acts: Engaging others in sexual acts with or without consent. Indecent exposure or making sexual proposals to another resident, staff or the public. Sexual harassment: Initiating or participating in any verbal or physical conduct that is sexual in nature, and is considered harassment toward any other resident, staff or the public.</p> <p>The residents are also provided with a booklet of Facility 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. Assault, engaging others in sexual acts with or without consent, and sexual harassment are on the list of rule violations. The sanctions imposed for rule violations can range from verbal warning, reprimand or counseling, loss of stated privilege (Telephone, social visits etc.) for up to one week, and/or separation from peers and/or activities commensurate with the inappropriate behavior. Creative</p>

sanctions are commensurate with the offense.

FORMAL ACTION SANCTIONS include:

MINOR SANCTIONS

- Loss of stated privilege(s).
- Reclassification.
- Change of housing assignment.
- Disciplinary segregation up to five (5) days.
- Loss of any good time earned.
- Housing unit lock down up to seven (7) days.
- Creative sanction commensurate with the offense.
- A combination of any of the above.

MAJOR SANCTIONS

- Loss of stated privilege(s) until release.
- Disciplinary segregation.
- Loss of all good time.
- Written report to the sentencing judge.
- Any minor violation sanction.
- Reimbursement for lost, stolen or damaged property.
- A combination of any of the above.

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. Juvenile facilities may not condition an offending inmate's or resident's participation in therapy, counseling, or other interventions on his or her access to other programming or benefits. The disciplinary process should consider the inmate's or resident's mental disabilities or mental illness, in determining the type of sanction imposed. Disciplinary sanctions may involve referral to the psychiatric nurse for therapy sessions. Any disciplinary sanction shall be commensurate with the nature and circumstances of the abuse committed, the inmate's/resident's disciplinary history, and the sanctions imposed for comparable offenses by other inmates/residents.

The PREA Coordinator responded in the PREA Questionnaire during the pre-audit process that there were no resident-resident sexual abuse incidents at the facility 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-resident sexual abuse that occurred at the facility in the past 12 months. Likewise, there were no findings of guilt for resident-resident sexual abuse. The auditor reviewed the PREA Incident Summaries and investigation reports on the jail side. There were three inmate-inmate sexual harassment allegations. One had been substantiated with appropriate disciplinary consequences.

Reference Policies: 1130 Juvenile Unit PREA/DISCIPLINE/Disciplinary Sanctions for Inmates (a), 600 Inmate Discipline/600.8 Guidelines for Disciplinary Sanctions/600.9 Training, 506 Inmate Handbook and Orientation, 535 Staff and Inmate Contact.

Supporting Documents: Juvenile Resident Handbook - INMATE RULES AND DISCIPLINARY PROCEDURES.

(b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The same policies also cover the standard requirements for discipline and sanctions.

The WCJ and THF ensures that a wide range of training and disciplinary tools are available to aid staff and that preprinted forms are available for documenting rule violations in a consistent and thorough manner. These were reviewed by the auditor.

The Training Sgt. is responsible for developing, 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. I asked what disciplinary sanctions are residents subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. He confirmed the policy requirements that sanctions be proportionate to the nature and circumstance of the abuses committed, the resident's disciplinary histories, and the sanctions imposed for similar offenses by others. Mental disability or illness is always considered when determining sanctions. They do not use isolation as a disciplinary sanction. He said that disciplinary sanctions are much softer and more treatment oriented for incarcerated youth. They try to re-direct and have time-outs.

Reference Policies: 1130 Juvenile Unit PREA/1130.10 DISCIPLINE/Disciplinary Sanctions for Inmates (c), 600 Inmate Discipline/600.8 Guidelines for Disciplinary Sanctions/600.9 Training, 506 Inmate Handbook and Orientation, 535 Staff and Inmate Contact.

Supporting Documents: Juvenile Resident Handbook - RESIDENT RULES AND

DISCIPLINARY PROCEDURES.

(c) The disciplinary process shall consider whether an resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The same policies previously described also require the disciplinary process to consider the resident's mental disability/illness status.

The Jail Commander confirmed that mental disability and mental illness is always considered when determining sanctions of this nature. The auditor reviewed a sample of inmate disciplinary reports, however there were no reports of inmate-on-inmate sexual abuse determined.

Investigative reports and documentation of sanctions imposed were also reviewed relative to this provision of the standard.

Reference Policies: 1130 Juvenile Unit PREA/1130.10 DISCIPLINE/Disciplinary Sanctions for Inmates (d), 600 Inmate Discipline/600.8 Guidelines for Disciplinary Sanctions/600.9 Training, 506 Inmate Handbook and Orientation, 535 Staff and Inmate Contact.

Supporting Documents: Juvenile Resident Handbook - RESIDENT RULES AND DISCIPLINARY PROCEDURES.

(d) The facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

The Guidelines for Disciplinary Sanctions Policy calls for therapy, counseling and other interventions to be provided for the above reasons.

Discussions with the Public Health Nursing Supervisor, Social Worker, and Mental Health Practitioner revealed that this type of therapy, counseling, or other intervention services are available on a voluntary basis. They said that services are available to both victim and perpetrator. Referrals would come from the jail or juvenile unit and follow up would be within 24 hours. The Social Worker is there to provide support and resources. They can refer to Canvas Health for emotional support services and advocacy as well. Being a temporary 8-day holding facility, they were not aware of any rewards-based behavior management system. The medical and mental health unit personnel were very open and transparent with their medical assessments and documentation of services provided which the auditor was able to review in follow up with any sexual abuse/sexual harassment issues and previous victimization.

Reference Policies: 1130 Juvenile Unit PREA/1130.10 DISCIPLINE/Disciplinary

Sanctions for Inmates (d), 600 Inmate Discipline/600.8 Guidelines for Disciplinary Sanctions/600.9 Training, 506 Inmate Handbook and Orientation, 535 Staff and Inmate Contact.

Supporting Documents: Juvenile Resident Handbook - RESIDENT RULES AND DISCIPLINARY PROCEDURES.

(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The Inmate Discipline 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.

The Juvenile Resident Handbook defines specifically the rule violations in this regard: "Engaging others in sexual acts with or without consent, indecent exposure or making sexual proposals to another resident, jail staff or the public. Sexual Harassment: Initiating or participating in any verbal or physical conduct that is sexual in nature, and is considered harassment toward any other resident, staff, or visitor."

There were no records of disciplinary actions against residents for sexual conduct with staff noted as there were no records of sexual misconduct between staff and residents. The Staff and Inmate Contact Policy provides guidelines for appropriate and professional interaction between members and inmates or residents. Inappropriate interaction can undermine security and order in the facility and the integrity of the supervision process. The policy states that custody staff shall not engage in sexual acts or salacious conversations or exchange inappropriate notes or letters with inmates. Staff shall promptly report all attempts by inmates or residents to initiate sexual acts, salacious conversations and forward any correspondence from an inmate or resident or former inmate or resident to the Jail Commander or the authorized designee.

