

PREA AUDIT REPORT Interim X Final
ADULT PRISONS & JAILS

Date of report: 05/12/2016

Auditor Information			
Auditor name: Debora Zauhar, DOJ – Certified PREA Auditor			
Address: 7209 St. Louis River Road West, Cloquet, MN 55720			
Email: Debora.zauhar@gmail.com			
Telephone number: (218) 348-5773			
Date of facility visit: 02/17/2016 – 02/18/2016			
Facility Information			
Facility name: Kanabec County Jail			
Facility physical address: 18 N Vine Street, Mora, MN 55051			
Facility mailing address: <i>(if different from above)</i> N/A			
Facility telephone number: (320) 679-8402			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Joanne Nelson			
Number of staff assigned to the facility in the last 12 months: 18 current staff, of which 4 were hired in 2015			
Designed facility capacity: 88			
Current population of facility: 49 (5 females)			
Facility security levels/inmate custody levels: General Population, Special Management, Special Needs			
Age range of the population: Adults: 18-78 years of age 2015			
Name of PREA Compliance Manager: Joanne Nelson		Title: Jail Administrator	
Email address: joanne.nelson@co.kanabec.mn.us		Telephone number: (320) 679-8416	
Agency Information			
Name of agency: Kanabec County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> N/A			
Physical address: 18 N Vine Street, Mora, MN 55051			
Mailing address: <i>(if different from above)</i> N/A			
Telephone number: (320) 679-8400			
Agency Chief Executive Officer			
Name: Brian Smith		Title: Sheriff	
Email address: brian.smith@co.kanabec.mn.us		Telephone number: (320) 679-8420	
Agency-Wide PREA Coordinator			
Name: Cortney Altergott		Title: Jail Sgt	
Email address: cortney.altergott@co.kanabec.mn.us		Telephone number: (320) 679-8402	

AUDIT FINDINGS

NARRATIVE

The Kanabec County Jail participated in their first Prison Rape Elimination Act Audit process, with the on-site Audit accomplished on February 17-18, 2016 by Debora Zauhar, from Cloquet, MN, a U.S. Department of Justice Certified PREA Auditor. The Pre-Audit phase consisted of the posting notice of the upcoming audit, communication with community-based or victim advocates, review and discussion of the Pre-Audit Questionnaire, document review, initial and ongoing discussions, questions-answers, and clarifications with the PREA team. The communication was in written form. The Auditor Compliance Tool was also initiated. A thorough review of all documents and materials was accomplished, which included agency policies, procedures, forms, educational materials, training curriculum, organizational charts, posters, brochures, and other PREA related information that were provided to demonstrate PREA Standard Compliance. The KCJ PREA team responded to my questions and requests for clarification and additional materials in a prompt and professional manner.

During the two day on-site audit, the auditor was provided secure and private work areas as needed, as well as interview sites in order to conduct confidential interviews. The Facility Tour with observations and questions/answers was accomplished on the first half of the first day. The Additional Document Review was provided with discussion on the second half of the first day (9 hours).

Formal personal interviews were conducted of a random and specialized sampling of facility staff, contractors, and inmates on the second day (13 hours). Included in the specialized staff interviews were the Sheriff, Jail Administrator, Administrative Assistant, PREA Coordinator, Assistant PREA Coordinator, PREA Compliance Manager, Program Director, Investigator, First Responders, Intake and Screening staff, Human Resources, Medical and Mental Health Practitioners, Trainers, Contract Staff, and Jail Sgt.'s. A diverse group of ten inmates from multiple housing units were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections, generally and specifically their knowledge of reporting mechanisms available to inmates to report abuse or harassment. The auditor made sure to include both male and female inmate representatives. All of the jail staff from a variety of shifts that were available were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to the inmates and staff, the response protocols when an inmate alleges abuse, and first responder duties. The auditor reviewed personnel files and jail training records to determine compliance with training mandates and background check procedures. Inmate files were also reviewed to evaluate screening and intake procedures, inmate education and other general programmatic areas. All four of the 2015 unfounded allegations of sexual abuse/harassment investigative reports and related documents were reviewed.

During the On-Site Audit, the Jail Administrator, who also doubles as the PREA Compliance Manager, the PREA Coordinator, the Administrative Assistant, and the Jail Sgt in charge of Operations/Assistant PREA Coordinator, provided escort and assisted me throughout the process. All areas of the jail were toured as part of the Audit. During the tour, the auditor observed the facility configuration, location of cameras, intercoms, alarms, and other surveillance technology, staff supervision of inmates, housing unit layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, inmate entrance and search procedures, and inmate programming. It is an advantage to the KCJ, that there is a shower in every cell within the housing units, which allow inmates to shower separately and the shower stalls have privacy curtains. The auditor was allowed unescorted access to the housing units and program areas as part of the DOJ tour protocol. The auditor also spoke informally to staff, inmates, and contractors during multiple walk-throughs of the facility during the course of the visit. Inmates and staff were made readily available to the auditor at all times.

*A special thank you and note of recognition goes out to this PREA team for their gracious accommodations and assistance provided to me. The specialized PREA team are very knowledgeable and responsive to the PREA goals to prevent, detect, and respond to sexual abuse. Safety, security, and the integrity of the Audit process was maintained. Smooth, on-going safe and secure jail operations and programming continued throughout the visit.

The Kanabec County Sheriff has been supportive and has provided resources and time for the development and implementation of the PREA Standards by the KCJ PREA Team. The Jail Administrator, Administrative Assistant, Jail Supervisors, Specialized Staff, Program Coordinator and Jail Staff are all to be commended on their dedication and commitment to the goals of PREA: Prevent, Detect, and Respond to sexual abuse in confinement. There is good work product in place in the form of policy, procedure, and other supporting documents and records. The jail is well kept and clean. The physical plant with technology systems provides for the safety and security of inmates, staff and the public. Jail Operations and Program Services are effective and efficient. The jail staff are very well trained and I observed fair, firm, and consistent supervision of inmates.

The overall PREA Standards provide for meaningful practice of measures at the KCJ, with work product meant for the sustainability of sexual safety in confinement.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Kanabec County Jail is located in Mora, MN and is a Class III secure detention facility. The new jail facility was opened on 01/18/2010. The jail is used to confine sentenced inmates for a time not to exceed any limits set by MN Statutes, adult pretrial and presentenced detainees indefinitely, and juveniles up to 24 hours. The Sheriff of Kanabec County has charge and custody of the county jail and receives and safely keeps all persons lawfully committed, and does not release any person from the jail unless discharged by due course of law.

The facility is governed by and adheres to state statutes and rules promulgated by the MN Department of Corrections. The Kanabec County Sheriff's Office has a contract to house State Prisoners. Their operational capacity is 52, with 88 general population beds and 12 flexible holding cell beds. The Kanabec County Jail is a full service jail with programming, including work and educational release, as well as community service.

There are six housing units in the main housing area of the KCJ, and five holding/transfer cells in the booking area with sub-dayroom availability. The facility security/custody levels are general population, special management and special needs. There are three segregation cells available for administrative and/or disciplinary needs. There are two single cell housing units.

The inmate population on the day of the first day of the on-site audit was 49. Five of the 49 inmates were females. There were no juveniles incarcerated. There were four jail sgt.'s, six corrections officers, one Program Coordinator, Jail Administrative Assistant, Jail Administrator, and five dispatch/communications staff working on the days and evenings of the on-site audit.

In 2015, the high inmate population was 57, and the low was 34. The average length of stay is 20 days. There are currently 18 jail staff employed by the facility who may have contact with inmates. There were four new employees hired in 2015. There are 44 volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility.

The auditor was provided a description of the audio/visual and surveillance technology, as well as emergency systems. The monitoring system was corroborated during the on-site tour portion of the audit.

SUMMARY OF AUDIT FINDINGS

On February 17 – 18, 2016, the site visit was accomplished at the KCJ in Mora, MN. The results indicated that the KCJ substantially exceeded the requirement of 4 PREA standards, were found to be in substantial compliance with 35 standards, and 4 of the standards were not met, requiring corrective action as documented.

