

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report April 28, 2019

Auditor Information

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Company Name: Zauhar PREA Audits	
Mailing Address: 7209 St Louis River Road West	City, State, Zip: Cloquet, MN 55720
Telephone: (218) 348-5773	Date of Facility Visit: February 19-20, 2019

Agency Information

Name of Agency: Kanabec County Jail		Governing Authority or Parent Agency (If Applicable): Kanabec County Sheriff's Office	
Physical Address: 100 S Vine St		City, State, Zip: Mora, MN 55051	
Mailing Address: 100 S Vine St		City, State, Zip: Mora, MN 55051	
Telephone: (320) 679-8402		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To serve and protect the citizens of Kanabec County and the State of Minnesota by safely detaining persons who are legally placed in our custody			
Agency Website with PREA Information: http://www.kanabecsheriff.org/PREA.html			

Agency Chief Executive Officer

Name: Brian Smith	Title: Sheriff
Email: brian.smith@co.kanabec.mn.us	Telephone: (320) 679-8402

Agency-Wide PREA Coordinator

Name: Cortney Altergott	Title: Jail Sergeant
Email: Cortney.altergott@co.kanabec.mn.us	Telephone: (320) 679-8402

PREA Coordinator Reports to: Jail Administrator, Chris Bergwick		Number of Compliance Managers who report to the PREA Coordinator 0	
Facility Information			
Name of Facility: Kanabec County Jail			
Physical Address: 100 S Vine St, Mora, MN 55051			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: (320) 679-8402			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Facility Mission: To serve and protect the citizens of Kanabec County and the State of Minnesota by safely detaining persons who are legally placed in our custody.			
Facility Website with PREA Information: http://www.kanabecsheriff.org/PREA.html			
Warden/Superintendent			
Name: Chris Bergwick		Title: Jail Administrator	
Email: chris.bergwick@co.kanabec.mn.us		Telephone: (320) 679-8416	
Facility PREA Compliance Manager			
Name: Chris Bergwick		Title: Jail Administrator	
Email: chris.bergwick@co.kanabec.mn.us		Telephone: (320) 679-8416	
Facility Health Service Administrator			
Name: Chris Bergwick		Title: Jail Administrator	
Email: chris.bergwick@co.kanabec.mn.us		Telephone: (320) 679-8416	
Facility Characteristics			
Designated Facility Capacity: 88		Current Population of Facility: 37	
Number of inmates admitted to facility during the past 12 months			860
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			101
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			354

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0	
Age Range of Population:	Youthful Inmates Under 18: 14-17	Adults: 18 and older		
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0	
Average length of stay or time under supervision:			N/A	
Facility security level/inmate custody levels:			Minimum – Maximum Security: General Population, Special Management, Special Needs	
Number of staff currently employed by the facility who may have contact with inmates:			20	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			2	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1	
Physical Plant				
Number of Buildings: 1		Number of Single Cell Housing Units: 2		
Number of Multiple Occupancy Cell Housing Units:		8		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary):		3		
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>AUDIO: Each individual cell, main dayroom of each cell block, all program areas, laundry and kitchen, garage (sallyport), booking, pre-booking, hallways, transfer tunnel. VIDEO: Special watch cells, main dayroom of each cell block, all program areas, laundry and kitchen, inmate property room, dry storage room, garage, booking, pre-booking, hallways, transfer tunnel, elevator, courtroom holding area. Video playback retention of 60 days. Staff portable radios with man-down features, various wall alarm units throughout the facility.</p>				
Medical				
Type of Medical Facility:		Hospital		
Forensic sexual assault medical exams are conducted at:		First Light Health System, Mora, MN		
Other				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			28	

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2
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Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

On February 19 and 20, 2019, the auditor conducted the on-site portion of the Prison Rape Elimination Act (PREA) Audit of the Kanabec County Sheriff's Office (KCSO), jail division. An initial meeting with the PREA Coordinator and the Jail Administrator initiated the audit on day one. The auditor provided an overview of the audit process with instructions and guidance for the PREA Coordinator and Jail Administrator. The auditor was provided with a private office as a work station. The PREA Coordinator then provided the auditor with assistance and access to all areas of the audited facility. The auditor was able to observe and ask questions of security staff, support staff, and inmates within all areas of the Kanabec County Jail in order to verify compliance with the standards. The auditor paid attention to how well supervised the inmates were as well as how cameras and related monitoring technologies are used. The auditor did not notice any obvious "blind spots" nor any other indicators that an area of the facility is not being monitored in a way that keeps inmates safe from sexual abuse. Areas that were toured included:

- 1.) Intake/booking for reception and screening process, sallyport;
- 2.) All housing units;
- 3.) Segregated housing units;
- 4.) Health care unit;
- 5.) Program and recreation (gym);
- 6.) Laundry and Kitchen with inmate workers;
- 7.) Areas where youthful offenders would potentially be held;
- 8.) Dispatch;
- 9.) Administrative offices;
- 10.) Visiting room;
- 11.) Control Center/command;
- 12.) Future expansion room behind control/command;
- 13.) Work release areas.

The second half of day one consisted of additional document review with the PREA Coordinator, the Jail Administrator, and the Administrative Assistant. The auditor requested and was provided additional policies, procedures, video footage, electronic and hard copy records, reports, files, jail logs, assessment tools, and other related documents to corroborate each of the PREA standards.

The second day of the on-site audit consisted of a full day of staff and inmate interviews. The auditor and the assistant auditor conducted interviews in two separate and private settings in tandem where the interviewees were free to talk without being overheard by others. The auditors followed the PREA interview script and asked the prepared questions required of the interview process. The auditor returned to the facility during the evening of March 12th as arranged ahead of time with the PREA Coordinator and interviewed an additional three corrections officers for a greater quantity sample of staff. In addition, the auditor conducted two phone interviews of volunteers who were not available during the on-site audit.

Inmate and staff and specialized staff interviews consisted of:

- (a.) 11 random inmates, from every housing unit, male and female, contract inmates;
- (b.) Four disabled and limited English proficient inmates;
- (c.) Three inmates who disclosed sexual victimization during risk screening;
- (d.) One inmate who reported a previous sexual abuse;
- (e.) Sheriff;
- (f.) Jail Administrator;
- (g.) PREA Coordinator;
- (h.) PREA Compliance Manager;
- (i.) Investigator;
- (j.) Medical health practitioner;
- (k.) Administrative (Human Resources);
- (l.) Intake staff;
- (m.) Security and non-security staff who have acted as first responders, Jail Sergeant and Nurse;
- (n.) Incident Review Team member;
- (o.) Staff who perform screening for risk of victimization and abusiveness;
- (p.) Line staff who supervise youthful inmates;
- (q.) Designated staff member charged with monitoring retaliation;
- (r.) Staff who supervise inmates in segregated housing;
- (s.) Intermediate or higher-level facility staff;
- (t.) Non-medical staff involved in cross-gender strip or visual searches;
- (u.) Agency contract administrator;
- (v.) Three volunteers/contractors who may have contact with inmates; and,
- (w.) Nine random staff that work all shifts and assignments.

Throughout the on-site audit, the auditor observed a team of professional staff, support staff, and supervisors working together for smooth and efficient jail operations. Safety and security practices were observed in the day to day duties and responsibilities of the corrections officers. Inmate programs were active with inmate participants as supervised by the Program Coordinator. Security staff were observed interacting with inmates in a respectful and humane manner. The PREA Coordinator and the PREA team provided the auditor with any and all documents as requested and were transparent with their records and files to disclose as needed. The exit interview with the Jail Administrator, PREA Coordinator, and Jail Sergeant completed the on-site portion of the audit process. This being their second PREA audit, we discussed ways to sustain the PREA standards at the Kanabec County Sheriff's Office/Jail. The auditor left with a sense of PREA institutionalization with a positive PREA culture.

Prior to the on-site audit, the auditor had accomplished the pre-audit as the PREA Coordinator had submitted the Pre-Audit Questionnaire for Adult Prisons & Jails in addition to many attachments of policy and related documents. The mandatory PREA Notice of the upcoming audit with the auditor's contact information had been posted as required within the facility. The auditor did not receive any confidential communications. The auditor reviewed the facility responses to the Pre-Audit Questionnaire and made follow up contact with the facility. The PREA Coordinator was readily accessible to the auditor for any follow up questions and/or clarifications, and requests for additional information. The PREA Auditor and the PREA Coordinator discussed the upcoming on-site audit process and expectations. The auditor contacted a variety of community-based or victim advocacy groups to verify their participation or partnerships with the Kanabec County Sheriff's Office. The auditor completed the pre-audit portion of the Auditor Compliance Tool in preparation of the upcoming on-site audit and to assist with the organization and findings for the final report.

The post-audit consisted of updates to the Auditor Compliance tool and a response to each measure based on a review of policies/procedures, documentation, data, interviews, and jail tour. The auditor then made a

determination of compliance with each standard with analysis of each decision, which led to the Interim Report of March 31, 2019.

There were three sub-standards requiring corrective action. The auditor activated the 180-day corrective action period for PREA improvements. The auditor recommended ways to implement the improvements and jointly developed with the agency a corrective action plan to achieve compliance. Necessary and appropriate steps were made to verify implementation of the corrective actions. A review of the jail's website determined that the required PREA reports and information that had previously been missing, had been added and was now available for public view. Also, the Kanabec County Jail has provided training to the jail staff for the announcement of opposite gender within the housing units. Jail supervisors and administration are assuring compliance of that PREA requirement. Plans are underway for the installation of a "doorbell" sound to also signify the entry of the opposite gender into the housing unit. The KCJ Administration and PREA Coordinator provided the auditor with a signed letterhead assurance document to that effect.

The Kanabec County Jail has now achieved full compliance of the PREA Standards for adult jails.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Kanabec County Jail (KCJ) is located in Mora, MN and is a Class III secure detention facility, 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 exclusive of weekends and holidays. The KCJ is a full service, co-ed jail with programming, including work and educational release, as well as community service. 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 KCJ opened in January of 2010 and has an indirect podular jail design for inmate supervision. Male and female security staff are assigned to the supervision and monitoring of the inmates. The KCJ has a contract with the MN Department of Corrections to house state inmates.

The facility is governed by and adheres to state statutes and rules promulgated by the MN Department of Corrections in accordance to the MN Administrative Rules, Chapter 2911, Jail Facilities. Designed Facility Capacity: 88; Approved Capacity: 60; Operational Capacity: 51. The KCJ has been placed on biennial inspection cycle due to the high level of

compliance with the Chapter 2911 Rules. The inspection method consists of inmate and staff file review, facility tour, review of video footage, and related document review.