Reference Policies: 613 PREA/613.10 Discipline/Disciplinary Sanctions for Inmates, Reference Policies, 1130 Juvenile Unit PREA/1130.10 DISCIPLINE/Disciplinary Sanctions for Inmates, 600 Inmate Discipline/600.8 Guidelines for Disciplinary Sanctions/600.9 Training, 506 Inmate Handbook and Orientation, 535 Staff and Inmate Contact.

Supporting Documents: Juvenile Resident Handbook - RESIDENT RULES AND DISCIPLINARY PROCEDURES.

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

I asked the Jail Commander and PREA Coordinator about this subject, and they advised that it would be rare to discipline a resident for a false report of this manner

	<p>because they take into consideration any mental health issues or traumas they may be experiencing.</p> <p>The WCJ Inmate Handbook and the WCJ website both address this issue in writing for the jail inmates. I did not see a policy on the juvenile side relative to this provision.</p> <p>https://www.co.washington.mn.us/3107/Inmate-Information</p> <p>Reference Policies: 613 PREA/613.10 Discipline/Disciplinary Sanctions for Inmates, Reference Policies, 1130 Juvenile Unit PREA/1130.10 DISCIPLINE/Disciplinary Sanctions for Inmates, 600 Inmate Discipline/600.8 Guidelines for Disciplinary Sanctions/600.9 Training, 506 Inmate Handbook and Orientation, 535 Staff and Inmate Contact.</p> <p>Supporting Documents: Juvenile Resident Handbook - RESIDENT RULES AND DISCIPLINARY PROCEDURES.</p> <p>(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.</p> <p>I was informed by the PREA Coordinator that the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse.</p> <p>The Juvenile Resident Handbook contains the section: JUVENILE RULES AND DISCIPLINARY PROCEDURES. Sexual acts: Engaging others in sexual acts with or without consent. Indecent exposure or making sexual proposals to another resident, staff or the public. This is considered a rule violation.</p> <p>Supporting Documents: Juvenile Resident Handbook - RESIDENT RULES AND DISCIPLINARY PROCEDURES.</p> <p>The auditor finds the WCTHF to be in compliance regarding Interventions and Disciplinary Sanctions for Residents for the reasons described.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>The PREA Medical and Mental Care, Medical and Mental Health Screening; History of</p>

Sexual Abuse Policy states that If the intake screening pursuant to 28 C.F.R. Part 115, 115.34 and 115.341 indicates that an inmate or resident has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff shall ensure that the inmate or resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. The auditor also reviewed the Washington County Medical Policy and protocols as signed by the Medical Director. It distinguishes between assault or abuse occurring inside the facility and assault or abuse occurring prior to arrest. If the inmate's intake screen indicates prior sexual victimization, referral is made to the medical provider, mental health provider, or both within 14 days. According to staff and medical personnel, follow up meetings happen either the same day or the next day, but within 24 hours. A review of the referenced standards and the narrative within this Final Report is helpful in understanding the process by which inmates and residents at the WCJ and THF receive immediate and follow up medical and mental health care in response to sexual abuse and/or prior sexual victimization in or out of the facility. Inmates will complete the booking process at the juvenile facility as soon as possible. This includes the Brief Jail Mental Health Survey (BJMHS) as well as the physical health questionnaire. Nurses will check for newly completed intake screens one or more times daily. Residents with positive BJMHS, physical, and PREA Risk Screening scores will receive a follow up referral with the Social Worker, Medical Practitioner, or the Mental Health Practitioner. Additionally, Juvenile Corrections Officers assess for any vulnerabilities and sexually abusive behavior. They document whether the child has a history of abuse or vulnerability. They also document whether the child has a history of victimizing others.

The auditor was supplied with numerous medical and mental health policies, procedures, and assessment documents related to this standard requirement, which I studied for compliance. I also reviewed a sample sick call list which indicated a few new follow ups for mental health evaluation from positive intake screenings.

I also interviewed a Social Worker, Mental Health Practitioner, and a Nurse. Many informal conversations at the medical unit of the facility also took place for an understanding of follow up assessments relative to sexual abuse and victimization. It should be noted that the facility has a number of new medical/mental health staff and changes within the medical unit according to the PREA Coordinator. The Nurse Supervisor oversees the unit. There is a Medical Director. According to the PREA Coordinator and from what the auditor has learned, they are doing a good job acclimating themselves to working in a correctional setting and providing quality care to incarcerated persons. The PREA Coordinator is committed to improving the connection between the intake screenings and the medical/mental health referrals for a more fluid and consistent procedure. The PREA Risk Screening form itself is in the process of being revised for clarification purposes. With that said, the auditor was assured by the medical/mental health staff and upon review of various completed assessments, that the jail substantially complies with this standard.

The Social Worker, Mental Health Practitioner, and the Nurse all confirmed that medical and mental health assessments are conducted upon referral and in follow up to the intake PREA Risk Screening and Medical/Mental Health Screenings. The

PREA documentation piece was reviewed upon review of the Mental Health Practitioner's assessment and care plan documents. As an outside resource, Canvas Health is utilized as well for advocacy and emotional support services for inmates and residents who have experienced sexual abuse or previous victimization.

The auditor also interviewed staff who are responsible for screening for risk of victimization and abusiveness. They said that if the screening indicates that an inmate or resident has experienced prior sexual victimization, whether in an institutional setting or in the community, they offer a follow up meeting with medical/mental health practitioners. They accomplish this by flagging an inmate's/ resident's file and communicating a fast-track for medical referral. Meetings are offered well within a 24-hour period with continued daily meetings. There were no residents who had reported previous victimization to interview during the on-site audit.

The auditor spent a considerable amount of time during both days of the on-site audit in the medical unit and was shown a sample of additional medical/mental health secondary materials (the term secondary materials refers to materials maintained by health staff in a secure area but separate from the inmate's medical record that document compliance with the provisions of this standard), including sick call forms and chart notes. The medical unit consists of an active team of medical professionals who provide medical and mental health care, treatment, and referrals to incarcerated persons in both facilities.

Reference Policies: 1130 Juvenile Unit PREA/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse (a), 716 Health Assessment, 724 Mental Health Services, 512 Health Policy/Mental Health, 726 Mental Health Screening and Evaluation, 318 PREA Training/318.4 Specialized Medical Training, 762 Informed Consent and Right to Refuse Medical Care, 776 Privacy of Care, Medical Policy 516 Sexual Abuse & Assault (1).