The Kanabec County Jail reported 4 unfounded allegations of sexual abuse/harassment in 2015. The allegations were investigated and documented fully.

Overall, the interviews of inmates reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. The inmates receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, inmates are provided more comprehensive education on PREA that includes an orientation video. The inmate handbook is available in the housing units which contains additional PREA information. There are also PREA signs, posters, and pamphlets, furthering the availability of PREA education, including contact information for reporting. Inmates indicated that they understand the various ways to report abuse and discussed the posters throughout the facility. The majority of the inmates were able to articulate to the auditor what they would do and who they would tell if they were sexually abused or had knowledge of abuse. The inmates consistently indicated to the auditor that they felt safe in the facility and overall complimented the jail staff for the care and treatment provided to them.

All jail staff interviewed indicated that they had received detailed PREA training and verbalized the meaning of the facility's zero tolerance policy. Staff had knowledge of their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. They were well versed in the variety of reporting mechanisms for inmates and staff to use to report sexual abuse or sexual harassment. Additionally, staff was well trained on the PREA First Responder's protocol for any PREA related allegation and staff explained in detail the steps they would follow in response to an incident.

The auditor also spoke to the Director of the WINDOW Victim Services via telephone to confirm the agreement in place with the KCJ to provide sexual assault intervention and advocacy services. The auditor also spoke with an Administrator at the First Light Health System, to discuss the SANE/SAFE forensic services and procedures in progress for victims of sexual abuse. Finally, the auditor spoke with the Mille Lacs County Jail Administrator who explained the mutual aid process for independent investigation requests as well as acting as an outside resource for sexual abuse and harassment reporting.

In summary, after reviewing all pertinent information and after conducting inmate and staff interviews, the auditor commends the Kanabec County Sheriff's office and jail division leadership in its commitment to the PREA compliance standards as a top priority. It was obvious to the auditor that an abundance of time, energy and resources are dedicated to the advancement and improvement of the sexual safety of inmates in their confinement as well as staff.

Please refer to the Auditor Compliance tool for specific policy designations in the upcoming Standard Compliance section.

CORRECTIVE ACTIONS TO ACHIEVE FULL COMPLIANCE.

The corrective action period began immediately following the receipt of the Interim Compliance Report, not to exceed 180 days. The Auditor recommended a corrective action plan for the KCJ and the administration and PREA Team responded favorably. On 04/01/2016, they provided the auditor with documentation of all of corrective actions accomplished by sending written policy and procedure revisions, updates, and additions. Forms and other supporting documents were also supplied to the auditor. This was in addition to ongoing communication and clarification to verify documentation. The auditor then requested one additional document which was provided promptly. All documents were thoroughly reviewed and analyzed in their entirety to satisfaction in determining that the KCJ administration had demonstrated compliance with and full implementation of the PREA standards. Therefore, the auditor determined that the facility has achieved FULL COMPLIANCE of all PREA standards.

THE AUDITOR VERIFIES AFTER CAREFUL REVIEW THAT I HAVE TAKEN THE NECESSARY AND APPROPRIATE STEPS TO CONFIRM COMPLIANCE OF ALL PREA STANDARDS AT THE KANABEC COUNTY JAIL, EFFECTIVE 04/14/2016.

Number of standards exceeded: 4

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

The Kanabec County Jail exceeds this standard in the fact that they designate a PREA Compliance manager within the jurisdiction of one facility to operate. A PREA point person is designated that coordinates compliance efforts. Additional Assistant PREA Coordinators also participate in the prevention, detection, and response to jail sexual abuse and harassment. This team is invested in the maintenance of the “Zero Tolerance” standard and policy. Strong communications are in place to coordinate compliance efforts. The evidence relied upon in making the compliance determination included confirmation of pre-audit Policies, Procedures, the inmate handbook, and supporting documents. Interviews of the PREA Compliance Manager and PREA Coordinator confirmed the KCJ’s Zero Tolerance policy regarding Sexual Abuse. A PREA Coordinator and assistants have sufficient time and authority to coordinate compliance efforts.

The PREA Coordinator and Compliance Manager were interviewed in response to “Zero Tolerance” inquiries and confirmed sufficient time and authority that is manageable with the help of support staff. Duties are delegated and shared alike in a team atmosphere. Having supervisory and administrative positions allow for appropriate authority.

The jail tour with questions/answers of staff and inmates provided observed literature and signage, as well as affirmative responses.

UPDATE. 05/12/2016. The KCJ has updated their Inmate Handbook to include Sexual Assault/Abuse definitions. It expanded the inmate notice to include victimization or fear or concern, to report immediately to the detention staff. Confidential reporting methods are available and explained. The possession of sexually explicit material will be considered contraband.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Contracts for the confinement of state inmates include the MN Department of Correction’s obligation to adopt and comply with the PREA Standards, in addition to agency contract monitoring. The evidence relied upon in making the compliance determination is based on a review of the current and recent contracts (State of MN Joint Powers Agreements). The Kanabec County Contract Administrator confirmed documentation of written and physical compliance and results.

The MN D.O.C. agreement, upon review by this Auditor, supports efforts to comply with PREA standards. I also reviewed the available D.O.C. Policy/Procedure provisions available online, which have been developed and maintained for the State facilities to prevent, detect, and respond to sexual assault/harassment, also with the zero tolerance philosophy. The D.O.C. requires three methods of monitoring: self-monitoring, state compliance monitoring, and this independent Audit.

There were many state inmates in custody at the Kanabec County Jail during the on-site visit. Some of these inmates participated in the informal questions/answers as well as the formal interviews.

Standard 115.13 Supervision and monitoring

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

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

CORRECTIVE ACTION. 115.13 (c). Ensure that “...The agency shall DOCUMENT whether adjustments are needed to: (1) the staffing plan established pursuant to paragraph (a) of this section; (2) 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.” All sub-parts of this standard are met, with the exception of the documentation piece.

SUMMARY OF CORRECTIVE ACTION. During the corrective action period, necessary and appropriate steps were taken by the KCJ PREA team to update their staffing plan to ensure the documentation of: 115.13 (c) whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) 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. This auditor reviewed and verified with KCJ supervisors the implementation of Policy 202.7, (g), (h). All corrective actions, will include the agency’s written assessment and determination in the annual PREA review. Compliance is achieved.

The Staffing Plan provides for more than adequate levels of staffing with supplemental video monitoring to protect inmates against sexual abuse. The KCJ Staffing Plan provides for one additional Corrections Officer than the MN Standard minimum (1:25ratio). There is a Sgt. assigned to every shift. There are internal and external oversight bodies for assessing adequate staffing levels. All components of the physical plant are assessed as related to sufficient facility staffing. Also considered and assessed is the composition of the inmate population as well as previous incidents of sexual abuse, and any other relevant factors. The County Board approved the hiring of additional female C.O’s. Video and Audio surveillance and monitoring is in abundance at multiple levels. Jail operations are effective and efficient while providing for inmate programs and services. Detention and correctional practices are consistent with the MN Department of Corrections 2911 minimum standards for the detention and confinement of inmates according to law (Facility Inspection Report 2015). Inmate well-being checks are accomplished within the appropriate timelines. Cameras were added to kitchen storage, booking, kitchen office, and pre-booking. Audio capability was added to pre-booking. 120 cameras/monitors in tact. Two minimal blind spots at intake/holding, possibility for a second camera, or alternative measures.

Interviews of the PREA Coordinator and Jail Administrator confirmed the practice of unannounced well being checks at various times and various work shifts. The PREA coordinator participates in the assessment process on more than an annual basis. The Jail Administrator advised that there were no staffing issues in 2015. Additional documents were reviewed. An expansion of the unannounced rounds to identify and deter staff sexual abuse and harassment is planned.

A review of the KCJ Policy/Procedure manual, activity quick entry in the jail logs, unannounced supervision inspection records and video recording spot checks assured compliance of the supervision and monitoring standard.