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. There are showers with privacy curtains available in every cell and holding area. All the housing units have large dayroom windows, allowing for maximum visibility from the control station. Well-being checks are conducted at least every 30 minutes. The jail has a vehicle sallyport and a pre-book area. The program office is located next to the inmate library and meeting room and near the gym for recreational use. There is a laundry room located on the main corridor of the facility. The jail control center is staffed 24/7 and has controls for all the internal doors along with numerous monitors for the security cameras that are strategically placed throughout the facility. The dispatch center monitors internal and external security camera visuals and control doors. Administrative offices are located outside the secure perimeter of the jail, but within the Kanabec County Sheriff's Office building. The jail uses a video visitation system.

The KCJ contracts with Summit for their food service. There is a kitchen manager/cook and a second contract employee. Meals are prepared on site and then delivered to the housing units. Inmate workers assist in the kitchen and in the laundry room under the supervision of security staff and contract staff. <http://summitfoodservice.com/> Food service is available and prepared in the large full-service institutional kitchen with freezer, cooler, and storage areas. Cameras are located throughout for safety and security reasons.

Medical and mental health services are provided by Advanced Correctional Health Care also via contract. They provide licensed and certified medical practitioners and support staff that provides for the delivery of health care services, including medical, dental, and mental health services. <https://www.advancedch.com/>

There are a diverse amount of inmate programs and services available at the KCJ, including but not limited to: educational, self-help, religious, recreational, inmate worker programs, and work release programs and services that are run through the Jail Program Coordinator. The Program Coordinator trains and oversees numerous community volunteers.

The mission of the Kanabec County Jail is to serve and protect the citizens of Kanabec County and the State of Minnesota by safely detaining persons who are legally placed in their custody.

The inmate population during the two-day on-site audit was 37 and 39. There were eight female inmates in custody and 13 of the inmates were contract inmates from the MN Department of Corrections.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 3

115.14 Youthful Inmates, 115.31 Employee Training, 115.64 Staff First Responder Duties.

Number of Standards Met: 40

115.11, 115.12, 115.13, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Please review a description and analysis of the reported sub-standards not met and a summary of corrective action required by the auditor. The explanation is contained within the body of the report which corresponds to the outlined standard numbers and sub parts.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. **POLICY 612 PRISON RAPE ELIMINATION ACT (PREA) & 613 PREA PREVENTION PLANNING AND TRAINING.** The Kanabec County Jail (KCJ) maintains a comprehensive and detailed written policy mandating zero tolerance toward all forms of sexual misconduct in the jail for all inmates under its jurisdiction. The policy includes definitions of prohibited behaviors, including sanctions for those found to have participated in those prohibited behaviors. All sexual abuse and/or harassment is strictly forbidden. Appropriate affirmative measures are taken to protect all inmates. The policies provide guidance with the PREA Act of 2003 and the implementing regulation that establishes standards to prevent, detect, and

respond to sexual abuse and sexual harassment. Multiple related policies and procedures reinforce the KCJ strategy and approach to maintaining an environment free from sexual abuse and sexual harassment.

- A. The auditor toured all areas of the jail and observed that inmates were well supervised by a sufficient number of corrections officers, supervisors, and support staff. Cameras and other monitoring technologies are used as a supplement in a way that keeps inmates safe from sexual abuse.
- B. Additional documents such as inmate and staff files, training records, video footage, and investigative files were reviewed to ensure the safety and supervision of inmates.
- C. Information about PREA and the zero-tolerance mandate is posted and is available in manners that accommodate non-English proficient inmates and inmates with disabilities.
- D. Informal discussions with staff and inmates provided the auditor with a sense of PREA institutionalization and the implementation of policy towards meaningful practice and a culture of sexual safety.

II. **POLICY 612.3 PREA COORDINATOR.** The Kanabec County Sheriff's Office (KCSO) employs a designated PREA Coordinator who is a sergeant of the Corrections Division. The PREA Coordinator reports to the Jail Administrator. A review of the PREA Organizational Chart confirmed the supervisory role of the PREA Coordinator as Sergeant of the Corrections Division who reports to the Jail Administrator and oversees the training of corrections and support staff. The Jail Programmer also plays a vital role in the facility's commitment towards zero tolerance of sexual abuse and sexual harassment. This position oversees the PREA training of volunteers, support staff, and inmates. Data compliance is organized by the jail Office Assistant. The PREA Investigators report to the Jail Administrator. The Jail Administrator also coordinates the facility's efforts to comply with the PREA Standards. This is the PREA Team. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee the office efforts to comply with the PREA Standards. This position reviews facility policies and practices and makes appropriate compliance recommendations to the Jail Administrator. The policy outlines the PREA Coordinator's responsibilities.

- A. The PREA Coordinator was interviewed and confirmed sufficient time and authority to provide for compliance with the PREA Standards in the jail. A sergeant position was recently filled that has allowed the PREA Coordinator availability for an increase in administrative focus. Having supervisory and administrative positions allow for appropriate authority.
- B. The PREA Coordinator is organized and is an experienced correctional professional dedicated to the facility's zero tolerance policy.
- C. The PREA Coordinator assisted the auditor throughout the facility tour and provided the auditor with additional documents for review. Staff and inmate interviews were coordinated by the PREA Coordinator.
- D. The PREA Coordinator was readily available, responsive and informative throughout the pre-audit, on-site audit, and post-audit process, showing a commitment to enforcing the zero tolerance policy.

Based on the pre-audit review of policy/procedure and related documents, and information and observation gathered during the on-site audit, it was evident to the auditor that the KCSO/KCJ

maintains a PREA culture which mandates zero tolerance of sexual abuse and sexual harassment. From policy to meaningful procedures/practices, the KCJ exhibits the institutionalization of the PREA goals to prevent, detect, and respond to sexual abuse and sexual harassment.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Although the KCSO does not contract with any outside entity for services related to confinement of their inmates, they do contract to house for the MN Department of Corrections (DOC). PENDING JOINT POWERS AGREEMENT FOR JUVENILES AT LINO LAKES.

- I. There is a Joint Powers Agreement between the State of Minnesota, acting through its Commissioner of Corrections, Facility Services Division, 1450 Energy Park Drive, Suite 200, St. Paul, MN 55108, and the KCSO for housing DOC. Under MN Statute 471.59, subdivision 10, the State is empowered to engage such assistance as deemed necessary. The State is in need of secure housing for offenders committed to the Commissioner of Corrections.
 - A. Agreement #14 Prison Rape Elimination Act Compliance in an effort to prevent, detect, monitor, investigate, and eradicate any form of sexual abuse within the facility contracted, acknowledges that, in addition to self-monitoring requirements, the State will conduct compliance monitoring and PREA standards require an outside independent audit.
 1. The KCJ is a PREA complaint facility, with this being their second audit.
 - B. In addition to a review and discussion of the State contract, the MN Department of Corrections Facility Inspection Report of 04/10/2018 was received and reviewed.
 - C. The KCJ Contract Administrator ensured PREA compliance with the Contract agreements.
 - D. The KCJ continuously house inmates for the state, of which 13 OF 37 current inmates on the dates of the on-site audit were DOC inmates. They were observed and participated in the random inmate interviews.
- II. POLICY 613.2 CONTRACTOR AND VOLUNTEER TRAINING acknowledges that the KCJ does contract with other agencies for the confinement of inmates. (a) The KCJ shall include in any new contract or contract renewal the obligation to adopt and comply with PREA standards, and (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the KCJ is complying with PREA standards.
- III. Policies and procedures are in place for the Detention of Juveniles at the KCJ in the extremely rare instance when incarceration would be necessary. All arrested juveniles requiring placement are transported to Lino Lakes, a nearby licensed juvenile holding facility. The Kanabec County Community Corrections participates in a Joint Powers Agreement with other counties in the 10th Judicial District of Minnesota for Secure Juvenile Detention and Programming at the East Central Regional Juvenile Center in Lino Lakes, MN. The East Central Regional Juvenile Center is a PREA compliant facility.
<https://www.anokacounty.us/573/East-Central-Regional-Juvenile-Center>

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

- I. POLICY 248.1 PURPOSE & SCOPE, 248.4 STAFFING ANALYSIS & 202.7 STAFFING PLAN. It is the policy of the KCSO to ensure the safety, security, and efficient operation of the KCJ by assigning custody personnel according to a detailed staffing plan that is developed and maintained in accordance with law (MN Rules 2911.0900) The Jail Administrator maintains an up-to-date staffing plan for the purpose of exercising position control and includes a comprehensive list of all positions within the facility. POLICY 612.3 (c) PREA COORDINATOR/DEVELOP STAFFING PLAN. The Jail Administrator, in conjunction with the PREA Coordinator, ensures that staffing levels are sufficient to consistently and adequately fill essential positions. Relief factors for each classification and position are calculated into the staffing analysis to ensure staffing levels will consistently meet requirements. All elements of the standard are taken into consideration in calculating staffing levels and determining the need for video monitoring to keep inmates safe from sexual abuse.
 - A. The average daily number of inmates in 2018 at the KCJ was 37, in which the staffing plan was predicated at 60 inmates. The hiring process is in progress to hire a Corrections Officer. The KCJ also utilizes part-time staff and employs both male and female staff.
 - 1. The KCJ Staffing Ratio:
 - (a) 1 staff per 25 inmates, and never less than 2 persons on duty. Additional staff available Monday-Friday,
 - (b) Lockdown/Sleep hours: Same as above (SAA),
 - (c) The KCJ adhere to the MN Administrative Rules/DOC for Jail Facilities, Chapter 2911.0900 Staffing Requirements, and are inspected biennial status for compliance.

Sufficient staffing with supplemental video monitoring is ensured for the supervision and welfare of inmates and the ability to respond to emergencies when needed. The staffing plan is developed, reviewed and documented more than annually, with adjustments made as needed. There have been no deviations from the plan in the last 12 months.

According to policy (612.3 (c)) and interview, one of the PREA Coordinator's responsibilities is the development of a staffing plan to provide for adequate levels of staffing and video monitoring in order to protect inmates from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. Again, all elements of the standards are taken into consideration. The PREA Coordinator described daily checks for compliance of the staffing plan. The Jail Administrator explained the staffing plan with all components for supervision and monitoring purposes. Annual review documents were shared and discussed in support of this standard.

Policy (612.3 (m)) requires a protocol for mid-level or higher supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol prohibits announcing when such inspections are to occur. Intermediate to higher level supervisory staff conduct unannounced well-being checks (rounds) to identify and deter staff sexual abuse and harassment. During the on-site audit, the auditor observed intermediate-level staff conduct rounds. The auditor compared documented jail logs for those rounds with sample video footage review for spot

checks. Inmates and staff confirmed frequent contact with mid-level jail supervisors and Jail Administration. Improvements with documentation and increased supervisory inspections continue to be made to include night shift and weekends.