Supporting Documents: PREA Risk Screening, Medical and Mental Health Screening, Mental Health follow up form, Public Health - Sexual Assault Response Checklist. VULNERABILITY ASSESSMENT AND SEXUALLY ABUSIVE BEHAVIOR SCREENING.

(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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The Juvenile Unit PREA, MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse Policy allows for perpetrators to also receive follow up care with medical/mental health staff. The resident Vulnerability and Sexually abusive Behavior Screening documents for a history of victimizing others. The facility then develops written risk reduction measures to minimize the potential for further abuse in the facility and in the community.

The auditor was informed by medical and mental health practitioners that incarcerated persons at risk for abusiveness and/or alleged perpetrators are also

offered medical and mental health services. Follow up meetings are arranged within 24-hours.

The staff who perform screening for risk of victimization and abusiveness said that there are resources available for the resident who previously perpetrated sexual abuse and they would be referred for a follow up meeting with a mental health practitioner as well.

The Sexual Abuse & Assault Medical Policy/Procedure states that if the inmate's intake screen indicates they have previously perpetrated sexual abuse, the inmate is offered a follow up meeting with a mental health professional. This provision is also supported by the Medical and Mental Care. Medical and Mental Health screening; History of Sexual Abuse Policy (b), Medical Policy 516 Sexual Abuse & Assault (2), and the Public Health - Sexual Assault Response Checklist.

Reference Policies: 1130 Juvenile Unit PREA/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse (b), 716 Health Assessment, 724 Mental Health Services, 512 Health Policy/Mental Health, 726 Mental Health Screening and Evaluation, 318 PREA Training/318.4 Specialized Medical Training, 762 Informed Consent and Right to Refuse Medical Care, 776 Privacy of Care, Medical Policy 516 Sexual Abuse & Assault (1).

Supporting Documents: PREA Risk Screening, Medical and Mental Health Screening, Mental Health follow up form, Public Health - Sexual Assault Response Checklist. VULNERABILITY ASSESSMENT AND SEXUALLY ABUSIVE BEHAVIOR SCREENING.

(c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

The Medical and Mental Health Screening; History of Sexual Abuse Policy requires this provision also.

During the site review, the auditor paid attention to storage of juvenile records, medical records, and PREA screening information. I observed the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., key card, lock and key). Only Juvenile Officers, supervisors, and medical staff are allowed at the Officers Station within the locked juvenile unit. I also observed electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security). I held informal conversations with juvenile staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy,

specifically who has access and how access is restricted). They expressed that this information is available for Juvenile Officers, Supervisors, and Medical Staff. Classification Officers are provided with information as needed for security and management decisions. They assured the auditor that juvenile information and this sensitive information is kept confidentially and secure.

Reference Policies: 1130 Juvenile Unit PREA/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse (c), 716 Health Assessment, 724 Mental Health Services, 512 Health Policy/Mental Health, 726 Mental Health Screening and Evaluation, 318 PREA Training/318.4 Specialized Medical Training, 762 Informed Consent and Right to Refuse Medical Care, 776 Privacy of Care, Medical Policy 516 Sexual Abuse & Assault (1).

Supporting Documents: PREA Risk Screening, Medical and Mental Health Screening, Mental Health follow up form, Public Health - Sexual Assault Response Checklist. VULNERABILITY ASSESSMENT AND SEXUALLY ABUSIVE BEHAVIOR SCREENING.

(d) Medical and mental health practitioners shall 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 Medical and Mental Care. Medical and Mental Health Screening; History of Sexual Abuse Policy describes this standard provision. The Sexual Abuse & Assault Policy/Procedure states that the victim must give the Correctional Health Nurse (CHN) consent to report any information that did not occur in a correctional setting unless the inmate is under the age of 18. The Public Health - Sexual Assault Response Checklist requires the medical staff to complete a confidential report.

The medical team were interviewed about informed consent. They verified that they obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting, but the informed consent process with residents under the age of 18 is different. The victim must give the Correctional Health Nurse (CHN) consent to report any information that did not occur in a correctional setting unless the inmate is under the age of 18. No consent is required for youth for their own protection.

Reference Policies: 1130 Juvenile Unit PREA/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse (d), 716 Health Assessment, 724 Mental Health Services, 512 Health Policy/Mental Health, 726 Mental Health Screening and Evaluation, 318 PREA Training/318.4 Specialized Medical Training, 762 Informed Consent and Right to Refuse Medical Care, 776 Privacy of Care, Medical Policy 516 Sexual Abuse & Assault (1).

Supporting Documents: PREA Risk Screening, Medical and Mental Health Screening, Mental Health follow up form, Public Health - Sexual Assault Response Checklist. VULNERABILITY ASSESSMENT AND SEXUALLY ABUSIVE BEHAVIOR SCREENING.

The auditor finds the WCJ in substantial compliance in material ways with the PREA medical and mental health screenings requirements.

115.382	Access to emergency medical and mental health services
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 501">(a) Resident victims of sexual abuse shall 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.</p> <p data-bbox="280 542 1477 1366">There are a few policies with procedures that provide incarcerated persons who are victims of sexual abuse with emergency care and crisis intervention services. The OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT Policy describes the process of providing emergency medical care and arranging for forensic medical examinations. The PREA Responsive Planning, Evidence Protocol and Forensic medical examination: Crime Scene Preservation Policy states that facility and medical staff shall seek appropriate medical treatment for the victim and provide treatment services without financial cost to the victim. Forensic medical examinations will also be offered to the victim without any financial cost. A staff member, Canvas Health advocate, or qualified community based organizational staff member may accompany and support the victim through the forensic examination process and investigatory process. The Sexual Abuse & Assault Policy documents the procedures for medical staff to take for an assault or abuse occurring inside the facility. The inmate or resident may be sent to Lakeview Emergency Room for evaluation by the Regions SANE Nurse. Referrals to the mental health and medical provider will be made by the Correctional Health Nurse upon return of the inmate. The Public Health - Sexual Assault Response Checklist requires staff to activate the Emergency Medical System. The Investigative Division will arrange for a SANE at Lakeview Hospital. Communications will be maintained with the jail nurse.</p> <p data-bbox="280 1406 1445 1899">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. Jail and medical/mental health policies, protocols, and procedures set forth direction for medical and security staff to provide emergency medical care to inmate victims of sexual abuse. The auditor studied numerous medical and mental health secondary materials including logs, reports, appraisal forms, hospital SANE discharge notes, pharmacy resources, and other related documents to ensure the timeliness of emergency medical treatment and crisis intervention services that are 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.</p> <p data-bbox="280 1939 1398 2056">Interviews with the Nursing Supervisor, Social Worker, and Mental Health Practitioner indicated that inmate and resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis</p>

intervention services. In the event of a sexual abuse at the facility, they respond as soon as they are notified. The Nursing Supervisor said that safety concerns are always addressed. The inmate or resident would be transported to Lakeview Hospital usually within an hour. The hospital is only 1.5 miles from the jail. An on-call SANE would also respond to the hospital. Canvas Health ARS 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 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 responsibilities. A review of the Sexual Assault Medical Policy provided procedures which directs the notification of the Sgt. on duty. The victim 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 victim and a plan of support will be determined for them. Inmates or 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.