Standard 115.14 Youthful inmates

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

- Does Not Meet Standard (requires corrective action)

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

Policies/Procedures are in place for the Detention of Juveniles in the extremely rare instance when incarceration would be necessary. All arrested juveniles requiring placement are transported to Lino Lakes, a licensed juvenile holding facility. There were 0 juveniles lodged at the KCJ in 2015. Juveniles under the age of 14 are never held in the facility. On April 6, 2015, the JJDP Act Audit was conducted with core requirements of Deinstitutionalization of Status Offenders, Removal of Juveniles from Jails, and sight/sound separation with positive results. The KCJ met all criteria.

The evidence relied upon in making the compliance determination was based on policy, procedure, daily population reports, and other supporting documentation and Audit interviews. There were no juveniles observed in the KCJ on the days of the site visit. I was provided a court schedule/route tour with explanation of juvenile transport.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The evidence relied upon in making the compliance determination is based on a study of the policies, procedures, training records, program records, audit interviews, and surveillance system review. Strip searches are not conducted within the confines of the jail proper. Reasonable suspicion causes a transport to the local hospital where searches are conducted by hospital staff, with search warrant, and only upon approval of the Jail Administrator. Pat-down searches of female inmates are conducted by female staff. The facility has implemented privacy policies for inmate acts of personal hygiene, without improper viewing by staff of the opposite gender. The Auditor observed staff of the opposite gender announce their presence when entering an inmate housing unit per status quo consideration. There are physical privacy articles in place such as shower curtains, window coverings, privacy spots on monitoring screens and one-way windows. It is an advantage that the KCJ had showers installed in every single cell. Transgender and Intersex inmates are not searched or physically examined for the sole purpose of determining the inmate’s genital status.

Nearly all of the staff have received cross-gender and transgender search training, with continuing and ongoing education in progress. The training records and curriculum confirm professional, respectful and secure cross-gender and transgender/intersex pat-down searches.

Jail staff assured that no strip searches are conducted at the jail and pat-down searches of females are always conducted by female staff. Inmates confirmed same gender pat-down searches. Program availability is equitable and confirmed with program records review.

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

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

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

Evidence relied upon in making the compliance determination include policy, procedure and document review, in addition to Sheriff’s interview and staff interviews. The auditor observed Spanish language PREA signage. Posters, pamphlets, and other PREA materials are available in Spanish. The disabled inmate has equal access to PREA notifications via translator/TDD services. Tablets for interpretive services have recently been purchased for language translation. ADA standards are met. The KCSO Communications Center/Dispatch has a comprehensive resource list for disabilities or limited English proficient. The translator/interpreter list was provided and reviewed.

Policies have been developed and procedures are in place that ensure effective communication about facility policies and how to report sexual abuse with inmates with disabilities and inmates that are limited in English proficiency.

The Sheriff advised me that communications are a top priority and ongoing improvements continue. He confirmed that tablets have recently been purchased for translation purposes.

There were no inmates available with limited English proficiency on the days of the Audit to interview.

Standard 115.17 Hiring and promotion decisions

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

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

CORRECTIVE ACTION. 115.17 (b). Ensure that procedures are documented to include the word HIRE, as well as addressing SEXUAL HARASSMENT language. The auditor did not possess/procure sufficient documentation nor observable information in support of this sub-part requirement. This standard does not require a written policy for hiring/promotion decisions, but is strongly recommended and encouraged. It appears as if this practice is in place throughout the application, hiring, and promotional process, however, it is not documented specifically as a sexual harassment consideration.

SUMMARY OF CORRECTIVE ACTION. 115.17 (b) Policy 613 Hiring/Promotion Decision. This policy has been expanded to emphasize the disqualifiers to hiring/promoting anyone who has engaged in Sexual Abuse as well as considering any incidents of Sexual Harassment. This practice is in place throughout the application/hiring and promotional process. The auditor has taken the necessary steps to review the Policy as well as the application and background investigation documents. I verified the updates and implementation of this procedure through staff communications. They are very thorough and complete. Standard Compliance is achieved.

The standard and sub-parts are within substantial compliance with evidence relied upon in making the determination in policy, procedure, personnel files, and application process reviews. The Human Resource representative and Administrative staff confirmed that the agency shall not hire or promote anyone who has engaged in sexual abuse if they are to have inmate contact. The auditor reviewed records of criminal background records checks. Material omissions regarding misconduct are grounds for termination. MN Data Practices laws are adhered to regarding the release of information.

I reviewed documentation of Initial Complaint Reports with date/time of criminal background records checks that were accomplished for a variety of staff and contractors. Previous employers are contacted. A list of current Contractors/Vendors was provided with a five-year background approval. Each individual is provided an orientation handbook at the start of each calendar year. An updated Visitor Verification and PREA form is required for access to secure areas.

Standard 115.18 Upgrades to facilities and technologies

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

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

The Kanabec County Jail is a newer facility, that opened on 01/18/2010. The KCJ improves its video, audio, recording, and intercom surveillance system, which incorporates virtually all areas of the facility on at least an annual basis. The system is monitored in a variety of locations. Future plans of expanding or modifying the facility consider the office’s ability to protect inmates from sexual abuse, as well as the safety and security of the institution. The jail tour provided observable multiple camera/monitor locations. The Sheriff and Jail Administrator confirmed their advancements with electronic surveillance systems, which enhance the facility’s ability to protect inmates. The agency investigators rely on visual recordings for evidentiary purposes. There is a commitment to PREA safety/security with the reduction of “blind spots” via the interview process.

Several cameras were added within the facility in 2014-15, with an emphasis on the kitchen area with inmate workers. The minutes from meetings referenced installing/updating monitoring technology was provided and reviewed by the auditor.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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Substantial Compliance with concerns. Please ensure documented mutual aid agreements with Pine and Mille Lacs Counties for staff sexual abuse allegations investigations. The evidence relied upon in making the compliance determination consisted of policy, procedure, Memo of Understanding with WINDOW Victim Services, inmate brochures, and inmate handbook review. Verbal confirmation of outside investigative agencies was attained and they abide by the same PREA standards. Verbal confirmation with the Director of WINDOW Victim Services and First Light Hospital Administration for SAFE/SANE Forensic Medical Staff and examinations was attained. Jail staff and medical staff interviews affirmed the PREA evidence protocol. The PREA Compliance manager advises that the County Attorney has endorsed the WINDOW advocacy and victim services for inmates. Confidentiality is maintained to the extent possible.

UPDATE. 05/12/2016. The auditor has been in discussions with the KCJ PREA team for the purpose of reducing the concern over outside sexual abuse allegations investigations. As a result, the KCJ developed and implemented a Memorandum of Understanding between the KCSO/KCJ and the PCSO for the purpose of providing investigative services to the KCJ in regards to a PREA allegation against a staff member of the KCJ. The MOU outlines the obligations and cooperation of the partners and was entered into agreement on 04/20/2016. The auditor received and reviewed an executed copy of the document for content and expresses no further concern for Standard 115.21.

The KCJ has established an evidence protocol to preserve evidence following an incident and offers victims no-cost access to forensic medical examinations. Inmates have access to victim advocates and are available through WINDOW Victim Services or the counseling

services of the jail's medical and mental health staff.

The Uniform evidence protocol that is adapted from the National Protocol Model, based on the most recent edition of the DOJ's Office on Violence Against Women Publication, developed after 2011, is maximized with investigators and first responders.

The WINDOW Victim Services program also provides a support and educational group for male inmates at the jail regarding sexual/domestic assault.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

All allegations of sexual abuse/harassment are promptly and thoroughly investigated. The investigation initiates with a call to 911 and ICR. The KCSO investigators are available on an on-call basis. The Policy is published on the KCJ website for public review. The publication includes PREA, Policy, Reporting, and Data Collection as well as the 2015 PREA Report. A review of the policies and procedures as well as Sheriff's and Investigator's interview responses confirmed the commitment to thoroughly investigate and hold accountable person(s) who violate these policies and laws. Additional investigative reports were analyzed for content and findings of Substantiated, Unsubstantiated, or Unfounded. A solid surveillance system is a highly utilized investigative tool.

The jail PREA investigators are trained according to PRC Sexual Abuse Investigations in Confinement Settings curriculum.