The auditor reviewed additional staffing plan documents, jail staff schedules, dispatch schedules, and annual reviews for standard compliance. The auditor also reviewed the camera and monitoring technology list and observed how cameras and other monitoring technologies are used throughout all areas of the facility. The jail staff were observed making their rounds and interacting with all inmates in accordance to their job posts. There were no obvious blind spots or any other indicators that an area of the facility is not being monitored in a way that keeps inmates safe from sexual abuse. Privacy screens were in place for showering and changing. Toilet areas were edited on camera. Additional monitoring and emergency systems include the use of mirrors, portable radios with man-down features, panic buttons, intercoms, and audio capabilities. There are tinted security windows in the holding cells and housing units. Dispatchers and jail staff have internal and external video monitoring capabilities for safety and security reasons. The Dispatchers control the doors. Informal discussion with inmates confirms the ability to change clothes, use the toilet and shower without staff of the opposite gender watching, notwithstanding incidental to well-being checks. Program areas are also supervised by the jail Program Coordinator and jail staff and monitored on camera with audio.

During the on-site audit, staffing consisted of: Jail Administrator, Jail Sergeant (PREA Coordinator), Jail Sergeant, Administrative Assistant, three dispatchers, three corrections officers, and one Program Coordinator, which is above the minimum staffing standards.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☒ Yes ☐ No ☐ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and procedures are in place for the Detention of Juveniles at the KCJ in the extremely rare instance when incarceration would be necessary. All arrested juveniles requiring placement are transported to Lino Lakes, a nearby licensed juvenile holding facility. The Kanabec County Community Corrections participates in a Joint Powers Agreement with other counties in the 10th Judicial District of Minnesota for Secure Juvenile Detention and Programming at the East Central Regional Juvenile Center in Lino Lakes, MN. The East Central Regional Juvenile Center is a PREA compliant facility.
<https://www.anokacounty.us/573/East-Central-Regional-Juvenile-Center>

POLICY 512 JUVENILE DETENTIONS. The KCJ prohibits the housing of juveniles without the authorization of the Sheriff or Jail Administrator, and not more than 24 hours. Juveniles under the age of 14 will never be held in the KCJ. Juvenile inmates in the holding area are monitored and supervised to ensure their safety and security. Direct visual observation safety checks of all juvenile inmates are conducted at least once every 15 minutes. Audio/video electronic surveillance systems supplement, but do not replace, direct visual observation. All well-being checks are documented. Physical separation by sight and sound is maintained between all juveniles and adults in custody.

Interviews of line staff who supervise youthful offenders explained that the only reason a juvenile enters the facility is through the sallyport and/or court transfer for book/release purposes. Their supervision is direct and constant. The juveniles going to court sit with staff in the court room or lobby. On the very

rare occasion of a juvenile intake, dispatch is notified in advance in preparation to clear booking and secure holding cells for sight/sound separation purposes.

The auditor toured and observed the booking area and holding cells with staff discussions to verify compliance of this standard.

Inmate population reports were analyzed and there were no juveniles booked into the KCJ in 2018 and no youthful inmates in custody during the on-site audit.

Juveniles are never classified for housing and program assignments since they are not detained at the KCJ.

The Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted during the 2017 on-site MN Department of Corrections Inspection with core requirements of Deinstitutionalization of Status Offenders, Removal of Juveniles from Jails, and sight/sound separation with positive results. The jail maintains a record of youthful inmates to comply with the "Office of Juvenile Justice on Delinquency Prevention".

The auditor had previously been provided a court schedule/route tour with explanation of juvenile transport.

The additional evidence relied upon in making the compliance determination was based on policy, procedure, daily population reports, inspection reports, and other supporting documents, and audit interviews.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

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- I. POLICY 529 SEARCHES. 529.4.5 PHYSICAL BODY CAVITY SEARCH. No person shall be subjected to a physical body cavity search without approval of the Jail Administrator and only upon a search warrant or approval of legal counsel. Only a physician may conduct a physical body cavity search. Except for the physician conducting the search, persons present must be of the same sex as the person being searched. Only necessary staff needed to maintain the safety and security of the medical personnel shall be present. All such searches shall be detail documented. There were no cross-gender strip or visual body-cavity searches of inmates in the past 12 months.

The facility does not conduct cross-gender strip or cross-gender visual body cavity searches.

- II. POLICY 529.3 PAT-DOWN SEARCHES. Pat-down searches will be performed on all inmates upon entering the secure pre-booking area of the facility. Additionally, pat-down searches shall occur frequently within the facility. Except in emergencies, male staff may not pat down female inmates and female staff may not pat down male inmates. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches are documented.

The KCJ does not restrict female inmates' access to regularly available programming or out-of-cell activities in order to comply with this provision. In the past 12 months there were no pat-down searches of female inmates conducted by male staff for any reason. Interviews of staff and female inmates advised that programs and out-of-cell activities are not restricted due to female staff unavailability for pat-down searches. Program availability is equitable and confirmed with program records review. During the jail tour, the auditor observed same-sex pat-down searches at intake. Staff and inmate interviews indicated that there are always female correctional officers on duty and out-of-cell activities and programs for females are not disturbed.

POLICY 613 PREA PREVENTION PLANNING AND TRAINING (a), (b) LIMITATION TO CROSS-GENDER VIEWING AND SEARCHES. Staff shall not conduct cross-gender pat-down searches, strip searches, or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Staff shall document and justify all cross-gender pat-down searches, strip searches, and cross-gender visual body cavity searches.

- III. POLICY 613 LIMITATION TO CROSS-GENDER VIEWING AND SEARCHES (e) AND 814.9 INMATE SHOWERS. Staff of the opposite gender of the inmate may not view inmates during showers, performance of bodily functions, or changing clothes, unless such viewing is incidental to routine well-being checks.

There are physical privacy articles in place such as shower curtains and window coverings as needed. The toilet and changing area are edited out of video screens and not visible for viewing. This was observed by the auditor in control and dispatch. There are tinted windows which limit visual observation for inmates. It is an advantage that the KCJ had showers installed in every

single cell. In the housing units, cameras monitor the main dayroom of each cell block with audio. Special watch cells are equipped with video monitoring. Upon jail tour and observation of the medical office and exam rooms, the RN showed the auditor how the inmates are examined privately from the correctional staff in the exam room while maintaining a safety/security stance nearby. Cameras are positioned in such a way as to provide for inmate privacy upon medical examination.

CORRECTIVE ACTION ACCOMPLISHED. Although KCJ policy/procedure (c), (d), (e), requires staff of the opposite gender to announce their presence when entering an inmate housing unit, it was evident upon jail tour observations and from the interview responses of the staff and inmates that this portion of the standard was not being adhered to consistently. It was determined that jail staff previously had announced their presence when entering a housing unit of the opposite gender but had since gotten away from the meaningful practice. It was noted however, that there are always both male and female staff in the command center nearby. Corrective Action was required. Between auditor recommendations and joint planning, the auditor was then provided with sufficient evidence that the facility's technical and short-term compliance was regained at the facility. The KCJ PREA Coordinator has provided their staff with PREA training on this subject with policy review. The KCJ Administration assured the auditor in writing that opposite gender announcements in the housing units are being met. Plans are underway for the installation of a "doorbell" sound to assist in the announcement requirement.

Section 115.15 (d) requires a facility to implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The announcement in this standard is intended to put inmates on notice as to the presence of opposite-gender staff on the unit. This regulation is meant to balance privacy concerns of the inmate population with the security and operational needs of the facility. The intent of PREA Standards 115.15, 115.115, 115.215, and 115.315 (limits to cross-gender viewing and searches), subsection (d) is to provide inmates with the ability to shower, use the toilet, and change their clothes without being viewed by nonmedical staff of the opposite gender. The standard also functions to ensure that inmates have the information they need in order to cover up when opposite-gender staff members are working in their housing areas. The exception for viewing incidental to routine cell checks acknowledges that opposite-gender staff will work in housing areas and may see an inmate naked in his/her cell while conducting routine cell checks, but this is paired with the requirement that opposite-gender staff announce their presence to enable inmates to cover up during those periods if they do not wish to be viewed. Therefore, to the extent that cameras are focused on an area in which inmates are likely to be undressed or toileting, such as showers, bathrooms, and individual cells, the cameras should only be monitored by officers or non-medical administrators of the same gender as the inmates viewed through the camera.

- IV. **POLICY 613. LIMITATION TO CROSS-GENDER VIEWING AND SEARCHES AND 529.3 PAT-DOWN SEARCHES.** Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination through a search warrant. Staff are trained on how to conduct cross-gender pat-down searches and searches for transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

During a random sample of staff interviews, all staff are aware of the policy prohibiting examination of a transgender or intersex inmate for the sole purpose of determining genital status. Training curricula and staff training records were read and reviewed for verification of this standard.

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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- I. The KCJ has established procedures to provide disabled inmates and inmates who are Limited English Proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor observed signage, the inmate handbook, and brochures readily and consistently available for inmates and their visitors with disability information for PREA. The booking process with medical screening identifies disability needs from the start. The PREA Coordinator ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, limited reading skills, or who are blind or have low vision. Staff take reasonable steps to ensure meaningful access to all aspects of the jail's PREA goals. The Sheriff confirmed the availability and use of resources and services for the disabled or LEP in the jail.
- II. **POLICY 604 INMATES WITH DISABILITIES & 613 PREA PREVENTION PLANNING AND TRAINING/Inmates with Disabilities or who are LEP.** The policy provides guidelines for addressing the needs and rights of inmates detained by this office in accordance with the Americans with Disabilities Act (ADA) and Minnesota Human Rights Act (MHRA). The office takes steps to accommodate inmates with disabilities while they are in custody. The Policy outlines Jail Administrative and Corrections Officer responsibilities. The KCJ staff shall take appropriate steps to ensure that inmates with disabilities (deaf and hard of hearing, blind or low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and harassment:
 - A. Effective communication with inmates who are deaf or hard of hearing.
 - B. Access to interpreters who can interpret effectively, accurately, and impartially.
 - 1. The PREA Coordinator ensures written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, limited reading skills, or who are blind or have low vision.
 - 2. Staff take reasonable steps to ensure meaningful access to all aspects of the jail's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The auditor was supplied with a variety of PREA brochures, handouts, posters, and the inmate handbook which upon review also exhibited the Spanish language. "Stratus" is used on the jail tablet to video call an interpreter/translator whenever needed. This service is available 24/7 and instantly. Language Identification Flashcards are available from the US Census Department. The inmate handbook contains a section which describes assistive equipment for deaf and hard of hearing inmates with TTY, iPods, Interpreter, and Tablet availability. Four disabled and/or LEP inmates were interviewed confirming at least a general knowledge of the facility's efforts to provide information about sexual abuse and sexual harassments in ways they are able to understand. One inmate responded negatively, however admitted that information was handed to him. The Sheriff confirmed the availability of interpretive and inmate assistance services as related to PREA. The auditor looked for and found PREA information posted, provided, and available in manners that accommodate LEP and inmates with disabilities throughout the facility. Signs and notices are also posted in Spanish.