There were no incarcerated person to interview who had reported a sexual abuse in custody.

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

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation, 708 Emergency Health Care Services, 516 Sexual Abuse & Assault Policy/Procedure.

Supporting Documents: Public Health Sexual Assault Response Checklist.

(b) f no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The PREA Responsive Planning Policy describes the steps for staff to take when an alleged act of a sexual nature has occurred. They are to keep the victims/suspects isolated from all others until interviewed by investigators and to seek appropriate medical treatment for the victim. The Emergency Health Care Policy provides

Emergency Procedures. A physician, dentist and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a back-up health care services plan. Ambulances should be available on a 24-hour basis and accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates. The Shift Supervisor will be contacted and informed of any emergency as soon as practicable. All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals or health-trained custody staff.

The Jail's First Responder - Sexual Assault Checklist also requires a call to EMS if the victim is seriously injured.

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; and
- Immediately notifying medical and mental health practitioners.

A review of the related jail and medical policies, secondary materials, reports, and logs demonstrate immediate notification of the appropriate medical and mental health practitioners.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation, 708 Emergency Health Care Services, 516 Sexual Abuse & Assault Policy/Procedure.

Supporting Documents: Public Health Sexual Assault Response Checklist, WC First Responder Checklist.

(c) Resident victims of sexual abuse while incarcerated shall be 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.

The PREA RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation Policy states that the facility shall provide treatment services to every victim without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Sexual Abuse & Assault Policy/Procedure provides

treatment information. Prophylactic treatment and follow up for Sexually Transmitted Infections and other communicable diseases, and pregnancy tests will be offered to all victims and/or perpetrators, as appropriate and free of charge.

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 inmate and 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.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation, 708 Emergency Health Care Services, 516 Sexual Abuse & Assault Policy/Procedure.

Supporting Documents: Public Health Sexual Assault Response Checklist, WC First Responder Checklist, SANE Release of Information.

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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.

This policy and practice was verified by the PREA Coordinator.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING. Evidence Protocol and Forensic Medical Examination: Crime Scene Preservation, 708 Emergency Health Care Services, 516 Sexual Abuse & Assault Policy/Procedure.

Supporting Documents: Public Health Sexual Assault Response Checklist, WC First Responder Checklist, SANE Release of Information.

An analysis of the documents, evidence, facility observations, and interviews support the overall compliance determination for Access to Emergency Medical and Mental Health Services.

115.383	<p data-bbox="277 107 1469 197">Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p data-bbox="277 232 983 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="277 309 564 347">Auditor Discussion</p> <p data-bbox="277 383 1469 510">(a) The facility shall 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.</p> <p data-bbox="277 539 1469 2085">The 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 he/she has experienced prior sexual victimization, whether it occurred in a correctional facility or in the community, staff shall ensure that they are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. (happens within a day) A review of the Sexual Abuse & Assault Medical Policy for a current alleged assault provides procedures which direct the notification of the Sgt. on duty. The inmate 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 CHN upon return of the inmate and a plan of support will be determined for the inmate. Prophylactic treatment and follow up for STI's, other communicable diseases, and pregnancy tests will be offered to all victims and/or perpetrators, as appropriate and free of charge. Inmates 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. The Public Health - Sexual Assault Response Checklist gives direction that upon the victim's return from the hospital, CHN reviews post-exam recommendations for testing or treatment. There are several related jail and medical policies that also address the ongoing medical and mental health care for inmates of the WCJ who have experienced sexual abuse and trauma. 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 jail staff to ensure appropriate continuum of care for inmate or 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 inmate and resident medical file notes, SANE discharge instructions, 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. The auditor observed a team of qualified professionals of medical, mental health and a social worker. They described the referral process</p>
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from intake and active sexual assault. Assessments occur usually within a 24-hour period.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse, 512 Mental Health, 516 Sexual Assault & Abuse, 706 Referrals and Specialty Care, 726 Mental Health Screening and Evaluation, 728 Special Needs Medical Treatment Plan, 708 Emergency Health Care Services.

Supporting Documents: SANE Release of Information, Public Health Sexual Assault Response Checklist.

(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.

According to facility and medical policies, following the appraisal process, the qualified mental health professional shall develop a treatment plan for the inmate or resident and make recommendations regarding their housing and program participation. Referrals and discharge plans are described in policies. Emergency services for victims of 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 inmate, correctional staff referrals (either from initial intake responses or based on observed and related 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 Mental Health Services Policy also requires referrals and release planning services. The Special Needs Medical Treatment Plan Policy addresses contacts with community providers should be documented via an administrative note in the patient's health record. Upon transfer to another correctional facility, a summary of the inmate's or resident's current condition, medications and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain privacy.

The Health Assessment Policy, PURPOSE AND SCOPE details the purpose to establish the process for conducting health appraisals on inmates or residents following their arrival at this facility and for the continuity of care for inmates or residents who remain in custody for extended periods. Further, it is to ensure the inmate's or resident's health care needs are met and that health care started at one facility continues as needed.

Interviews with the medical, mental health and social work team indicated that

follow up services are coordinated upon release from the facility. They were asked what evaluation and treatment of residents who have been victimized entail. The Mental Health Practitioner said that screening is conducted by the Social Worker first and follow up services are initiated. She spoke of the available resources within the community such as Canvas Health for advocacy and emotional support services. She said there are resources available to bridge back into the community. The Nurse said that they provide education and referrals for medical, mental health, and emotional support and that they coordinate care plans with the Social Worker. The Social Worker said that referrals are mostly made to Canvas Health since they specialize in sexual abuse response. With PREA, it is a team approach between medical, mental health, and Jail Administration. She said that there are checks and balances and some of the services overlap each other to ensure comprehensive continuum of care. Communication is key and there are conversations with the provider, mental health, nursing, and the Jail Sgt. who work together to coordinate these efforts.

The auditor reviewed a sample of medical documents or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody. Some of the documents studied were the WC Standard Consent Form Release of Information, The Psychiatric New Client Intake forms, the Patient Health Questionnaire, and the Columbia-Suicide Severity Rating Scale. Page 6 of the Intake form addresses the types of abuse the incarcerated person may have experienced. Sexual abuse is listed with follow up inquiry.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse, 512 Mental Health, 516 Sexual Assault & Abuse, 706 Referrals and Specialty Care, 716 Health Assessment, 724 Mental Health Services, 726 Mental Health Screening and Evaluation, 728 Special Needs Medical Treatment Plan, 708 Emergency Health Care Services.