The KCJ policy ensures both Criminal and Administrative Investigations.

Standard 115.31 Employee training

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

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

The KCJ substantially exceeds the requirement of the training standard. Employees are provided PREA training as new hires, and continuing education and training on a quarterly basis. The curricula and specialized PREA topics is comprehensive and complete, with continual updates and training examples. This procedure exceeds the training standard in frequency. Training is tailored according to the sex of the inmates within the facility – gender specific as needed. Cross-gender pat searches was a recent training topic for the jail staff. Re-training is required for reassignments. The PREA training curriculum includes the zero tolerance standard, policy/procedure review, and the ten principles of PREA. There is a question/answer segment for comprehension. Pre-tests and post-tests to validate knowledge and understanding of the material is encouraged. Training records are maintained by the PREA coordinator. A variety of training methods are available including lecture, reading material, videos, power points, webinars, etc. The PRC is utilized as a resource with approved training

materials. The PREA Basic Training Acknowledgement form states that the employee has received and understands their obligation to report.

The Auditor issues a reminder to ensure that ALL PREA training sessions are signed/understood.

In making this compliance determination, the Auditor studied all PREA training curricula and staff training records. All components of the mandatory PREA training criteria are satisfied. Training is tailored to the gender of the inmates at the employee's facility. The training is ensured by the PREA Coordinator. A random sample of staff confirmed their understanding of their roles and responsibilities within PREA as well as a knowledge of policy, procedure, and other PREA topics. Employees are trained on their responsibilities to prevent, recognize and respond to sexual abuse. The unique vulnerabilities of LGBTI are incorporated into training and screening protocols.

Staff consistently recite most of the ten elements of PREA training. They confirm frequent and recent PREA training.

Standard 115.32 Volunteer and contractor training

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

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

The evidence relied upon in making the compliance determination include a review of policies, procedures, and training logs of volunteers and contractors. The Program Coordinator and PREA Coordinator oversee PREA education for understanding of their roles and responsibilities in the prevention, detection, and response of sexual abuse/harassment. They are taught the importance of mandatory reporting and who to report to and how to report. A review of the professional visitor verification form, the orientation record, and annual training records were verified. Contractors were interviewed who confirmed the receipt and understanding of PREA training as well as what is required. They were specifically familiar with the zero tolerance standard and PREA policies and procedures. They had knowledge of additional training content and reporting requirements. They signed a statement of understanding of PREA training. I reviewed the training curriculum and the the various documents maintained by the Program Coordinator. The Program Coordinator described the PREA orientation and training process in great detail to this Auditor.

Standard 115.33 Inmate education

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

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

Substantial Compliance with concerns. Needs improvement with Inmate Education Policy and Inmate Education Program. The auditor has discussed this with the PREA team, and there is an additional policy in progress regarding TRANSFERRED inmates being assured PREA education and information. The KCJ does have a good base with the Inmate Transfer Report and Notice to Inmate regarding PREA rights to implement into consistent practice.

UPDATE. 05/12/2016. The KCJ PREA team has developed and implemented into written procedure with supporting documents, additional and detailed transfer documents for inmates being transferred from the KCJ to another facility. The Notice to INMATE Regarding Transfer now provides for additional education and information on an outgoing basis, the inmate's PREA rights, and ways to report sexual abuse or harassment at the next facility in general. There is a sign-off section for comprehension for both the inmate and the staff. In addition, the inmate is provided a Victim Information card with local, regional, and state contacts for sexual violence assistance. In addition, the Inmate Transfer Report is sent with the transporting officer and is intended for the next facility intake officer for a snapshot review of the KCJ inmate status regarding any past sexual victimization and other flag issues of concern, as well as housing. This was reviewed and discussed with the auditor in full, and the KCJ PREA team has provided the appropriate procedural assurances. The KCJ meets the 115.33 inmate education standard and complies in all material ways.

Inmates at the KCJ are provided with PREA education from the time of intake and continuing throughout their incarceration. The educational information given to the inmates include handbooks and PREA brochures. There is an orientation video and signage posted throughout the facility and within their housing units that this Auditor observed and noted. A random sample of inmates asked and interviewed had knowledge of their PREA rights and reporting obligations. Inmate education is provided in formats accessible to all inmates including those with disabilities or limited English proficiency. Documentation of inmate participation was reviewed. Spanish posters and other inmate handouts were observed. The interview responses of jail staff affirmed the provision of inmate PREA education and informational access.

A variety of additional inmate educational materials were read and reviewed by this Auditor, including forms and brochures. There are Spanish handouts and signage posted as well as TDD equipment and translator and interpreter resource lists available as needed. The KCSO Dispatchers assist jail staff with acquiring outside resources. Interpretive tablets will be available for translation of all languages with WI-FI.

The intake staff verbalized the process in which incoming inmates are PREA educated and informed.

All inmates but one confirmed receipt of PREA information and education at intake and throughout incarceration. They described the orientation video and signing an acknowledgement document, information contained within the inmate handbook, and receiving a pamphlet of PREA information. I observed signage and postings within the facility and within the housing units during the jail tour. I reviewed a few inmate files and program logs for inmate educational opportunities in support of this standard.

Standard 115.34 Specialized training: Investigations

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

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

Specialized PREA Investigative training has been accomplished for the designated agency investigators at the KCSO. An investigator's interview responses confirmed specialized training with descriptions of topics covered. This Auditor reviewed the training curriculum documents and investigative reports. Documentation is maintained showing that investigators have completed the required training which is PRC Investigating Sexual Abuse in Confinement Settings. Additional and specialized training for investigators include First Witness and Certified Forensic Interview training, with refresher courses. Policy and procedure with best practice was analyzed with the Nationally recommended curriculum.

Standard 115.35 Specialized training: Medical and mental health care

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

In addition to the general contractor training, the KCJ medical and mental health staff have also been provided with specialized PREA training in the detection of sexual abuse, preservation of physical evidence, who and how to report sexual abuse, and how to respond effectively and professionally to victims of sexual abuse. This Auditor confirmed the mandatory training topics and verified that all required elements were addressed. Forensic Examinations are conducted by SAFE/SANE medical staff at the First Light Hospital. This was verbally confirmed by Hospital Administration with a collaborative effort with WINDOW Victim Services, who also confirmed the training and certifications. The hospital is less than two miles away from the jail for swift response and/or transport. This Auditor interviewed both medical and mental health practitioners from the KCJ who affirmed their PREA training and their roles/responsibilities in the coordination of treatment and care for inmates of sexual assault/abuse.

The Auditor made sure that the medical and mental health practitioners understood their role in the coordination of efforts with SAFE/SANE Forensic medical exams and follow-up procedures.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

CORRECTIVE ACTION. 115.41. (d), (e). Ensure the inclusion of the sole detainment for civil immigration purposes as a risk factor for the PREA initial risk screening. Expand the screening yes/no questions to include documented data inquiries and review. Although policy, procedure, and jail classification address the PREA rights of inmates detained solely for the purpose of civil immigration, it neglects its inclusion of the actual intake screening assessment for risk of sexual victimization and abusiveness. This standard requires the inclusion of all TEN criteria at a minimum, to assess risk.

Substantial compliance with concerns. 115.41 (a). Please ensure that inmates being TRANSFERRED to another facility are assessed for risk of being sexually victimized or abusiveness towards others, with documentation. “Transfer to another facility” is omitted from policy/procedure and supportive documentation, however, the PREA Notice to Inmate regarding transfer and Inmate Transfer Reports are supportive of the implementation of this standard.

UPDATE. 05/12/2016. Again, the auditor has received and reviewed the updated Inmate Transfer Report as revised by the KCJ PREA team. #9 on the form states: “The inmate has reported a past sexual victimization. Yes or No. See attached report.” The auditor was advised that this document follows the inmate upon transfer to another facility for a Writ, Boarding, Warrant, or other lawful transaction. This document will alert the following facility to pursue the current risk of victimization and or any other related PREA issues. The intake officer will have a base of information in which to supplement their risk assessment process. For further information, the on-duty Sergeant of the KCJ can be contacted as the transfer report provides a direct number for that purpose. The auditor finds no further area of concern for Standard 115.41 and upholds substantial compliance for inmates being transferred to another facility to be assessed for risk of being sexually victimized or abusiveness towards others.