- III. **POLICY 612.6 FIRST RESPONDERS (f)** Should an investigation involve inmates who have disabilities or who have LEP, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants. If an extended delay in obtaining an interpreter

could compromise inmate safety, the performance of first responder duties, or the investigation of sexual abuse or sexual harassment allegations, in limited circumstances, this would be the exception to allow inmate assist. There are interpretive services and resources available for jail staff to utilize for ADA and PREA requirements. The auditor read and reviewed jail handouts, related policy/procedure, and the inmate handbook which contained information of assistive equipment for deaf and hard of hearing inmates or other languages. The tablet is utilized as a first attempt to provide effective communication with an inmate who is unable to hear well or speak English. "Stratus" is used on the jail tablet to video call an interpreter/translator whenever needed. This service is available 24/7 and instantly. Interviews of Corrections Officers confirm that inmates are not used as assistants for translation or interpretation. In the past 12 months there have been no inmate readers, interpreters, or assistants used for PREA related matters.

Additionally, the KCJ has a specific POLICY FOR DEAF AND HARD OF HEARING INMATES 1045. The policy requires that the KCJ provide qualified sign language interpreters or other appropriate auxiliary aids to ensure effective communication with all deaf and hard-of-hearing people detained at the jail. The KCJ inmates will be provided full and equal access to and benefit from all services provided at the jail. This includes providing effective auxiliary aids and services that will permit deaf and hard-of-hearing detainees to have the same ability to communicate with people outside the facility that other inmates have. Interpreter Needed forms are also available for the jail to provide interpretive services for Spanish, Somali, Hmong, Deaf and Hard-of-Hearing with American Sign Language (ASL) and hearing aids. POLICY 1044 USE OF INTERPRETER also enforces procedures for obtaining and using interpreters and/or auxiliary aids to communicate between staff and non-English or LEP persons and deaf or hearing-impaired persons. Resources may be available through the Deaf Blind Services of Minnesota at (612) 362-8454 or the Minnesota Deaf Blind Association (651) 647-6564.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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- I. Agency POLICY 613 PREA PREVENTION PLANNING. HIRING AND PROMOTION DECISION AND TRAINING AND 114.2.1 SPECIALIZED ASSIGNMENTS AND PROMOTIONS prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates, who:
 - A. Has engaged in sexual abuse in a correctional facility or other institution;
 - B. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent;

C. Has been civilly or administratively adjudicated to have engaged in the activity described above.

1. The Auditor was escorted by the PREA Coordinator to the Human Resources Department. I inspected the personnel file of a new corrections officer who was hired in the past 12 months as a spot check. It was determined that proper criminal records background checks were accomplished and all questions regarding past conduct were asked and answered. The auditor also reviewed Policy 308.3.1 Criminal Record Check, the Rejection Criteria for Employment with the Kanabec County Sheriff's Office, the Criminal History Procedure for contractors/vendors entering secure areas, and a list of the contractors and volunteers who had been subject to a criminal background check before performing any function on behalf of the office. There are currently 22 volunteers, 5 contractors, and medical and mental health staff who have been screened for clearance. Interviews of supervisory staff confirmed the hiring and promotional practice of criminal records and background checks for employees.

II. POLICY 613 HIRING AND PROMOTION DECISION. The KCJ shall also consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer who may have contact with inmates. According to the Administrative (Human Resources) Representative, the KCSO considers previous incidents of sexual harassment in the hiring and promotional process. The auditor reviewed a sample of employee files to verify relevant documents.

According to POLICY 308.3.1 CRIMINAL RECORD CHECK, Every person who may have inmate contact as a member or contractor shall, prior to service, undergo a thorough background investigation to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the KCSO.

III. Agency POLICY 613 requires that before it hires any employees who may have contact with inmates, the KCSO shall perform a criminal background records check and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This is accomplished as consistent with Federal, State, and local law. In the past 12 months, four new staff who have contact with inmates were hired. All four staff had criminal background records checks. This was confirmed by the Human Resources Representative. Again, related policies, procedures, employee files, and employment disqualification documents were reviewed by the auditor to verify standard compliance.

IV. Agency POLICY 613 also requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, there was only one new contract for services, and a background records check on contractors who have contact with inmates was accomplished. The Administrative (Human Resources) Representative had knowledge of this procedure that is accomplished by the KCSO. Again, all relevant and related policies, procedures, and rejection criteria was reviewed and confirmed by the auditor.

V. The KCSO conducts criminal background records checks at least every five years on current employees and contractors who have contact with their inmates per POLICY 114.2.1 AND 613. The criminal history procedure was reviewed and discussed with the PREA

Coordinator and Jail Administration. The dispatcher takes an Initial Complaint Report (ICR) for the records check and runs a criminal history query. The KCSO utilizes the MN Bureau of Criminal Apprehension (BCA) to perform these checks. POLICY 308.3.1 CRIMINAL RECORD CHECK also requires the office to conduct follow-up criminal background records checks at least every five years on employees or contractors who have contact with inmates. The auditor was provided with the employee lists for initial background checks and the five-year mark.

- VI. POLICY 613 requires that all applicants and employees who may have contact with inmates are asked about previous misconduct in written applications or interviews for hiring or promotions. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct or false information shall be grounds for termination. The KCSO POLICY 116 RULES OF CONDUCT contain a PREA DISCLOSURE section outlining the continuing affirmative duty to notify the Jail Administrator in writing if they have engaged in sexual misconduct in a facility, have been convicted of sexual assault, or been the subject of any civil or administrative adjudication of such conduct. The auditor verified standard compliance by reviewing the employee application forms, a background investigation application and report, and discussing with the Human Resources Representative the hiring process from start to finish as it relates to PREA disqualifiers. It was also confirmed that checks are performed of previous employers and with an executed Release of Information authorization document, information would be provided to other agencies concerning misconduct of their former employees if requested to do so. The PREA Coordinator and the auditor discussed the annual employee evaluation process and the potential for additional PREA disclosure language.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The KCJ has not designed or acquired any new facility or planned any *substantial* expansion, nor made any *substantial* upgrades to the video monitoring or electronic surveillance system since the last PREA audit. The Sheriff, Jail Administrator and PREA Coordinator assured the auditor that any future planning for expanding or modifying the facility would consider the office's ability to protect inmates from sexual abuse.

The KCJ is a newer facility that opened on 01/18/2010. The KCJ has improved its video, audio, recording, and intercom surveillance system, which incorporates virtually all areas of the facility, and is reviewed on at least an annual basis. They replace and upgrade cameras as needed. The jail tour provided observable multiple camera/monitor locations. The agency investigators rely on visual recordings for evidentiary purposes. Jail Administration is conscientious about adjusting camera angles as needed for the reduction of blind spots. Several cameras were added within the facility in 2014-15, with an emphasis on the kitchen area with inmate workers. The minutes from meetings were previously reviewed and referenced installing/updating monitoring technology.

POLICY 613 UPGRADES TO FACILITIES AND TECHNOLOGIES and 202.7 STAFFING PLAN addresses this standard at the KCSO.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. The KCSO is responsible for conducting all criminal and administrative sexual abuse investigations. The KCSO has two full-time investigators who are also the designated PREA Investigators for the jail. They are sworn deputies and licensed by the Minnesota

Board of Peace Officers Standards and Training (POST). A deputy at the KCSO is responsible for preserving law and order, enforcing state laws, and protecting the constitutional rights of all people. Where a KCJ staff member is alleged to have committed a crime of sexual assault or sexual harassment as it pertains to PREA, a neighboring Sheriff's Office shall take over the investigation due to a possible conflict of interest. The KCJ and the Pine County Sheriff's Office (PCSO) have entered into an agreement for these investigative services. This is according to the 2016 Memorandum of Understanding that was received and reviewed by the auditor and confirmed by a KCSO PREA Investigator. JAIL POLICY 612.7 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS AND 613.7 INVESTIGATIONS. POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS address this standard requirement. The policy is also published on the KCSO/Jail website. <http://www.kanabeccounty.org/departments/jail.php>

When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. Evidence collection is based on a uniform evidence protocol that is developmentally appropriate for youth and adapted from the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". The auditor reviewed a sample of PREA investigative reports, specialized investigative training curricula and records, and interviewed a PREA Investigator for assurance of the uniform evidence protocol. All staff interviewed were able to articulate the jail's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse and were able to name the agency's PREA Investigators or chain of command contacts for reporting to start the investigation process.

- II. The KCJ offers all victims of sexual abuse access to forensic medical examinations. Forensic medical examinations are performed as evidentiary or medically appropriate, without financial cost to the victim. As much as possible, the examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The examinations would take place at the First Light Health Systems clinic within a mile of the jail. The auditor confirmed the staffing and availability of SAFEs/SANEs for forensic examinations for victims of sexual assault as coordinated by WINDOWS who has a list of "on call" forensic nurses, who are dispatched to the facility as needed. (320) 679-1313. JAIL POLICY 612.16 EXAMINATION, TESTING AND TREATMENT AND 613.6 RESPONSIVE PLANNING: EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATION: CRIME SCENE PRESERVATION requires compliance of this standard.

<https://firstlighthealthsystem.org/our-locations/> <http://www.window4victims.com/>
https://www.minnesotahelp.info/Providers/Window_Victim_Services/Domestic_Violence_Support_Services/4?return

1. In the past twelve months there have been no forensic medical examinations due to no reported incidents of sexual assaults in the jail.
2. POLICY 612 SEXUAL ABUSE INCIDENT REVIEW describes that an incident review is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The auditor was supplied with and read the Sexual Abuse Incident Review format as well as the 2016-2018 PREA Incident files. There were no instances of forensic medical examinations required.