Supporting Documents: SANE Release of Information, Public Health Sexual Assault Response Checklist.

(c) The WCSO provides victims of sexual abuse with medical and mental health care consistent with the community level of care.

The Health Assessment Policy, PURPOSE AND SCOPE details the purpose to establish the process for conducting health appraisals on inmates or residents following their arrival at this facility and for the continuity of care for inmates or residents who remain in custody for extended periods. Further, it is to ensure the inmate's or resident's health care needs are met and that health care started at one facility continues as needed.

Emergency services are provided on-site and at the local community hospital. Medical records and secondary materials reviewed demonstrate medical and mental

health services consistent with the community standard of care.

The medical/mental health team were asked if services offered at the jail are consistent with community level of care. They all responded affirmatively. Access to services is faster. They are able to individualize a treatment plan and have referrals and resources in place for release.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse, 512 Mental Health, 516 Sexual Assault & Abuse, 706 Referrals and Specialty Care, 716 Health Assessment, 724 Mental Health Services, 726 Mental Health Screening and Evaluation, 728 Special Needs Medical Treatment Plan, 708 Emergency Health Care Services.

Supporting Documents: SANE Release of Information, Public Health Sexual Assault Response Checklist.

(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

The Sexual Abuse & Assault Policy provides for treatment to all victims. Pregnancy tests are offered to all victims and/or perpetrators, as appropriate and free of charge. The PREA Responsive Planning Policy ensures appropriate medical treatment for victims. Jail, juvenile, 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 inmate and resident victims would be provided no-cost pregnancy tests. The auditor also received a copy of the Pregnant Inmates Policy which provides care procedures for pregnant women.

The auditor was also shown the protocols and documents for services provided to pregnant incarcerated persons. They coordinate services with local Obstetricians.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse, 512 Mental Health, 516 Sexual Assault & Abuse, 706 Referrals and Specialty Care, 716 Health Assessment, 724 Mental Health Services, 726 Mental Health Screening and Evaluation, 728 Special Needs Medical Treatment Plan, 708 Emergency Health Care Services, 531 Pregnant Inmates.

Supporting Documents: SANE Release of Information, Public Health Sexual Assault Response Checklist.

(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 medical/mental health team. Inmates and residents are

provided this information and access to services as soon as possible through the referral process and is discussed at initial OB visits.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse, 512 Mental Health, 516 Sexual Assault & Abuse, 706 Referrals and Specialty Care, 716 Health Assessment, 724 Mental Health Services, 726 Mental Health Screening and Evaluation, 728 Special Needs Medical Treatment Plan, 708 Emergency Health Care Services, 531 Pregnant Inmates.

Supporting Documents: SANE Release of Information, Public Health Sexual Assault Response Checklist.

(f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The Sexual Abuse & Assault Policy provides for Treatment. Prophylactic treatment and follow up for STI's, other communicable diseases, and pregnancy tests are offered to all victims and/or perpetrators, as appropriate and free of charge. Other 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. Inmates or 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.

This was also verified by the medical team.

There are no victim residents to interview for any of these provisions.

Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse, 512 Mental Health, 516 Sexual Assault & Abuse, 706 Referrals and Specialty Care, 716 Health Assessment, 724 Mental Health Services, 726 Mental Health Screening and Evaluation, 728 Special Needs Medical Treatment Plan, 708 Emergency Health Care Services, 531 Pregnant Inmates.

Supporting Documents: SANE Release of Information, Public Health Sexual Assault Response Checklist.

(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.

	<p>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 and resident 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.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT/1130.8 RESPONSIVE PLANNING/1130.11 MEDICAL AND MENTAL CARE. Medical and Mental Health Screening; History of Sexual Abuse, 512 Mental Health, 516 Sexual Assault & Abuse, 706 Referrals and Specialty Care, 716 Health Assessment, 724 Mental Health Services, 726 Mental Health Screening and Evaluation, 728 Special Needs Medical Treatment Plan, 708 Emergency Health Care Services, 531 Pregnant Inmates.</p> <p>Supporting Documents: SANE Release of Information, Public Health Sexual Assault Response Checklist.</p> <p>(h) N/A. Facility is an 8-day Temporary Holding Facility.</p> <p>The WCJ substantially complies with the ongoing medical and mental health care for sexual abuse victims PREA Standard through policy, protocol, and meaningful practices.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The WCSO conducts 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.</p> <p>The PREA Policy contains a DATA COLLECTION AND REVIEW Sexual Abuse incident Reviews provision: Within 30 days of the conclusion of a sexual assault abuse investigation, the PREA coordinator shall convene an incident review panel comprised of a program staff and two correctional sergeants. The purpose of the panel is to determine: 1. If a change in policy or practice is needed to better prevent, detect or respond to sexual abuse. 2. If the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification status, or perceived status, gang affiliated, or was motivated or otherwise caused by a group's dynamics at the jail. 3. If staffing patterns or physical barriers contributed to the abuse. 4. If the use of technology could have supplemented supervision.</p> <p>The PREA Coordinator verified this practice and provided the auditor with the documents necessary to examine the reviews of every criminal or administrative</p>

PREA investigation in the past 12 months. There were no substantiated or unsubstantiated sexual abuse allegations requiring 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 jail, program, and medical staff. He said that in the event of a sexual abuse incident, many aspects of the facility, jail operations, programming, staffing, and video monitoring would be examined. I was provided with a copy of a recent email confirming who the members of the review team are. There are 8 members consisting of the Assistant Jail Commander, jail supervisors, program, and medical personnel.

On-site, the auditor and the PREA Coordinator reviewed some older PREA Incident Reviews which contained the required elements and recommendations for improvement.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW (a) 1-4.

Supporting Documents: 2023 PREA Tracking Log, Older tracking logs, Investigation case files, PREA Incident Review form.

(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

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 jail reports and incident reviews for evidence of timely and appropriate reviews.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW (a).

Supporting Documents: 2023 PREA Tracking Log, Older tracking logs, Investigation case files, PREA Incident Review form.

(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 verified they follow this procedure. They verified that the jail 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.

I was provided with a copy of a recent email confirming who the members of the review team are. There are 8 members consisting of the Assistant Jail Commander,

jail supervisors, program, and medical personnel.

The auditor reviewed documentation of review team reports which corroborated the critique of PREA incidents within 30 days of completion of the investigation and documentation of team members.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW (a).

Supporting Documents: 2023 PREA Tracking Log, Investigation case files, PREA Incident Review form.