SUMMARY OF CORRECTIVE ACTION. 115.41. (d), (e) The KCJ has ensured the inclusion of the sole detainment for civil immigration purposes as a risk factor for the PREA initial risk screening through an updated Policy and the Sexual Violence Prevention PREA Audit Report

(PREA) Checklist. The screening questions now include documented data inquiries and review, in addition to staff observation and inmate inquiries. Jail Classification policy/procedures also address the PREA rights of inmates detained solely for civil immigration purposes. This auditor thoroughly reviewed the documents provided for verification, and confirmed with staff its implementation.

The KCJ has updated the Inmate Transfer Report to include prior sexual victimization. If the inmate reports a past incident, the following facility will be advised via KCSO reports. This standard compliance has been achieved, with no further concern of the auditor.

115.41 (a) Inmates being TRANSFERRED to another facility are assessed for risk of being sexually abused or abusiveness towards others. Transfer Reports are now supportive of the implementation of this standard, including narrative and attached reports.

New inmates are to be screened for risk of being sexually abused or abusiveness towards others and the screening information is used to inform housing, work, education and program assignments. The Jail Sgt. is notified with any positive response. Policies, procedures, records, classification and reclassification charts, and reports indicate that all inmates are assessed during intake and that occurs well within 24 hours. (The standard calls for 72 hours of arrival at the facility) The screening tool utilized is an objective screening instrument and considers 10 criteria required. Within 30 days, or when warranted, there is opportunity for reassessment. Inmates cannot be disciplined for refusal to answer or for not disclosing complete information. The agency maintains appropriate control over the dissemination to ensure that it is not exploited to the inmate's detriment. The PREA Coordinator and Compliance Manager, as well as intake staff and inmate information of interviews affirm the meaningful practice and implementation of the risk assessment.

In summary, KCJ inmates are screened for the risk of being sexually abusive or victimized. Screening information is used to inform housing and provide for program assignments. The unique vulnerabilities of LGBTI and gender non-conforming inmates is incorporated into these screening protocols. There may have been a disconnect between "questioning" and "considering" current and prior history of sexual violence or victimization with assessment from Policy/Procedure to implementation/practice at the initial screening level. However, now and going forward, and the screening form has been expanded to include documented data inquiries and reviews. The Inmate Transfer Report has been updated to include whether the inmate has reported a past sexual victimization. If the inmate reports a prior victimization, the other facility will be advised via KCSO reports.

The Auditor interviewed a number of inmates who recall screening questions at the time of booking. Only one out of the ten inmates interviewed confirmed a reassessment with medical/mental health services. Almost all inmates did not need reclassification reviews.

The Auditor analyzed the Screening for Risk and Initial Inmate Classification form for compliance. Please review the PRC "Screening for Risk of Sexual Victimization and for Abusiveness" guide.

The Auditor's tour notes indicate questions/answers, and receipt/review of supporting documentation confirm the use of the KCJ PREA Sexual Violence Prevention Checklist.

A Corrections Sgt. is notified of any positive response with screening and classifications, for supervision.

Finally, information in response to screening questions shall be considered confidential and is only made available to those who have a legitimate need to know. The emphasis is on the Continuum of Care. I was shown that the documents are locked and protected. Data privacy, with confidentiality is always considered.

Standard 115.42 Use of screening information

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

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

inmate and institutional safety. This auditor received, read and analyzed the policy/procedures, screening and inmate records, medical and mental health referral forms, jail files, and classification forms in support of this standard. Additional documents received as well as staff interview responses confirm that the unique vulnerabilities of LGBTI and gender non-conforming inmates have been incorporated into the screening protocols.

Evidence utilized in making the compliance determination is based on policy, procedure, classifications, and inmate files review and analysis, in addition to positive responses from interviews of the PREA Compliance Manager, PREA Coordinator, and intake staff. Information is used by the KCJ to inform housing and program assignments with the goal of keeping separate those inmates at high risk of victimization or abusiveness. The determinations are made on a case by case/individualized basis in order to ensure the safety of each inmate as well as to consider any potential management or security problems. Placement and programming for transgender or intersex inmates shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. These inmate's own views with respect to safety will be given serious consideration. The KCJ Administration and staff assure this Auditor that LGBTI inmates will be treated with respect and consideration for safety and privacy concerns in the future. There are showers in every cell and inmates are not allowed in non-assigned cells. There are currently no transgender/intersex inmates. There are no dedicated housing units for LGBTI inmates and no legal judgments requiring such.

Additional information provided by jail staff indicate the supplemental aids of "keep separate" notifications or "flags" in the communication log. They expressed that training was provided with risk considered on a case-by-case basis regarding a transgender or intersex inmate's own views with respect to his/her own safety.

Standard 115.43 Protective custody

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

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

The evidence relied upon in making the compliance determination was primarily based on the study of the KCJ policy/procedures that guaranteed inmates at high risk for sexual victimization are not placed in involuntary segregation for longer than 24 hours unless there is no available alternative means of separating from likely abusers.

This Auditor observed during the on-site tour and audit that no inmates were segregated for this reason. A random review of jail logs, program records, and other documentation supported equal access to programs, privileges, education and work opportunities. Limitations made are overseen by the PREA Compliance Manager with frequent inmate interaction. The KCJ Segregation Privilege Level Review form includes the initial reason, decision, and offender clinical needs with Jail Administrator review and signature.

The Auditor observed that the design of the facility allows for holding area alternatives. The Jail Administrator explained the alternatives in greater detail and advised that isolation is a very last resort in protective custody cases. The Jail Administrator/PREA Compliance Manager also clearly document the basis for the concern on the appropriate documents and logs.

The staff who supervise inmates in segregated housing document refusals or limitations to programs and privileges as well as the Program Coordinator for tracking purposes.

From a review of case files of at risk inmates, 0 Inmates were held in involuntary segregated housing in the past 12 months.

There are plans and procedures in place for mostly weekly reviews (30 day standard) for protective custody segregation if needed.

Standard 115.51 Inmate reporting

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

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

The KCJ provides multiple ways for inmates to report sexual abuse, including contact of an outside agency, and inmates are allowed to report anonymously or through a third party. Inmates and staff are made aware of policies and are informed how to report sexual abuse.

The Auditor confirms the substantial compliance of the Inmate Reporting Standard with a review of all related policies and procedures, inmate files, signed inmate PREA confirmation documents, training records, and pamphlets that are provided to inmates.

I observed signage, was told about phone system advisements, and other supporting documents during the jail tour with informal question/answers of inmates and staff.

From intake and throughout incarceration, inmates are informed of their right and ability to privately report sexual abuse and harassment, or retaliation by other inmates or staff for reporting abuse, and staff or violation of responsibilities that may have contributed to such incidents.

Additional document review included the inmate handbook and the PREA orientation video. The jail keeps a signed inmate confirmation form of PREA education and information in their file system. There are four available ways for inmates to report: verbal, in writing/“kite”, third party and/or anonymous reporting, outside of the agency reporting. This auditor was provided with verbal confirmation by the Mille Lacs County Jail Administrator and WINDOW Victim Services Director for their ability in receiving sexual abuse reports, and their obligation to refer to administration for investigation. The inmate handbook contains consulate information on how to contact relevant consular officials and the Department of Homeland Security. A training module will be added to address Consulate Notification and resources available.

UPDATE. 05/12/2016. The KCJ has prepared a Memorandum of Understanding to be made between the KCSO/KCJ and the Mille Lacs County Sheriff’s Office for the purpose of providing confidential reporting services to the inmates of the KCJ in regards to PREA allegations. The obligations and cooperative activities and services is documented. The MOU is in progress for signature/dates. The auditor is confident in the KCJ’s ability to formalize the procedure of inmate reporting, including contact of an outside agency with the MLCOSO.