- III. POLICY 612.16 AND 613.6 provide that emotional support, crisis intervention, and information and referral resources are available for the victim. If requested by the victim, a victim advocate or other qualified staff member shall accompany the victim through the

forensic medical examination process and investigatory interviews. On 02/08/2016, a Memorandum of Understanding was executed between the KCSO and WINDOW Victim Services for the purpose of offering confidential support services to the inmate population. The KCJ is to contact WINDOW for inmate support services as they relate to reports of criminal sexual conduct or sexual harassment. Jail Brochures, postings, and inmate handbook information supply a variety of resource contact information to inmates. Window: (320) 679-7113, Refuge (a sister organization of WINDOW): (320) 679-1737, Kanabec County Family Services: (320) 679-6350, MN Sexual Violence Center: (612) 871-5111, Central MN Sexual Assault Center: (800) 237-5090, Lakes & Pines: (320) 679-1800. The auditor called Window and Refuge victim services for confirmation of services provided to the KCSO. The WINDOW organization also provides related inmate programs to the inmates of the KCJ. The PREA Compliance Manager/Jail Administrator described the availability of sexual assault victim resources and their quick response. The reputation of the organization was also confirmed through training experiences and general knowledge with information sharing by the Jail Administrator.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. POLICY 613 PREA PREVENTION PLANNING AND TRAINING. 613.7 INVESTIGATIONS. POLICES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS. The KCJ ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The KCJ shall publish such policy on its website. The KCJ documents all such referrals. POLICY 612 PREA. 612.7 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS also addresses this standard. An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. In the past 12 months, three allegations of sexual abuse or sexual harassment were received at the KCJ. All three allegations resulted in administrative investigations, and all three were unfounded. The Sheriff described to the auditor how administrative or criminal investigations are completed for allegations of sexual abuse or harassment. The auditor read and reviewed the full investigative reports with findings to verify standard compliance.

The Policies further state that allegations of sexual abuse will be referred to and investigated by agency investigations and if it involves a staff member, an outside agency will conduct a prompt, thorough and objective investigation. Allegations of sexual harassment by staff, contractors, or volunteers will be referred to an outside agency for an investigation. The KCSO documents all referrals of allegations of sexual abuse or harassment for criminal investigation. The auditor read and reviewed all related policies for confirmation of the standard, including the training policy, investigative training curricula and records, PREA investigative files, and the Organization Chart. The PREA investigators report to the Jail Administrator. The PREA Investigator reported that the KCSO policy requires that allegations of sexual abuse/harassment be referred for investigation to an agency with the

legal authority (referral agency may include the agency itself) to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. If an employee is involved, there is a potential conflict of interest, and the investigation will be referred to the Pine County Sheriff's Office (PCSO) in accordance to the 2016 Memorandum of Understanding. The activities and services PCSO will supply to KCSO include investigations of all PREA allegations against KCSO employees. The PREA Coordinator by policy also ensures those agreements with outside investigating agencies, and they include the PREA requirements, including a requirement to keep the KCSO informed of the progress of the investigation. The Sheriff, investigator, and supervisory staff confirm that copies of reports are provided to the Kanabec County Attorney's Office for review and possible prosecution. The PCSO updates the KCJ Administrator of investigative findings. The PCSO maintains trained PREA Investigators. Policy information is openly available on the KCSO/Jail website. <http://www.kanabecounty.org/departments/jail.php>

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. The KCJ trains all employees who have contact with inmates on all elements of the PREA requirements. The PREA Coordinator and training officer ensure that staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. Reference POLICY 318 PREA TRAINING. 318.1 PURPOSE AND SCOPE. The policy establishes an education and training process related to implementation of the PREA of 2003 and the implementing regulation of the PREA Rule. 318.2 POLICY. The KCSO endeavors to comply with the training standards in the PREA RULE and to ensure that staff, volunteers and contractors are aware of their responsibilities and policies and procedures of the jail as they relate to PREA. See also POLICY 613 PREA PREVENTION PLANNING AND TRAINING. 613.2. EMPLOYEE TRAINING. 318.3 MEMBER TRAINING.
 - A. The auditor read and reviewed the jail staff training files, the PREA training curriculum, the 2018 and 2019 KCJ Corrections Officer Training Calendar, pre/post-tests, and executed staff PREA training acknowledgements with dates. The jail staff are educated on all of the principles of PREA at orientation, annual training sessions, and quarterly refreshers. Trainings consist of educational videos, lectures, power point slides, reading materials, scenarios, webinars, and hands-on training. The materials utilized are approved by the PREA Resource Center (PRC) as they provide technical assistance and training resources and services. The auditor reviewed the training files consisting of employee signatures signifying comprehension of the training with the opportunity for questions. <https://www.prearesourcecenter.org/>
 - B. Interviews with the Corrections Officers confirmed that they have received frequent and recent training on all elements of PREA. Employees are trained on their responsibilities to prevent, recognize, and respond to sexual abuse. The training is ensured by the PREA Coordinator.
- II. PREA training at the KCJ is consistent and tailored according to the sex of the inmates at the facility. Staff receives training on security measures and the separation of male and female populations in the same facility. Training consists of cross-gender pat-down techniques in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The unique vulnerabilities of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) inmates are incorporated into training and screening protocols. The responsibility for setting and maintaining professional boundaries belong to the jail staff.
 - A. POLICY 318.3 mandates this training standard.
 - B. The auditor reviewed a sample of the training records for compliance with this standard.
- III. 100% of the staff employed at the KCSO who have contact with inmates have been trained and retrained in PREA requirements. The jail staff receive quarterly refresher trainings and

annual trainings on a variety of PREA topics. Information is presented via in-house memos, directives, staff meetings, and regular training sessions. The Sheriff has provided on letterhead a list of PREA Essentials. Training curriculum and training files were again reviewed in support of this standard.

- IV. The KCJ documents through its training records and files that the employees understand the training they have received with a signature verification. Pre/Post tests are commonly used to verify comprehension of the PREA material being taught. PREA training acknowledgement forms with employee signature, witness signature and date confirm the receipt and understanding of training and provides a description of the PREA training topic. Field Training Officers certify that the trainees demonstrated proficiency concerning a specific PREA task. The auditor studied the training documents and was assured of the employee signing requirement. POLICY 613.2 TRAINING AND EDUCATION. EMPLOYEE TRAINING requires that staff shall sign an acknowledgement that they understood the training and they were allowed to ask questions. POLICY 318.3 MEMBER TRAINING specifies that training should include written testing to validate knowledge and understanding of the material. The training unit will maintain training records on those receiving training.
- V. The MN Department of Corrections also inspects the jail's training and training records in accordance with Rule 2911.1300 Custody Staff Training. Plans for continued training records improvements are in place.

Based on a review of policies/procedures, related documents, and staff interview responses, 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 are comprehensive and complete, with continual updates and training examples. This procedure exceeds the training standard in frequency.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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- I. All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the KCJ's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. POLICY 318 PREA TRAINING. 318.3 MEMBER TRAINING includes volunteers and contractors in their PREA training policy. POLICY 613.2 TRAINING AND EDUCATION. CONTRACTOR AND VOLUNTEER TRAINING states that all contractors and volunteers who have contact with inmates shall be given the KCJ PREA informational packet. The documents contain information on their responsibilities regarding prevention, detection, and reporting of sexual abuse and harassment. All contractors and volunteers shall be required to sign an acknowledgement form indicating they have read and understand PREA Policies and Procedures. The Program Coordinator shall maintain documentation. The documentation shall confirm that the contractor and volunteers understood the training they received, and an opportunity for questions as needed. The auditor reviewed a sample of volunteer acknowledgement of PREA training entitled "Staff Orientation Notice of Understanding" with dates, signatures and opportunity for questions documented in support of this standard.
 - A. There are 28 volunteers/contractors currently providing services at the KCJ. All have been provided the required PREA information and are trained annually. The Program Coordinator informed the auditor that there is an annual appreciation dinner for all volunteers, which includes PREA training and updates.
 - B. The auditor read and reviewed the volunteer/contractor training curriculum as approved by the PREA Resource Center.
 - C. Interviews with volunteers and contractors who have contact with inmates described their PREA training to the auditor. They explained their individual responsibilities regarding sexual abuse and harassment per agency policy and procedure.

- II. The level and type of training provided to the volunteers/contractors is based on the services they provide and the level of contact they have with inmates. All are provided with educational material during their orientation the KCJ's zero tolerance policy of sexual abuse and sexual harassment and how to report such incidents.

Volunteers and contractors that were interviewed described what their PREA training consisted of and all confirmed that they had been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents. The auditor reviewed a sample of their training records and curriculum for verification purposes. The kitchen manager and the jail nurse advised that they are provided with PREA training through their own companies, Advanced Correctional Health Care and Summit (formerly known as A'viands), as well as provided training by the KCSO. The DOC has assisted the jail food service with their PREA training curriculum.

<https://www.advancedch.com/> <http://summitfoodservice.com/>

- III. The auditor also reviewed a sample of contractor/volunteer training curriculum and training records. Training verification forms with acknowledgements for comprehension and opportunity for questions with date/signatures was confirmed.

Based on the above described evidence, the KCJ has complied with the contractor/volunteer PREA training standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. Inmates at the KCJ receive information at the time of intake explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. POLICY 613.2 TRAINING AND EDUCATION. INMATE EDUCATION describes what PREA information is required during the booking process. The auditor observed a live booking take place during the on-site audit where the intake officer went through a checklist of required notices including the PREA section advising the arrestee that the KCJ is a zero-tolerance facility, and that they are to report all incidents of sexual misconduct immediately. If they are a victim, in fear of, or have concerns about being a victim, to also report it immediately. They are then provided a PREA pamphlet containing policy, definitions, how to report, confidentiality, the inmate's right to be safe from sexual abuse, zero tolerance, and contact information.
 - A. 100% of inmates booked into the KCJ received this PREA information at the time of intake in the previous 12 months. The auditor reviewed Administrative Jail Population Reports, MN Department of Corrections Detention Information System reports, in addition to a spot check of jail files for PREA notice documents as initialed and signed by the inmates, which was found to be affirmative of this standard. Inmates are also offered an inmate handbook, or a handbook is maintained in each housing unit that contains PREA information. The KCJ maintains PREA intake pamphlet documentation in their computerized inmate management system, under Booking Additional Data, which documents the PREA Pamphlet, the PREA Video, and the PREA Assessment, which the auditor reviewed a sample file. The inmate handbook also contains a PREA section.
 - B. A majority of the inmates interviewed confirmed that they were given PREA information both verbally and in writing when they were booked and were familiar with the zero-tolerance phrase and ways to report sexual abuse and/or harassment. The intake officer said that arrestees are always provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Staff ensure that current inmates as well as those transferred from other facilities have been educated on the agency's zero-tolerance policy on sexual abuse or harassment via the written PREA notice requiring inmate initials and signature and the PREA handouts given. There are postings and brochures throughout the facility as observed by the auditor. A business card with contact information and phone numbers is also given to the inmate.
- II. Policy 613.2 INMATE EDUCATION states that inmate's will be educated regarding their rights to be free from both sexual abuse and harassment and retaliation for reporting such incidents. The KCJ shall maintain documentation of resident participation in these education sessions. The Orientation and PREA inmate educational video are available to inmate's during non-lockdown hours, but typically is shown prior to housing assignment as part of the intake process. In addition to providing such education, the KCJ shall ensure that key information is continuously and readily available or visible to inmates through posters, the inmate handbook, and PREA brochures. Inmates receive comprehensive PREA education within the first 30 days of incarceration.