(d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Sexual Abuse Incident Review Policy addresses this standard. Within 30 days of the conclusion of a sexual assault abuse investigation, the PREA coordinator shall convene an incident review panel comprised of a program staff and two correctional sergeants. The purpose of the panel is to determine:

- If a change in policy or practice is needed to better prevent, detect, or respond to sexual abuse;
- If the incident was motivated by race, ethnicity, gender identity, gang affiliation, and/or was motivated or caused by other group dynamics in the facility;
- If the staffing patterns or physical barriers contributed to the abuse;
- If the use of technology could have supplemented supervision.

The PREA Coordinator explained that the area in the facility where the incident allegedly occurred is physically examined to assess whether physical barriers may have enabled the abuse. The Jail Commander verified that all variables are studied. Post assignments and orders are also reviewed. He said that he assigns the Lieutenant to the team to meet the upper-level management requirement. 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 staffing, 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 jail reports which analyzed the required determinations for recommendations for improvements. Historically, there is only one juvenile PREA allegation for sexual harassment.

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. And finally, they assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. In the past, additional cameras/angles have been implemented as a result of PREA incident reviews.

Reference Policies: 130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW (a) 1-4.

Supporting Documents: 2023 PREA Tracking Log, PREA Tracking Logs, Investigation case files, PREA Incident Review form.

(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

This is in accordance with the same policy previously noted as well as verbal confirmations of the PREA Coordinator and the Jail Commander. The PREA Coordinator shall submit the panel's findings to the Jail Commander or designee. The facility staff shall implement recommended changes or document reasons for not implementing change. Additionally, staff will monitor for retaliation against an inmate, resident, or staff who reported sexual abuse or sexual harassment or who cooperated with the investigation.

The PREA Coordinator and the Jail Commander explained that because of PREA Incident Reviews and their subsequent recommendations, additional cameras for supplemental monitoring has been implemented as an example.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW (b).

Supporting Documents: 2023 PREA Tracking Log, Older tracking logs, Investigation case files, PREA Incident Review form.

The WCJ substantially complies with the intent of this standard and its subparts.

115.387	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) The Juvenile Unit also collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The WCSO maintains a policy which requires the jail and juvenile facility to collect accurate, uniform data for every allegation of sexual abuse. The PREA Data Collection and Review: Data Collection Policy 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 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 jail's 2019 survey consisting of definitions and custodial sexual abuse statistical information for the WCJ and which was provided to the DOJ as required. The auditor was informed that the DOJ/BJS has not recently requested an SSV-3 of the juvenile unit. The auditor also reviewed the WCJ website which contained annual PREA reports for the jail and juvenile division 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, residents, 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.

Reference Policies: 1130 Juvenile Unit PREA/1130.2 DEFINITIONS
1130.2.1 GENERAL DEFINITIONS/1130.12 DATA COLLECTION AND REVIEW. Data Collection (a) (b).

Supporting Documents: WCJ PREA Tracking Logs, 2019 DOJ Survey of Sexual Victimization Report, Annual Reports, PREA Report Definitions.

(b) The agency shall aggregate the incident-based sexual abuse data at least annually.

The Data Collection Policy also requires the PREA Coordinator to assemble the incident-based sexual abuse data annually, which is then published on the jail

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.

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

The Auditor reviewed this sample of aggregated data and confirmed that it is collected and published on an annual basis.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW. Data Collection/Data Review for Corrective Action (c).

Supporting Documents: WCJ PREA Tracking Logs, 2019 DOJ Survey of Sexual Victimization Report, Annual Reports, Juvenile 2022 WCJ Annual Report.

(c) The incident-based data collected shall 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.

The Data Collection Policy requires the PREA Coordinator shall collect accurate uniform data for every allegation of sexual abuse at the WCJ using the Survey of Sexual Violence Incident Form for each allegation of sexual abuse and sexual harassment involving staff, except those unfounded. The completed survey shall be forwarded to the jail commander or designee. The form is located at:

<https://harvester.census.gov/ssv/#>. Definitions are provided within the body of the report form itself as well as listed in the WCJ 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 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 WCJ and the Juvenile division 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 WCJ PREA Incident Tracking logs over the past several years. Dates, descriptions, inmates/residents involved, determinations, and reviews are listed. The WCJ and THF have been tracking incident-based and aggregating the information since 2014. The tracking log 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.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW. Data Collection/Data Review for Corrective Action (c).

Supporting Documents: WCJ PREA Tracking Logs, 2019 DOJ Survey of Sexual Victimization Report, Annual Reports, Juvenile 2022 WCJ Annual Report.

(d) The WCJ and THF maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

As per the Juvenile Unit Data Collection Policy, the WCJ shall maintain, review and collect data as needed from all ICR's, JR's and investigative files. The WCJ 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 WCJ PREA Incident Tracking logs over the past several years. Dates, descriptions, inmates involved, determinations, and reviews are listed. The WCJ has been tracking incident-based and aggregating the information since 2014. The tracking log is kept up to date and current.

Upon request, the WCJ provides the DOJ with the completed SSV-3 survey. I again reviewed the 2019 SSV-3 form as completed by the PREA Coordinator. The DOJ requests a sample of jails, juvenile facilities, and prisons throughout the United States to provide statistical information regarding custodial sexual victimization. The WCJ 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.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW. Data Collection/Data Review for Corrective Action (e).

Supporting Documents: WCJ PREA Tracking Logs, 2019 DOJ Survey of Sexual Victimization Report, Annual Reports, Juvenile 2022 WCJ Annual Report.

(e). N/A if the agency does not contract for the confinement of its residents.

(f). Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

This is required by the Data Collection Policy. I was informed by the PREA Coordinator who consulted with the Jail Commander that their THF has not recently been requested by the DOJ to provide their sexual victimization data.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW. Data Collection/Data Review for Corrective Action (d).

	<p>Supporting Documents: WCJ PREA Tracking Logs, 2019 DOJ Survey of Sexual Victimization Report, Annual Reports, Juvenile 2022 WCJ Annual Report.</p> <p>The WCJ substantially complies with the intent of this standard.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>The Data Review for Corrective Action Policy states that annually, the Jail Commander, AJA, Sr. Public Health Nurse, PREA coordinator along with the Sergeant of Operations shall review collected data in order to assess and improve effectiveness of sexual abuse prevention, detection, and response policies, and training including:</p> <ul style="list-style-type: none"> • Identifying problems; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings and corrective action. <p>The Sheriff was asked about the annual PREA reviews. He said they conduct continual reviews for continual improvements. He confirmed that especially on an annual basis they use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. They identify problem areas and take corrective action. He said that he ultimately approves the annual reports that are written and published on their website. The PREA Coordinator advised the auditor that the jail reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The PREA files are maintained on the PREA Coordinator's computer and the older files are stored in the office file cabinet. He maintains a secure office with locking capability. The auditor and the PREA coordinator reviewed the annual reports. The reports contain statistical information and compare previous years as to sexual harassment and sexual abuse allegations, investigations, and determinations. There is a statement addressing team review recommendations. Last year, additional cameras were approved as a result of data review for corrective actions recommendations. Also documented:</p> <ul style="list-style-type: none"> • In 2023 Washington County Jail will train more Administrative and Criminal Investigators.