Formal interviews of staff and inmates produced affirmative responses of knowledge of the various ways to report sexual abuse. The staff were able to provide me with information on the immediate documentation of any reports, with an ICR, report, and following their First Responder Directives. The KCJ policy and information received at training prepared them with ways for the staff to report privately any sexual abuse suspicions to Administration. There are opportunities to leave their post with permission with sufficient staffing for a private meeting to report. Staff have applications on their cell phone pertaining to KCJ Policy for easy access and review.

Information is also provided and posted to visitors at the KCJ and the public on the website.

Standard 115.52 Exhaustion of administrative remedies

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

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

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

This Auditor substantiated that inmates are allowed a full and fair opportunity to file grievances re: sexual abuse so as to preserve their ability to seek judicial redress after exhausting administrative remedies. The facility adheres to the mandatory decision timelines and documentation requirements. The process is lenient with allowances for third-party filing and assistance. Emergency grievances are addressed promptly and safely.

The KCJ has policies/procedures and information contained within their inmate handbook addressing the formal grievance process, however, the grievance process is not specific to the PREA standard. As long as the inmate files the grievance in good faith, he/she will not be disciplined.

The KCJ Policy states that: “No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred.” There is prohibition of cruel and unusual punishment.

Policy review does not impose a time limit for the submission opportunity of a grievance. Inmates may submit their grievances directly to the Jail Administrator for safety reasons. Final decisions are within 7 days, appeals to grievance decision is within 5 days (well within the minimum standard timelines). Reports were received and files were available for review. Emergency grievances are addressed immediately with actions taken for the safety of the inmate, such as separation.

The agency may discipline, however, in rare situations where the inmate filed a grievance related to alleged sexual abuse if the agency can demonstrate that the inmate filed the grievance in bad faith.

Standard 115.53 Inmate access to outside confidential support services

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

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

Substantial compliance with concern. Please ensure improved written notification for persons detained solely for civil immigration purposes. (Currently separate within the inmate handbook, but not related to the PREA section.)

UPDATE. 05/12/2016. The KCJ has recently updated their inmate handbook to improve upon PREA related topics and specifically to this standard which requires inmate access to outside confidential support services. For inmates detained solely for civil immigration, they are provided consulate information and articulated that these detainees will be provided inmate education in their native language and will be assessed a risk level using the same screening tool as criminal detainees, thus providing all inmates sufficient access to outside confidential support services. The inmate handbook notifies that the jail staff has a list of telephone numbers and addresses for all known Consular offices. Inmates detained for the sole purpose of civil immigration are extended the same access to outside confidential support services and reporting services as criminally pre-trial or sentenced inmates. The KCJ complies in all material ways with Standard 115.53 without concern of the auditor.

The Auditor based this decision upon review of the resource documents, including the Memorandum of Understanding between WINDOW Victim Services and the KCJ. The medical and mental health staff via Advanced Correctional Healthcare also provide a sexual assault counselor as well as clergy is available for support services. Health care and Mental Health care are also contracted with written agreements. Phone calls and meetings are not be recorded.

Program records were also reviewed in support of inmate access to outside confidential support services.

Informed consents, confidentiality and mandatory reporting laws are followed.

Staff expressed awareness and understanding of outside counseling and advocacy services. There were no inmates in population that had reported a sexual assault or harassment.

Inmates have access to their housing unit phone on an unlimited basis, with the exception of lockdown hours. Inmates are not charged for victim services phone calls and legal representation calls. Most inmates were suspicious of the privacy standard and if that actually is implemented for confidentiality.

Standard 115.54 Third-party reporting

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

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

The KCJ has established a method to receive third-party reports of sexual abuse/harassment and have distributed publicly information on how to report that on behalf of an inmate. The facility posts in the public lobby a list of phone numbers to the agency's administrative branch with instructions on how to report sexual abuse and sexual harassment. This information is also posted on the KCSO/Jail website for public access.

I also observed posters, posted information, and reviewed the website material for verification purposes.

Standard 115.61 Staff and agency reporting duties

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

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

PREA training records and PREA policy/procedures were studied and they required that all staff are to immediately report any incidents of sexual assault/harassment. Investigative reports were also reviewed for content in support of this standard. Retaliation of those who report or cooperate with the investigation is not tolerated. Privacy and confidentiality considerations are also required according to Policy.

A random sampling of staff that were interviewed were well aware of their responsibility to report sexual abuse immediately. They confirmed policy and training requirements. They were also aware of their first responder protocols.

The Medical and Mental Health practitioners responsibilities were confirmed through Policy review and their interview responses. They must initiate the Health Services Sexual Assault Response Checklist in the event of a sexual abuse report. All contract employees shall report immediately to the Corrections Sgt. and document reports of sexual abuse. The Jail Nurse shall obtain informed consent from inmates before reporting information to the extent possible. The inmates are informed of limits of confidentiality and their duty to report. Mandatory reporting requirements are in place.

Policy dictates and is confirmed by the Jail Administrator and PREA Coordinator that resources and support services are available for youthful inmates and vulnerable adults. Staff will contact Kanabec County Family Services per the MN Department of Health/Human Services regulations. All allegations are reported for investigation. Reports were reviewed to verify thorough and comprehensive work product with outcomes and findings documented.

Standard 115.62 Agency protection duties

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

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

According to the Sheriff and Jail Administrator, and which is supported by interview responses/discussions with jail staff, immediate actions are taken to protect an inmate from imminent sexual abuse. There are sub-day rooms available for separation as needed. Frequent well-being checks are initiated and maintained for the inmates safety, and is documented as such.

Incidents are well-documented with jail logs, segregation forms, and reports. Policy and procedure that address this standard include the Official Response Following Inmate Report.

Standard 115.63 Reporting to other confinement facilities

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

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

Timely communications and notification requirements are met when reporting to other confinement facilities upon receipt of a sexual abuse allegation at another facility. The policy/procedure outlining this requirement was reviewed to confirm compliance.

I reviewed the First Responder checklist which is easily accessible to jail staff for procedural response in reporting to other confinement facilities.

During the interview process of the on-site audit, a complaint report was made of a sexual abuse incident at another facility, which resulted in witnessing of appropriate responses and reporting requirements. The inmate was referred to medical and mental health services.

In 2015, there were 0 allegations the facility received that an inmate was abused while confined at another facility.

Policy amendments are in progress to include “Reports from Other Sources:...documentation and follow the First Responder checklist and PREA policy 612.

The Sheriff and Jail Administrator confirmed that communications are in place, with investigative assistance. The D.O.C. is informed if the report involves one of their contract inmates. Investigators will be notified immediately for safety/security considerations.

Standard 115.64 Staff first responder duties

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

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

KCJ Corrections Officers articulated to me in detail their First Responder duties according to training and policy/procedural guidelines that are pre-determined. There is a written First Responder checklist easily accessible to them. They are very knowledgeable and familiar with this document. It is utilized upon learning of a sexual abuse allegation.

Their training and continuing education prepared staff on this requirement to separate the alleged victim and abuser, preserve/protect the crime scene and physical evidence. They have a thorough understanding of the chain of command and reporting duties, roles, and responsibilities.

This Auditor read and reviewed the investigative reports and related miscellaneous documents in making the compliance determination.

Standard 115.65 Coordinated response

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

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

The KCJ has developed and implemented an institutional plan to coordinate actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, and facility leadership. This plan in Policy is named Official Response Following Inmate Report. This directive identifies roles, responsibilities and communications as a team effort.

I reviewed this plan in detail in making the compliance determination as well as discussion with the Jail Administrator. There is an all-inclusive check list folder available for all C.O.'s as needed.

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The employer (Sheriff) has the authority to hire, promote, transfer, assign, retain employees in positions, and suspend, demote, or discharge from duties...and to take whatever actions may be necessary to carry out the missions of the Employer in situations of emergency; determine reasonable schedules of work and establish methods and processes by which work is performed.

The employer will discipline employees for just cause only. Discipline will be in the form of oral reprimand, written reprimand, suspension and discharge.

The Labor Agreements between Kanabec County Sheriff’s Office and L.E.L.S. Article 5 Employer Authority and Article 11 Discipline affirm the preservation of the ability to protect inmates from contact with abusers because it does not limit 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.