- A. The auditor interviewed one of the intake staff confirming the jail provides that inmates receive education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, in addition to the KCJ policies/procedures for responding to such incidents by providing inmate handbooks, signage and postings, in addition to the orientation video. The auditor had previously watched the orientation video, which contains PREA information. The intake officer said that generally, inmates are made aware of these rights on the day of arrival.
 - B. A majority of the inmates interviewed responded in the affirmative and seemed familiar with their right to not be sexually abused/harassed, how to report sexual abuse/harassment, and their right not to be punished for reporting sexual abuse/harassment. They told the auditor that they received their information during the booking process or shortly thereafter. Again, inmate file records were reviewed for evidence of PREA education being provided to the inmates.
- III. POLICY 613.2 INMATE EDUCATION addresses this PREA standard. The KCJ shall provide inmate education in formats accessible to all inmates, including those who are LEP, deaf, visually impaired or otherwise disabled, as well as to inmates who have limited reading skills. POLICY 604 INMATES WITH DISABILITIES. 604.3 JAIL ADMINISTRATOR RESPONSIBILITIES also addresses this standard. Guidelines are established for services, programs and activities for the disabled, ensuring that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For orientation videos that are used to explain facility rules and PREA information to newly admitted inmates, subtitles may be displayed on the video presentation to assist inmates who have impaired hearing. In addition to PREA information, the inmate handbook contains information on assistive equipment for deaf and hard of hearing inmates including TTY, iPods, Interpreters, and the Tablet. Signage and brochures are also available in Spanish.
- IV. The KCJ shall maintain documentation of inmate participation in these education sessions. POLICY 613.2 INMATE EDUCATION. PREA and Jail Orientation documentation is maintained in the inmate jail file which was observed by the auditor who read a sample of inmate files for verification purposes. The inmates initial and sign for receipt of PREA information, handbooks, and orientation video for continuing PREA education.
- V. In addition to providing PREA education, the KCJ ensures that key information is continuously and readily available or visible to inmates through posters, the inmate handbook, and PREA brochures. In accordance with this standard, the auditor observed inmate handbooks within the housing units, PREA signage and postings of information throughout the facility as well as in the lobby and visiting area for visitors and the public. Relevant information is contained in the education material. Programs that are provided to the inmates include presentations by victim advocates. During the jail tour, the auditor also asked a few of the inmates if they knew how to report sexual victimization and they responded affirmatively and pointed out the inmate handbook, brochures, and posters that provide instruction and contact information for reporting and other related PREA information.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

POLICY 613.2 SPECIALIZED TRAINING: INVESTIGATIONS AND 612.7 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS requires specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings, and that only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases. The KCSO has two full time PREA Investigators who are sworn deputies and are MN POST licensed. They have completed office-approved training on sexual abuse and sexual harassment investigation.

- A. The investigator interviewed confirmed that all of the PREA investigators had received training specific to conducting sexual abuse investigations in confinement settings. Training was described as an online class approved by the PREA Resource Center consisting of evidence collection and forensics. A review of the curriculum content provided a description of the information fundamental to understanding the concepts required by the PREA standard and best practice in investigating incidents of sexual abuse. The curriculum is designed specifically for an audience of correctional investigators. The auditor also reviewed investigator training files which confirmed PREA training, investigative training, and refresher training. Investigation reports with final disposition were also reviewed.
- B. The curriculum includes content on PREA standards relating to investigations; case law demonstrating legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings, trauma and victim response, processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases. The investigator verified the required training topics. POLICY 318.5 SPECIALIZED INVESTIGATIVE TRAINING states that training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.
- C. The PREA Coordinator and the Training Officer are responsible for maintaining a training log and record of PREA training and the required specialized PREA training of the investigative staff, which was evident to the auditor upon review of training records. The Training Officer continues to gather up to date information to track additional specialized training and refresher courses of the investigators.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. POLICY 318.4 SPECIALIZED MEDICAL TRAINING and POLICY 613.2 SPECIAL TRAINING: MEDICAL AND MENTAL HEALTH CARE was examined and requires that all full and part-time qualified health care and mental health professionals who work regularly in the KCJ shall receive not only the standard member training for PREA, but also receive specialized medical training that includes;
- A. Detecting and assessing signs of sexual abuse and sexual harassment;
 - B. Preserving physical evidence of sexual abuse;
 - C. Responding effectively and professionally to victims of sexual abuse and sexual harassment; and
 - D. Reporting allegations or suspicions of sexual abuse and sexual harassment.

An interview with the RN of Advanced Correctional Health Care provided the auditor with information confirming receipt of specialized training regarding sexual abuse and sexual harassment. The training covered all the topics required by the PREA standard. A review of the exam logs and the training logs of medical and mental health care practitioners ensured they received the specialized training referenced in the standard and had implemented the policy/procedure into meaningful practice. The medical staff receive specialized training through Advanced Correctional Health Care and are included with the correctional staff for quarterly training sessions. The medical practitioner affirmed their roles and responsibilities in the coordination of treatment and care for inmates of sexual abuse/assault.

- II. Medical staff contracted by the KCSO do NOT conduct forensic medical examinations at the facility. Victims are referred to First Light Health Center for those services as coordinated by the medical staff and WINDOWS, including any follow up procedures.
- III. The PREA Coordinator and the Training Officer ensures and/or maintains documentation that the jail's health care and mental health professionals have received the member training and the specialized medical/mental health training referenced above.

<https://www.advancedch.com/> <https://firstlighthalthsystem.org/our-locations/mora-hospital/>
<http://www.window4victims.com/>

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The KCJ has a policy that requires screening upon admission for the risk of sexual abuse victimization or abusiveness toward other inmates. The screening POLICY is 613.3 SCREENING FOR RISK. It provides that all inmates shall be assessed during the intake screening for their risk of being sexually abused by other inmates or of being sexually abusive toward other inmates. POLICY 516 INMATE CLASSIFICATION. 516.3 CLASSIFICATION PLAN also addresses this standard in that the plan should include an initial screening process, utilizing the use of an objective screening instrument, including PREA criteria.

- A. According to the jail sergeant representing staff who perform screening for risk of victimization and abusiveness, all inmates are screened upon admission into the jail for risk of sexual abuse victimization or abusiveness towards other inmates. A majority of the inmates interviewed recalled that when they first came here, they were asked questions about previous incarceration, whether they had ever been sexually abused, whether they identify as LGB, and whether they believe they are in danger of sexual abuse at the KCJ. They said that they were questioned during the booking process and some of the inmates recalled signing the PREA form. One of the inmates said that they were questioned by the Nurse.
 - B. The auditor witnessed during the booking process, evidence of the KCJ Sexual Violence Prevention PREA checklist, which is their screening tool. The intake officer questioned inmates accordingly and staff observations were recorded. The auditor also examined the screening and classification tools and documentation of the PREA assessment for PREA standard requirements.
- II. The policies and screening documents dictate that inmates must be screened for risk of sexual victimization or risk of sexually abusing other inmates, and the assessment must take place within 24 hours of arrival at the jail. The standard calls for the screening to take place within 72 hours. In the past 12 months, all inmates booked into the KCJ were screened accordingly within the 24-hour policy requirement. The auditor reviewed the annual jail population reports and a sample of records for inmates that were admitted to the facility within the past 12 months for evidence of appropriate screening within the 24/72-hour requirement. The screening documents are kept in a confidential file separate from the inmate's jail file. Inmates interviewed said that they were asked screening questions during the booking process. The jail sergeant interviewed said that inmates are always screened for risk of sexual victimization or sexual abusiveness within 72 hours.
- III. POLICY 516.3 CLASSIFICATION PLAN requires the use of an objective screening instrument. The KCJ Sexual Violence Prevention PREA Checklist is an objective screening tool containing all the requirements of the standard with criminal history and risk of sexual victimization questions of the inmates as well as staff observations to note.
- IV. The auditor studied the KCJ Sexual Violence Prevention PREA Checklist and classification forms for compliance with all the required criteria in consideration to assess inmates for risk of sexual victimization. The questionnaire includes all the criteria required in accordance to POLICY 613.3 SCREENING FOR RISK. The jail sergeant representing staff who perform screening for risk of victimization and abusiveness described the screening process with checklist to determine any vulnerabilities. Responses and observations are documented.
- V. The initial screening also considers prior acts of sexual abuse, prior convictions of violent offenses, and history of prior institutional violence or sexual abuse in assessing the inmate's risk of being sexually abusive per POLICY 613.3 and 516.3 and is contained in the KCJ Sexual Violence Prevention PREA Checklist and Initial Custody Assessment. The staff who perform screening for risk of victimization and abusiveness confirmed the documentation of these considerations.
- VI. POLICY 516.6.1 PERIODIC CLASSIFICATION REVIEWS require that inmate risk levels be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness, no later than 30 days after the initial screening. Any affirmative responses to the criminal

history and risk of sexual victimization questions and observations are forwarded to the jail sergeant and to health services, which activates the 14-day assessment process. The 14-day Medical History and Health Appraisal is usually provided to the inmate by the next working day. Allegations of previous sexual victimization always result in a referral form being sent to medical staff, mental health staff, and/or victim's advocate. The jail sergeant and jail nurse confirmed this process to the auditor, while the auditor reviewed all related documents to verify standard compliance. A few of the inmates interviewed stated that they had been reassessed by the jail nurse. The auditor also reviewed a sample of inmate medical files for screening, assessment, and reassessment information. In the past 12 months at the KCJ, 101 inmates were reassessed for their risk of sexual victimization or abusiveness within 30 days after their arrival or upon receipt of additional, relevant information.

- VII. Similarly, an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness in accordance to POLICY 516.6.1 PERIODIC CLASSIFICATION REVIEWS. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower or maintain the classification status and/or housing/programming assignment. The auditor reviewed assessment and reassessment medical forms. Classification forms were also reviewed. The jail sergeant advised that any affirmative response to the screening forms result in a nurse referral for the 14-day assessment, and that an inmate's risk level is reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

- VIII. Per POLICY 516.3.1 INMATE RESPONSE TO SCREENING. Inmates may not be compelled by threat of discipline to provide information or answers regarding:

- A. Whether the inmate has a mental, physical or developmental disability;
- B. Whether the inmate is or is perceived to be LGBTI or gender nonconforming;
- C. Whether the inmate has previously experienced sexual victimization; or
- D. The inmate's own perception of vulnerability.