- In 2023 train all Washington County Jail Volunteers with the Refresher PREA Training.
- In 2023 SANE Refresher Training for Jail Nurses & Supervisors.

The auditor was provided with the documentation showing these recommendations were accomplished. The auditor examined the training records as previously recorded within the body of the training standards.

This was also published on the WCJ website. Upon review, I was able to compare from year to year the PREA statistics.

[\https://www.co.washington.mn.us/](https://www.co.washington.mn.us/)

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW. Data Review for Corrective Action (a).

Supporting Documents: Juvenile 2022 WCJ PREA Annual Report

(b) The annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The same policy previously described also requires the report to include a comparison of the current year's data and corrective actions from prior years. It should illustrate the THF facility 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 WCJ website and includes a comparison of prior years of PREA data, with statements for improvements in the detection, prevention, and response of sexual abuse/harassment reports.

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

Reference Policies: 613 PREA/613.2 2244/PREA Data Collection and Review/Data Review for Corrective Action (b).

Supporting Documents: Adult 2022 WCJ PREA Annual Report.

(c) The PREA Standard requires the report to be 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.

The Data Review for Corrective Action Policy requires the report to be made available to the public through the WCSO public web site. The PREA report is published annually as approved by the Sheriff. The Sheriff confirmed that he is ultimately responsible for approving information and reports to be published on the Sheriff's Office and Jail website. They make their annual report available to the public as required. 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.

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

Reference Policies: 613 PREA/613.2 2244/PREA Data Collection and Review/Data Review for Corrective Action.

Supporting Documents: Adult 2022 WCJ PREA Annual Report.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The Data Storage, Publication and Destruction Policy requires the PREA Coordinator to ensure all aggregated sexual abuse data from the WCJ is posted annually on the WCSO website with all personal identifiers removed.

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 is not included in the published reports. The reports provide a description of the PREA of 2003. Reports have been provided for each year since 2017.

The report documents: "The Washington County Sheriff's Office has zero tolerance regarding sexual abuse and sexual harassment in this facility. The Sheriff's Office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment and to investigate all allegations of sexual abuse and sexual harassment (28 CFR 115.11) promptly and thoroughly. On January 26, 2023, Jail Commander, Assistant Jail Administrator, and Jail Programs Sergeant/PREA Coordinator (names removed for this report) reviewed all PREA allegations for 2022. All incidents were investigated & addressed properly as per PREA standards. At the end of 2021 recommendations were made by this group, those recommendations have been addressed and met. In 2022 a Washington County Jail Camera upgrade project was approved and should be completed in late 2023. Additional camera placements were reviewed and approved by the PREA Review Board." The report then provides the statistical information for PREA complaints in 2022 with a breakdown as to abuse and harassment, inmate-inmate, staff-inmate and determinations. The website provides previous years' reports for comparison purposes.

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

Reference Policies: 613 PREA/613.2 2244/PREA Data Collection and Review/Data Review for Corrective Action.

Supporting Documents: Adult 2022 WCJ PREA Annual Report.

The WCJ receives a substantial compliance rating for this PREA standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

The agency ensures that incident-based and aggregate data are securely retained. The Data Storage, Publication and Destruction Policy 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 incident reviews are available to the PREA Coordinator, Administration, and supervisors as needed.

During the site review and observation period, the auditor was shown the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) and determined the area is secured (e.g., key card, lock and key). I also observed electronic safeguards of the information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security). The auditor had continued discussions with the PREA coordinator and the medical staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. These records are available to medical staff, the PREA Coordinator, Administration and supervisors as needed. Access to the aggregated data is reserved for the PREA Coordinator and Administrators.

Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW Sexual Abuse incident Reviews/Data Collection and Review/Data Storage, Publication and destruction (a).

(b) The WCSO makes 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.

The WCJ does not contract with any private facilities for the housing of their inmates or residents. Aggregated sexual abuse data is readily available to the public annually through its website for both the Jail and the their Juvenile facility.

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

	<p>The same policy requires the PREA Coordinator to ensure all aggregated sexual abuse data from the WCJ is posted annually on the WCSO website with all personal identifiers removed.</p> <p>The auditor verified with the PREA Coordinator and with a review of the published reports that no personal identifiers are documented for public viewing.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW Sexual Abuse incident Reviews/Data Collection and Review/Data Storage, Publication and destruction (b).</p> <p>(c) Before making sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>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.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW Sexual Abuse incident Reviews/Data Collection and Review/Data Storage, Publication and destruction (b).</p> <p>(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.</p> <p>The Data Storage, Publication, and Destruction Policy mandates this requirement in accordance with Federal, State, and local laws. The PREA Coordinator takes responsibility for adhering to this standard.</p> <p>During the on-site audit, the PREA Coordinator and the auditor reviewed older files going back to 2014. They have been aggregating data since then with publication starting in 2017, which was their first PREA Audit with Final Report.</p> <p>Reference Policies: 1130 Juvenile Unit PREA/1130.12 DATA COLLECTION AND REVIEW Sexual Abuse incident Reviews/Data Collection and Review/Data Storage, Publication and destruction (a).</p> <p>The WCSO complies in all material ways with the standard for this relevant review period and since 2014.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least

once.

The auditor reviewed agency records and the WCJ website to ensure that each facility has been audited. The WCJ has a jail and a juvenile facility that is co-located.

Their website states: "The Prison Rape Elimination Act (PREA), which was signed into law in 2003, is a federal law to govern correctional institutions to detect, prevent, reduce and punish sexual abuse and/or misconduct in confinement settings. The Washington County Sheriff's Office has a zero tolerance policy with regard to sexual abuse and sexual harassment within the Washington County Jail. The Sheriff's Office will take appropriate measures to protect all inmates, and will promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment (28 CFR 115.11). In accordance with the PREA, the Sheriff's Office Jail is required to undergo a PREA audit every 3 years. A copy of the final reports are posted on this page once the audit is completed.

The auditor has first hand knowledge of the PREA Compliance Reports, having conducted a previous audit. The agency has met this standard during the prior three-year audit cycles starting with their first audit that was initiated in 2017. The WCJ has published its 2017 and 2020 PREA Final Reports as confirmed on the agency website in compliance with this standard. The PREA Coordinator assured the auditor that the 2023 WCSO/WCJ PREA Audit Report will be posted upon completion and acceptance of the Final document. The report has been reviewed to avoid any personal identifiers.