The Sheriff and Auditor discussed these authorities in great detail and acknowledged the Sheriff’s authority and discipline sanctions. The ability to remove staff from inmate contact language would be a stronger PREA statement in the Labor Agreement and that was so noted.

Standard 115.67 Agency protection against retaliation

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

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

The facility’s advance preparation to respond to protect staff/inmates who fear retaliation is exceptional – from Policy to meaningful procedures. Multiple protective measures are in place with various checks and balances for oversight and documentation. Inmate monitoring continues for up to 12 months and actually until they are released. All of this provides for a positive PREA Culture.

The Jail Administrator/PREA Compliance Manager has designated a supervisor to monitor retaliation.

The Sheriff, Jail Administrator and designated staff member in charge of monitoring retaliation all pointed to the safety aspect as a priority, with follow –up and prompt reviews. Administrative leaves would be a common practice initially for involved staff members. Staff and inmate would be separated and there would be frequent visits to the inmate for monitoring purposes. The Jail Administrator provides frequent interaction with inmates or staff for victim services. Mental Health services and WINDOW Victim Services are utilized.

There are multiple protection measures employed per Policy.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The use of solitary confinement as a means of post-allegation protective custody is restricted per KCJ Policy. The exception would be unless an assessment of all other alternatives has been made of no other means available to protect an inmate post-allegation.

The Auditor reviewed additional documents including incident reports and discussed with the Jail Administrator and staff that supervise inmates in segregated housing in making the compliance determination. Also reviewed were jail files and records and the Procedure for Monitoring Individuals who have Reported Sexual Abuse/Harassment Form with timelines and signatures required.

The Jail Administrator and jail staff went on to state that any segregation would be very temporary because the facility design allows for alternative housing, which would limit the time in involuntary segregation. All of this is documented appropriately.

The Program Coordinator maintains records of in-cell and out-of-cell programs, privileges, education, and work release opportunities for inmates in segregated housing for this purpose. Refusals and limitations are also documented.

Standard 115.71 Criminal and administrative agency investigations

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

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

Investigations of reported allegations of sexual abuse/assault are conducted with the utmost care and continuity in regard to evidentiary standards. They are investigated promptly and thoroughly. All requirements of the standards and subparts are met in policy, procedure and meaningful implementation and best practices.

Experienced and well-trained investigators in partnership are available on an on-call basis.

Reports are objective, fact-based, incident-based, thorough and comprehensive with findings. Substantiated cases are always referred for criminal prosecution. Allegations are found to be substantiated by a preponderance of the evidence. The reports were reviewed and include a description of the physical and testimonial evidence, facts, findings, and credibility.

This Auditor reviewed and studied all relevant policy/procedure, investigative reports, and records and ensured a uniform investigative process in accordance to the DOJ National Model. Both criminal and administrative investigations result in written reports and are retained by the PREA Coordinator as long as the abuser is incarcerated or employed by the agency plus five years as the standard requires.

Investigative staff were interviewed and confirmed investigation of ALL complaints of sexual abuse in the jail, including third-party and anonymous reports. The investigator interviewed stated that ALL reports are treated as credible and reliable regardless of the status of the inmate or reporter. Credibility is ascertained through the course of the investigation. Reports are evaluated without regard to an inmate's sexual orientation, sex, or gender identity. Investigations are always considered urgent and a priority and are investigated until complete. The investigators appreciate the surveillance system and easy access to recording reviews for evidence. Polygraph examinations are not

allowed in MN.

The specialized training that the investigators receive include First Witness, PREA Investigations, Certified Forensic Interviews, PRC and refresher courses. This Auditor reviewed the curriculum and their training records for assurance.

There were four reports of sexual abuse in 2015 that were investigated. All findings were Unfounded.

I reviewed a 2011 incident report and received and reviewed the records retention policy.

Outside agencies investigate alleged staff-involved incidents and the facility cooperates and remains informed about the progress of the investigation through the Sheriff, Chief Deputy and investigators via direct communications. The investigators play a minimal role, but do assist with the coordination of access to resources and witnesses. This helps the investigation remain objective.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The auditor confirmed that all allegations of sexual abuse are promptly and thoroughly investigated and allegations are deemed substantiated if supported by a preponderance of the evidence as a standard of proof. A review of the KCJ Policy confirmed this evidentiary standard for Administrative Investigations. The investigator affirmed the determining factors. The investigative reports were studied to ensure this standard.

Standard 115.73 Reporting to inmates

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

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

According to KCJ records, reports, policies and procedures review, inmates are informed verbally and in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A KCJ PREA Incident report form is utilized to document the description, investigative findings, and reporting to inmates. In addition, following an inmate's allegation of staff abuse, the agency would subsequently inform the inmate of the staff member's status within the agency, or if another inmate is involved, the status is also provided to the alleged victim. Jail logs also confirm reporting activity to inmates.

There were four criminal/administrative investigations of alleged inmate sexual abuse in 2015. All four inmates were notified verbally and in writing of the results of the investigation. All four investigations resulted in unfounded findings. One inmate was referred for prosecution for Falsely Reporting a Crime.

Standard 115.76 Disciplinary sanctions for staff

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

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

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies, with termination being the presumptive sanction. This is in accordance to the KCSO Policy/Procedure and Labor Agreements with the Sheriff's authority to discipline. The employer has the authority to discipline, transfer, assign, suspend, demote or discharge from duties because of lack of work or legitimate reasons.

Reports are forwarded to the appropriate licensing authorities as well as to law enforcement agencies for violations of agency sexual abuse policies.

All discipline is commensurate with the nature/circumstances, staff history, and comparisons.

There have been 0 staff from the facility who have violated agency sexual abuse or sexual harassment policies in 2015.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Policy/procedure, training files, and volunteer/contractor acknowledgement forms that were reviewed support the corrective action standard. The Jail Administrator informs me that termination is definitely the presumptive discipline for any contractor/volunteer who engages in sexual abuse. Inmate contact is then prohibited. Remedial measures are considered, however, if the activity was clearly not criminal.

If the abuse is criminal in nature, this is also reported to the appropriate licensing agencies and other law enforcement agencies.

Standard 115.78 Disciplinary sanctions for inmates

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

- Does Not Meet Standard (requires corrective action)

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

The KCJ disciplines inmate assailants appropriately pursuant to a formal disciplinary process following administrative or criminal findings. Sanctions are commensurate with nature/circumstances of the abuse committed and inmate history in comparison to sanctions imposed for comparable offenses by others.

The process considers an inmate’s mental disabilities when making determinations. The offending inmate may be required to participate in therapy, counseling, or other interventions to correct underlying reasons/motivations for abuse.

Discipline records, discipline guideline limitations, inmate handbook, and policy/procedure were read to confirm the standard compliance for appropriate sanctions.

The facility will discipline an inmate for staff assaults.

Sexual abuse reports must be made in good faith.

The KCJ prohibits ALL sexual activity between inmates, inmates and staff, and inmates and volunteers. The inmate handbook informs inmates of this rule.

The Jail Administrator informs me that sanctions to inmates would include lockdown, loss of privileges, loss of good time, and possible criminal charges. The inmate’s mental health status is also considered in determining sanctions for inappropriate behaviors. I reviewed one “flashback” incident to a previous sexual assault which was documented regarding one of the four PREA incidents. WINDOW Victim Services and the Mental Health practitioner on-site is available for therapy.

The Medical and Mental Health Practitioners confirm best practices for Guidelines for Disciplinary Sanctions with counseling and interventions available.

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

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

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

CORRECTIVE ACTION. 115.81 (a), (b), (c). Provide to this auditor accurate inmate records of medical and mental health referrals and assessment of prior victimization as a follow-up to the PREA Risk Screening tool. Currently, the KCJ is reporting 0 inmates for medical and/or mental health service referrals in 2015, as a result of information ascertained via the PREA Risk Screening form.