The jail sergeant interviewed as staff who perform screening for risk of victimization and abusiveness confirmed that inmates are not disciplined in any way for refusing to respond to or for not disclosing complete information related to the above referenced questions.

- IX. The KCJ has implemented appropriate controls for the dissemination within the facility of responses to questions as a result of the risk screening tool in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. POLICY 516.3 CLASSIFICATION PLAN and 613.3 SCREENING FOR RISK direct that information obtained in response to the screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know. The jail sergeant informed the auditor that the facility has outlined who can have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. The document goes straight to the medical unit for the nurse in a confidential envelope. The PREA Coordinator and Jail Administrator/PREA Compliance Manager also confirmed that only staff with a legitimate need to know have access to this sensitive information. The screening form with responses are kept locked in the medical office within the inmate

medical file with access limited to jail supervisors and medical staff. The Consistency Manual was also reviewed for jail sergeant access to PREA intake information for housing and program assignments according to Classification requirements.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

- I. The KCJ uses information from the risk screening to inform housing, bed, work, program, and education assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. POLICY 516.10 PREA CONSIDERATIONS state that housing, bed, work, and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. Likewise, all inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. The auditor reviewed related policies and intake screening and classification forms which identify security and health issues for safety reasons and appropriate supervision. Interviews with the Jail Administrator/PREA Compliance Manager and the jail sergeant who performs screening at intake confirm that risk screening information is used to make individualized determinations for safety and classification purposes.

The KCJ utilizes data gathered from the risk screening tool to inform housing, work, education and program assignments, with the goal of inmate and institutional safety. The 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. According to POLICY 516.5.1, 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 of transgender or intersex inmates shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The inmate's own views with respect to safety will be given serious consideration. The KCJ Administration and staff assure the auditor that LGBTI inmates will be treated with respect and consideration for safety and privacy concerns. There are showers in every cell and inmates are not allowed in non-assigned cells, and transgender and intersex inmates are given the opportunity to shower separately from other inmates. There are currently no transgender/intersex inmates. There are no dedicated housing units for LGBTI inmates and no legal judgments requiring such. Additional POLICIES that addressed this standard are 516.10 PREA CONSIDERATIONS and 613.3 SCREENING FOR RISK, and 814.9 INMATE SHOWERS.

Additional information provided by jail staff indicate the supplemental aids of "keep separate" notifications or "flags" in the communication log and/or pass-on book for sexual safety as acquired through the PREA screening process. Training was provided with risk considered on a case-by-case and individualized basis regarding a transgender or intersex inmate's own views with respect to his/her own safety.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. The policy prohibiting the placement of inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no alternative means of separation from likely abusers is the KCSO POLICY 612.9 PROTECTIVE CUSTODY. Additionally, inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed. POLICY 613.3 KANBEC COUNTY JAIL PROTECTIVE CUSTODY also addresses this standard. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was zero. POLICY 516 INMATE CLASSIFICATION. 516.10 PREA CONSIDERATIONS describes in further detail the classification process and also emphasizes the protective custody assessment requirement as a means of separation from likely abusers. POLICY 516.9 SINGLE-OCCUPANCY CELLS further states that single-occupancy cells may be used to house sexual predators or any inmate with an elevated risk of being exploited or victimized by others. In such cases, the risk assessment shall be used to identify inmates who may be safely housed together.

The Jail Administrator confirmed that the KCSO has policies in place which prohibit placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers.

- II. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts this access, the facility shall document the opportunities that have been limited, the duration of the limitations, and the reasons for such limitations. POLICY 613.3 KANABEC COUNTY JAIL PROTECTIVE CUSTODY AND 612.9 PROTECTIVE CUSTODY address this standard. POLICY 612.9 places the responsibility on the Jail Administrator.

The auditor interviewed staff who supervise inmates in segregated housing who verified that when inmates are placed in segregated housing for protection of sexual victimization or having alleged abuse, they still have access to programs and privileges. The differences between administrative segregation and disciplinary segregation were discussed with the PREA Coordinator. If the jail restricts programs and work opportunities for any reason, they document limitations, durations, and reasons for limitations. There were no inmates in segregation for sexual victimization protective reasons during the on-site audit.

- III. POLICY 613.3 states that the KCJ will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged; an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the jail will clearly document:
 - A. The basis for the concern for the inmate's safety; and
 - B. The reason why no alternative means of separation can be arranged.Every 30 days, the KCJ will afford each such inmate a review to determine whether there is a continuing need for separation from the general population. POLICY 612.9 also references this requirement.

In the past 12 months, there have been no inmates at risk of sexual victimization that were placed in segregated housing.

The Jail Administrator upon interview explained that the design of the jail with sub-dayrooms helps lessen the need for involuntary segregated housing, and that inmates at high risk for sexual victimization or who have alleged sexual abuse are assessed on a case-by-case basis, there having been no need for protective segregation in the last 12 months. The staff member interviewed who supervises inmates in segregated housing explained that in instances of alleged sexual abuse, inmates are segregated until the investigation is complete and then returned to general population as soon as possible. The facility reviews the inmate's circumstances every seven days, with an initial review occurring within 72 hours. There have been no instances of involuntary segregation for inmates at risk of sexual victimization in the last 12 months.

In addition, and based upon a review of records and documentation of housing assignments of inmates at high risk of sexual victimization, documentation of out of cell programs, privileges, education, and work opportunities for those inmates, and related case files, the auditor makes this compliance determination. 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 Jail Administrator with frequent inmate interaction. The KCJ Segregation Privilege Level Review Form for the initial 72-hour review includes the initial reason, decision, and offender clinical needs with Jail Administrator review and signature. A sample of the Administrative or Disciplinary Weekly Review forms were also reviewed to confirm compliance of this standard. The auditor observed that the design of the facility allows for holding area alternatives. The staff who supervise inmates in segregated housing document refusals or limitations to programs and privileges.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. POLICY 613.4 REPORTING. REPORTING OF SEXUAL ABUSE OR SEXUAL HARASSMENT AND 612.4 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALIATION provide established procedures allowing for multiple internal ways for inmates to report privately to staff or other agency officials sexual abuse or sexual harassment incidents, retaliation by other inmates or staff, and/or staff neglect or violation of responsibilities that may have contributed to such incidents. POLICY 612.51 REPORTS BY INMATES allow for inmates to report sexual assault or abuse incidents anonymously or to any staff member they choose and should not be required to use their normal point of contact. Staff accommodate all inmate requests to report allegations of sexual abuse and assaults. Retaliation against an inmate by any staff member for filing a sexual abuse, assault or harassment incident will not be tolerated. Inmates who are the victim or have knowledge, suspicion, or information regarding sexual abuse or sexual harassment, retaliation by other inmates or staff, and/or staff neglect or violation of responsibilities which may have contributed to such incidents may report through the following means:

(a) verbally report the incident to staff, contractors, volunteers, visitors or third parties,
(b) contact the jail help line which rings at the KCSO Dispatch (320) 679-8400. They will notify a PREA Investigator and Jail Administration,
(c) contact the KCJ sexual assault helpline which rings at the Mille Lacs County Sheriff's Dispatch,
(d) give PREA pamphlet/grievance or "kite" (inmate letter or note) directly to staff, contractors, volunteers, visitors or a third party,
(e) inmates will not be required to submit a PREA allegation to the staff member who is the subject of the complaint. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports.

- A. From intake and throughout incarceration, inmates are informed of their right and ability to privately report sexual abuse and harassment, retaliation, or staff violations of responsibilities that may have contributed to such incidents. Throughout the jail tour and observation period, the auditor noted posters, brochures, and inmate handbooks in every block, with information instructing inmates on the multiple ways to privately and confidentially report sexual abuse or harassment to jail staff or an agency official. Key PREA reporting information is continuously and readily visible to inmates throughout the facility. Also, during the jail tour portion of the on-site audit, the auditor inquired of the inmates if they knew how to report an incident of sexual abuse. They answered in the affirmative and pointed out the postings with information on ways to report an incident.
- B. Staff interviews resulted in a description of the variety of ways available to inmates to privately report incidents of sexual abuse/harassment, retaliation, or staff neglect. The sample of inmates that were interviewed were very well versed in their private reporting options and referenced their handbooks, signs, and pamphlets with PREA reporting information.
- C. 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. Information is also provided and posted to visitors at the KCSO/Jail and to the public on the website.

- II. POLICY 613.4, 612.4, and 612.5.1 further require the KCSO to provide for at least one way to report such incidents to a public or private entity or office that is not a part of the agency, and that is able to receive and immediately forward reports of sexual abuse or sexual harassment to officials, allowing the inmate to remain anonymous upon request. The KCSO provides more than one way for inmates to report sexual abuse/harassment. Inmates are informed at intake, through continued PREA education, through the use of signage, brochures, and the inmate handbook of contact information for out-of-agency reporting options. Inmates can contact the jail "tip line", which rings into the Mille Lacs County Sheriff's Office Dispatch: (320) 983-8257, WINDOW Victim Services at: (320) 384-7113, Refuge: (320) 679-1737, Lakes & Pines: (320) 679-1800, MN Sexual Violence Center: (612) 871-5111, Central MN Sexual Assault Center: (800) 237-5090. These numbers will accept free calls from any offender phone. The auditor called the Mille Lacs County Dispatch and Windows and Refuge and confirmed the immediate availability for inmate reporting and immediate response to initiate an investigation.

The auditor received and reviewed the Memorandum of Understanding (MOU) made on 02/08/2016 by and between the KCSO/KCJ and WINDOW Victim Services for the purpose

of providing confidential support services to the inmate population, including confidential reporting services of sexual victimization at inmate request. A second MOU is made on 04/26/2016 between the KCSO/KCJ and the Mille Lacs County Sheriff's Office Dispatch Center (MLCSO) for the purpose of providing confidential reporting services to the inmates of the KCJ regarding PREA allegations. The MLCSO will dispatch/respond to inmate allegations or suspicions of PREA crimes as they would a sexual assault/harassment allegation from the public and to the best of their abilities and will notify the KCJ Jail Administrator of the reported allegation. Inmate reporting services of PREA allegations are confidential. The Pine County Sheriff's Office (PCSO) also provides for the same as per their MOU dated 04/19/2016.