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

Supporting Documents: PREA Final Reports of 2017 and 2020

(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

The WCSO operates one jail facility and one 8-day Temporary Holding Facility for juveniles.

This is the fourth year of the PREA Audit Cycle. Cycles began on August 20, 2013 and continue through a three year period. The fourth cycle began on August 20, 2022 and runs through August 19, 2025.

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities.

During the on-site portion of the PREA audit, on November 28 - 30, 2023, the auditor had full access to and observed all areas of the WCJ and Juvenile Unit in order to verify compliance with the standards. In every instance, the auditor paid attention to how well persons in custody are supervised and how cameras and other monitoring technologies are used. The auditor looked for blind spots and any other indicators that an area of the facility was not being monitored in a way that keeps

persons in custody safe from sexual abuse. The jail, THF and its personnel provide safe supervision in all areas of the facility. Areas toured included: Intake/reception/screening area, all housing units, segregated housing units, health care areas, recreation and program areas, laundry room, the kitchen, and work release. Youthful offenders are not housed at the WCJ, but in the THF. The auditor also toured the court holding facility and the route to take from the jail and juvenile unit. The auditor used the PREA Audit Site Review Checklist for Prisons and Jails, and Juvenile Facilities. The auditor observed and critically evaluated facility signage, supervision practices, cross-gender viewing and searches, record storage, and processes for sending and receiving mail. Critical functions were tested at intake with PREA information and PREA Risk Screening, the internal and external reporting methods, staff reporting, third party reporting, access to outside emotional support services, comprehensive PREA education, and interpretation services. The auditor also held informal conversations with staff and residents relative to the applicable standards. I took thorough notes and documented my observations during the site review, including any issues identified, tests of critical functions, and any other areas of practices that may have required additional discussions with or proof documentation from the facility. The auditor followed up with the PREA Coordinator onsite and post-audit. The auditor was not denied access to any area of the jail or juvenile unit.

The auditor received no correspondence as a result of the upcoming audit notice.

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

During all three phases of the PREA audit, the auditor was provided with all relevant policies, SOP, and supporting documents. The PREA Coordinator provided additional documents as requested. The PREA Coordinator answered and clarified any questions the auditor had regarding documents. During the pre-audit, the auditor worked off of the facility questionnaire through the Online Audit System (OAS) that was completed by the PREA Coordinator. Documents were uploaded onto the working instrument. During the on-site audit, there was time set aside for additional document review with policies, procedures, records and reports, including electronically stored information. The PREA Coordinator and the Auditor sat in his office and reviewed online information. As requested, documents were printed off and given to the auditor. The auditor was permitted to request and receive copies of any relevant documents from the jail, juvenile unit, and medical unit.

(m) The auditor was permitted to conduct private interviews with residents.

The auditor and the assistant auditor conducted interviews which was facilitated by the PREA Coordinator. All residents were interviewed. All available juvenile unit staff were interviewed. Also interviewed were specialized staff, supervisors, contractors, volunteers, and administrators. There were only three youth incarcerated and they did not meet any of the targeted criteria. The auditor and assistant auditor utilized the interview protocols as found in the PREA Audit Handbook and the PREA Resource Center (PRC) Interview Guides for Questionnaires.

Residents and facility personnel were informed of the audit's purpose and the reasons for their requested participation using the script provided by the PRC PREA Compliance Audit Instrument. Comprehensive notes were taken during all interviews. The auditor interviewed all available juvenile officers and specialized staff. The auditor was mindful of interviewing staff that represent the characteristics of staff in the facility as well as targeted interviews with staff who have specialized roles and responsibilities within the facility. The auditor and assistant auditor interviewed as many juvenile officers we could find. Some of the jail staff are cross-trained as juvenile officers. I came in early on the day of the audit to catch an outgoing Juvenile Officer to interview. The auditor kept in mind an effort to interview geographically diverse residents, representing both genders and considered other characteristics such as race/ethnicity, age, and length of stay, which reflected the population of persons confined in the facility, but there were only three residents in custody, so all three were interviewed. The auditor met less than the overall minimum threshold number of interviewees, random interviewees, and targeted interviewees due to the size of the their facility. Their capacity is 5, their population on the day of the audit was 3. Formal interviews were conducted in a private setting and are considered voluntary. Interview selections were made independently by the auditor. The auditor and assistant auditor were allowed enough time to conduct interviews with personnel and residents. There was no confidential correspondence to the auditor during the audit process.

(n) Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The auditor ensured that information about the PREA audit, specifically the Notice of Audit was posted in all housing units and throughout the facility. During the facility tour, the auditor asked residents if they knew I was coming. They said yes. The auditor was provided with photo proof by the PREA Coordinator of the various locations, including all housing units, that the Notice of Audit was posted 6 weeks in advance of the on-site audit. The auditor did not receive any confidential correspondence from staff or residents. The information provided to the residents included accurate contact information and information regarding the confidential nature of any correspondence and communication with the auditor. The facility provides residents with a method of sending confidential information or correspondence to the auditor, similar to legal correspondence. This was corroborated by the PREA Coordinator.

The Notice of the PREA Audit was made to the attention of inmates/residents/detainees, staff, contractors, volunteers, and visitors. It listed the upcoming audit dates and the purpose of the audit. The Notice explained that if anyone had information about sexual abuse or harassment of any person at this facility, they could confidentially email or mail the auditor and my contact information was provided. Information sent to the auditor would remain private.

Supporting Documents: Notice of PREA Audit.

The WCSO/WCJ has met this standard requirement.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(f) The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>The auditor read the PREA information as posted on the WCJ website with links available for PREA Audit Final Reports and Annual Reports. The WCSO/WCJ has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. There have been no agency appeals pursuant to 28 C.F.R. § 115.405.</p> <p>https://www.co.washington.mn.us/3218/PREA</p> <p>The PREA Audit contents and findings for both the jail and juvenile division are published on the agency website as per the standard requirements.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	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.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	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 OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	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 only until October 1, 2017.)	yes

	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 only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and 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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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
115.318 (a)	Upgrades to facilities and technologies	
	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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	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
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication 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))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	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
115.334 (a)	Specialized training: Investigations	
	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
115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	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

115.335 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.335 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	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

115.335 (d)	Specialized training: Medical and mental health care	
	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
	Do medical and mental health care practitioners contracted by and 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
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	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?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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.	no
115.352 (b)	Exhaustion of administrative remedies	

	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
	Does the agency always refrain from requiring an 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
115.352 (c)	Exhaustion of administrative remedies	
	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
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.352 (e)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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

	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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
115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the 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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes
115.367 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371	Criminal and administrative agency investigations	

(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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency 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
115.373 (c)	Reporting to residents	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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

	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.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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 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, there has never been a Final Audit Report issued.)	yes