CORRECTIVE ACTION SUMMARY. 115.81 (a), (b), (c) The mental health questionnaire regarding prior sexual victimization has been updated to include an expansive referral process when answered in the affirmative. The appropriate inmates will be provided medical, mental health, or advocacy services. The intake officer will then complete a supplemental form to complement the process “Referral Form-Prior Victimization.” The forms will also be used to track all reports of prior victimization. Training will be adapted for staff to recognize the signs and develop a line of questioning to aid them in considering a history of sexual violence for the inmate. Moving forward, this referral process will be better documented at both the jail level as well as the medical/mental health divisions, all the while inmates being better served/treated. This was verified with the PREA team. This auditor has taken the necessary and appropriate steps to confirm the PREA Audit Report

ongoing implementation of this standard for the medical and mental health care of inmates with a history of sexual abuse. I have reviewed the documents and compliance has been achieved.

Medical and Mental Health Care policies include Basic Mental Health services provisions. Other supporting documents are the Sexual Abuse Incident Review, the KCJ PREA Incident form, and the Procedure for Monitoring.

Staff responsible for screening advise that referrals are made to both medical and mental health divisions of the jail for victimization. Inmates are seen during the next available opportunity as scheduled on an emergency/urgent care basis. A follow up otherwise is offered within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness, again, is securely maintained and limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security and management decisions, including housing and programming assignments. Medical and Mental Health Practitioners obtain informed consent from inmates before reporting information, unless the inmate is under the age of 18. Inmates are also informed of their duty to report sexual assaults, and this is balanced with the mandatory reporting requirements of the facility.

Standard 115.82 Access to emergency medical and mental health services

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

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

Inmates are provided with access to emergency medical and mental health services in a timely manner. Emergency medical treatment and crisis intervention services will allow for unimpeded access for inmates in accordance to a medical or mental health practitioner's professional judgment and protocols.

The KCJ medical and mental health services policy/procedures affirm. Inmates are afforded forensic examinations, testing and treatment upon the reporting of a sexual assault.

Jail Staff follow the First Responder Checklist at the time a report of recent abuse is made and if no qualified medical or mental health practitioners are on duty at the time, preliminary steps to protect the victim are taken and the first responders are to immediately notify the appropriate medical and mental health practitioners. The First Light Hospital and WINDOW Victim Services are available for medical forensic examination, SAFE/SANE certified staff, and advocacy and victim assistance. The C.O.'s are very familiar with their roles and responsibilities in responding to sexual assault and their first responder criteria and procedure.

Inmate victims are also offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate.

Collaborative efforts between jail staff, medical and mental health practitioners, WINDOW Victim Services and First Light Hospital (health systems) are in place.

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

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

- Does Not Meet Standard (requires corrective action)

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

Substantial Compliance with concern. As referenced, attachment 22-1 Procedure for Monitoring Individuals who have reported sexual abuse/harassment is not Mental Health focused. Please incorporate language conducive to medical and mental health treatment and services as provided in Policy/Procedure and other documents. The vocabulary should read Assessment/Evaluation in addition to Monitor.

UPDATE. 05/12/2016. The KCJ PREA team has provided the auditor with additional and revised PREA Victim Monitoring Reports for inmate victims of sexual abuse or harassment. Not only are the inmates monitored, but now they are assessed and evaluated for ongoing medical and mental health care. This process is a collaborative effort overseen by the Jail Administrator and to include medical and mental health clinicians, victim advocacy groups, and other appropriate staff or contractors. The document logs and keeps record of meeting dates and parties in addition to services offered/taken, with signatures to validate. All forms will be kept in a PREA file in the Jail Administrator's office. The file will be available for review during a PREA audit or Jail Inspection. The auditor has reviewed and previously discussed the importance of ongoing medical and mental health care for victims of sexual assault. The auditor is satisfied that the continued monitoring/assessment/evaluation of PREA victims will be met at the KCJ. There is no further compliance concern.

The KCJ, through its policies/procedures and medical and mental health response documents, provide ongoing treatment and care to sexual abuse victims. According to the interview responses from the practitioners, follow-up care is coordinated with hospital staff SAFE/SANE. The care provided is consistent with the community standard of care, but without the time delay. This Auditor received verbal confirmation of medical and secondary documentation that would demonstrate victims received services consistent with the community standard.

The WINDOW Memorandum of Understanding was again reviewed as evidence relied upon in making the compliance determination for ongoing medical and mental health care, and victim services. Policy/procedure document that inmates are offered these services and treatments at no cost. All lawful pregnancy services are also provided to inmates of sexual assault with timely and comprehensive information provided to them. This was also affirmed by the jail nurse. Provisions are made for the testing of STDs and counseling if needed.

There are 0 reports of sexual assaults at the KCJ in 2015.

Standard 115.86 Sexual abuse incident reviews

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

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

Sexual abuse incidents are reviewed at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated. The review team consists of upper-level management, supervisors, and the PREA Coordinator. Input is also provided by the jail medical and mental health practitioners as needed. All four incidents were reviewed with documentation. Reports and official review records were provided for my personal review to assure standard compliance. The reviews are conducted well under the 30 day PREA requirement.

It is the preference of the review team and investigators to keep the investigators separate for objectivity purposes. The review team meets regularly and as needed as it considers all required elements of the standard.

The Jail Administrator/PREA Compliance Manager and Incident Review Team representative confirm that the trends are examined with follow-up implementation and information is gathered to incorporate at quarterly PREA training. The Jail Administrator also confirmed improvements as a result of review team critiques and assessments and provided examples to the auditor.

The Incident Review Team considers improvements in order to prevent, detect and respond to sexual abuse, and considers racial-hate motivated incidents and dynamics, considers LGBTI issues, conducts physical and structural examinations for safety considerations/(blind spots, physical barriers), reviews monitoring technology for postential additions, and documents recommendations. The Dispatch staff monitor jail cameras. The PREA Compliance manager reviews outcomes/measures resulting in training adjustments, follow-up, supervision, and observation and monitoring. The facility does implement and incorporate recommendations for improvement. In addition, the PREA Document Review with the Sexual Abuse Incident Review was studied to verify and confirm compliance with this standard. All of this is documented appropriately.

Standard 115.87 Data collection

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

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

Records of incidents of abuse are collected to use for future prevention and planning.

The agency collects and maintains accurate uniform data for every allegation of sexual abuse at the KCJ using the standardized instrument of the Survey of Sexual Violence conducted by the Department of Justice. The Data is collected by the PREA Coordinator. The KCJ accomplished the DOJ Survey and Local Jail Jurisdiction Summary form and was provided in a timely fashion. I reviewed form SSV-3 form 2014.

The incident-based data collected is also aggregated and published annually, in which I again reviewed the KCSO/Jail website for annual report information. Information is gathered from juvenile records, investigative files, and Initial Complaint Reports. (ICR)

Standard 115.88 Data review for corrective action

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

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

As the facility’s PREA experience grows in addition to the volume of aggregate data, a greater detailed report will develop.

According to KCJ policy/procedure review, as well as incident review, all three criteria to be considered in order to assess and improve the PREA Audit Report

effectiveness of its sexual abuse prevention, detection, and response policies, practices and training were included. The KCJ identified problem areas, took corrective action on an ongoing basis, and prepared an annual report of its findings. The annual report was again reviewed. Staff charged with the annual review include the Jail Administrator, Jail Nurse, PREA Coordinator and the Sgt of Operations. Incident reviews are held monthly during Administrative meetings as well as annually for statistics and category assessments, and any red flags that maybe noticed. The website and annual report review is very general at this time.

The Sheriff has final approval of annual report posting on the KCSO website and all personal identifiers are removed for safety/security reasons in addition to privacy considerations.

Standard 115.89 Data storage, publication, and destruction

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

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

KCJ Policy establishes the procedures required to create and maintain accurate records of all persons booked and confined in the jail. PREA records are not maintained within the inmate files and are safely and securely kept in the Jail Management e-system and private filing system for restrictive access.

The PREA Coordinator ensures aggregated sexual abuse data, readily available to the public at least annually through its website which was again reviewed for standard content. The website contains the Annual Report and the Annual PREA Data Review for 2015. The KCJ maintains this sexual abuse data for at least 10 years and in accordance with MN record retention and data practices laws.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Signature

05/12/2016
Date