The interview of the Jail Administrator/PREA Compliance Manager confirmed to the auditor the additional ways for inmates to report abuse or harassment to a public or private entity or office that is not a part of the agency and verified the contacts and the many ways they provide this information to the inmates via intake information, the orientation video, postings, and handouts. He described the reporting procedures that enable receipt and immediate transmission of inmate reports to agency officials that allow the inmate to remain anonymous upon request.

All the inmates interviewed knew how to report any sexual abuse or sexual harassment that happened to them or someone else and were able to verbalize more than one way to report in house or to an outside agency. They were able to reference resources and services that they were aware of through signage, brochures, cards, inmate education, or the inmate handbook. Most of the inmates interviewed believe that they are allowed to make a report without having to give their name.

POLICY 608 LEGAL REQUIREMENTS OF FOREIGN DIPLOMATS AND FOREIGN NATIONALS addresses the legal requirements related to consular notifications that should occur when a foreign national is in custody. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and officials at the US Department of Homeland Security. The KCJ Inmate Handbook has a section on Consulate Information. Inmates detained for the sole purpose of civil immigration are provided inmate education in their native language. Detainees will be assessed a risk level using the same screening tool as criminal detainees. The KCJ has software on a tablet which provides communication for other languages. This tablet is utilized as a first attempt to provide effective communication with an inmate who is unable to hear well or speak English. The KCSO also has access to interpreters if needed. Posters and other educational material are available in Spanish.

- III. POLICY 612.4 mandates that staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports. All of the inmates except for one said that they could make reports of sexual abuse or sexual harassment either in person or in writing, or a friend or relative could make the report for them, so they would not have to be named. According to staff interviews, inmates can report verbally, in writing, anonymously, and from third parties. They all stated that verbal reports are documented immediately or as soon as possible, no later than the end of their shift. One of the corrections officers acknowledged that anonymity is sometimes difficult in a group environment. The auditor again reviewed the few sexual assault/harassment incident reports and investigative files to confirm documentation of all types of reporting.

- IV. POLICY 612.4 requires any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff to immediately notify a supervisor, who will forward the matter to a sexual abuse investigator. Staff may also privately report sexual abuse/harassment of inmates to the Jail Administrator. Staff are also informed of the policy through training and directives. In addition to privately reporting to the Jail Administrator, jail staff were able to verbalize numerous ways to privately report sexual abuse/harassment of inmates.

The auditor confirms the substantial compliance of the Inmate Reporting standard with a review of all related policy/procedure, inmate files, signed inmate PREA confirmation documents, training records, and pamphlets that are provided to the inmates. I observed signage and reviewed other supporting documents during the jail tour with informal questions/answers of inmates and staff.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. POLICY 620 INMATE GRIEVANCES addresses PREA Standard 115.52. The purpose of this policy is to establish a process by which inmates may file grievances and receive a formal review regarding the conditions of their confinement. 620.2 POLICY. It is the policy of the KCSO that any inmate may file a grievance relating to conditions of confinement including allegations of sexual abuse and describes the inmate's access to the grievance system and the inmate grievance procedure. Grievances are documented and audited. The training officer ensures that all custody staff receive initial and periodic training regarding all aspects of the inmate grievances policy. 620.6 ADDITIONAL PROVISIONS FOR GRIEVANCES RELATED TO SEXUAL ABUSE breaks down the specific details that apply to grievances that relate to sexual abuse allegations. The inmate handbook and the KCJ

orientation video describe the grievance procedure for the inmates. The KCJ is not exempt from this standard.

- II. POLICY 613.4 REPORTING. EXHAUSTION OF ADMINISTRATIVE REMEDIES further addresses this standard. The KCJ staff shall receive any grievance to any type of sexual assault or sexual harassment no matter what the time frame when the alleged conduct occurred. POLICY 620.6 states that staff receiving a PREA grievance shall forward the grievance to a supervisor for investigation. Inmates and staff are not to attempt to informally resolve grievances related to sexual abuse. A review of the inmate handbook determined that relevant information regarding PREA grievances is provided to the inmates.
- III. POLICY 620.6 specifies that grievances may be submitted to any staff member and not be submitted to the member who is the subject of the complaint. Likewise, staff receiving a grievance shall not forward to any supervisor who is the subject of the complaint. The grievance will be forwarded to the Jail Sergeant for investigation.
- IV. The Jail Sergeant ensures that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Jail Sergeant may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made. At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

In the past 12 months, four grievances were filed that alleged sexual abuse at the KCJ. All four grievances alleging sexual abuse within 90 days after being filed reached final decision. An inmate who reported a sexual abuse was interviewed but refuted the process. A review of the KCJ PREA Incident records, investigative reports, and Sexual Abuse Incident Reviews provided evidence that this standard has been implemented according to timelines and process.

- V. Third parties including fellow inmates, staff members, family members, attorneys and medical staff are permitted to assist inmates in filing requests for administrative remedies related to allegations of sexual abuse and are also permitted to file such requests on behalf of inmates. If a third-party files such a request, staff will ask as a condition of processing the request that the alleged victim agrees to have the request filed on his/her behalf. If the inmate declines, corrections staff will document the inmate's decision to decline the grievance in the grievance log. Inmates cannot file a grievance on behalf of another inmate, but an inmate may assist another inmate in the preparation of that grievance. Staff may take reasonable steps to assist the inmate in the preparation of a grievance if requested. The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline, was zero. Reference POLICY 613.4 AND 620.6.
- VI. The KCSO has POLICY 620.6.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE in place and has established procedures for filing an emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse. Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial

response within 48 hours. The officer receiving the grievance shall refer the grievance to the jail sergeant, who will investigate and issue a final decision within five calendar days. The initial response and final decision are documented and shall include its determination and identify the actions taken in response to the emergency grievance. There were no emergency grievances filed at the KCJ in the past 12 months.

- VII. Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith.

The KCJ meets this standard and has complied in all material ways with the standard for this review period.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. In accordance with Standard 115.53, the KCJ provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by providing them with mailing addresses and/or hotline phone numbers, including toll-free numbers, for local and state victim advocacy/rape crisis organizations. Information is also available for immigrant services agencies for persons detained solely for civil immigration purposes. Communication between the inmates and these agencies is confidential to the extent possible, and in consideration of mandatory reporting requirements. The KCJ provides inmates with access to a sexual assault counselor with their contracted Advanced Correctional Healthcare and WINDOW or Refuge as well as any clergy support. Phone calls and meetings with counselors are not recorded. The POLICIES that address this requirement are 608 LEGAL REQUIREMENTS OF FOREIGN DIPLOMATS AND FOREIGN NATIONALS, 613.4 INMATE ACCESS TO OUTSIDE SUPPORT SERVICES AND LEGAL REPRESENTATION AND 612.5 SEXUAL ABUSE VICTIMS.
- A. Handbooks and written materials prepared for inmates pertinent to reporting sexual abuse and access to support services are available in the form of brochures, handouts, signage, and inmate handbook information as well as information provided at intake. Victim Information is listed for the KCSO, Refuge, WINDOW, Lakes & Pines, Kanabec County Family Services, MN Sexual Violence Center, and the Central MN Sexual Assault Center.
- B. The MOU between the KCSO and WINDOW was made on 02/08/2016 for the purpose of providing confidential support services to the inmate population as they relate to reports of criminal sexual conduct or sexual harassment. The KCJ understands that reports made to WINDOW are confidential; however, WINDOW will keep in mind that it is the responsibility of the KCJ to keep all inmates safe and provide information to the extent possible, according to law, to ensure the safety of the KCJ inmate population.
- C. The inmate who reported a past sexual abuse said that he now has information of outside victim services and is able to talk with people who provide these services. The inmates interviewed were inconsistent in their responses, but most knew that there are services available outside of this facility for dealing with sexual abuse if needed. Some of the inmates said that counselors or therapists would be available to speak with for victim advocacy or emotional support services. Most inmates recall seeing information

posted or written of addresses or phone numbers for advocacy services or civil immigration purposes but were not sure if the phone numbers were free to call. Most of the inmates interviewed felt that they could call for support services almost anytime. 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 calls.

- II. The KCJ in accordance to POLICY 613.4 informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The KCJ will also provide inmates with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Advanced Correctional Healthcare staff has agreed to accept referrals from inmates who have been victims of sexual abuse or sexual assault. They will report information to law enforcement and to the KCJ as soon as possible as mandated by statute. Informed consents, confidentiality and mandatory reporting laws are followed.
- III. The KCSO will maintain and continue to enter into MOUs with additional or other community service providers related to sexual abuse. The agency will maintain copies of agreements or documentation of attempts to enter into such agreements.

The KCJ substantially complies with all elements of this standard.

<http://www.window4victims.com/> <https://www.therefugenetwork.org/resources-and-help/the-refuge-network/domestic-violence-resources> <https://www.advancedch.com/>
<https://www.lakesandpines.org/applications> http://www.kanabecounty.org/departments/family_services.php
<https://www.sexualviolencecenter.org/> <https://cmsac.org/>

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The KCSO/Jail provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The KCSO 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. Information is also posted on the KCSO/Jail website for public access. Brochures are also available in the lobby and visiting area of the Sheriff's Office. The auditor also observed posters in the public lobby and reviewed the agency website for PREA third-party reporting information for verification purposes. Outside public and private organization phone numbers for reporting and/or victim services are also posted for public access. <http://www.kanabecounty.org/departments/jail.php>

POLICY 613.4 THIRD-PARTY REPORTING and 612.4 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALITATION also address this standard. The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member. Staff accepts reports made verbally, in writing, anonymously or from third parties and promptly documents all verbal reports.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. The KCSO requires all staff to report immediately and according to POLICY 612.4 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALIATION, 613.4 REPORTING OF SEXUAL ABUSE OR SEXUAL HARASSMENT, and 612.7 INVESTIGATIONS, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility. Staff are also required to report any

retaliation against staff or inmates that have reported an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

100% of the corrections officers interviewed verified that the KCSO/Jail requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation, and staff neglect or violation of duties. They also consistently described the procedure for immediately reporting any information related to an inmate sexual abuse.

- II. Staff shall not reveal any information related to sexual abuse to anyone other than to the extent necessary as specified in KCJ POLICY 613.5 and 613.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT to make treatment, investigation, and other security and management decisions. Interviews with staff verified the confidentiality of this information, or as necessary with a “legitimate need to know.”
- III. If the medical/mental health staff receives a report of sexual abuse or sexual harassment, they must initiate the Health Services – Sexual Abuse Response Checklist in accordance to POLICY 613.5. Contract employees, volunteers, vendors, or visitors shall also report knowledge, suspicion or information regarding sexual abuse or sexual harassment. Upon completion of the medical checklist, it will be attached to the Confidential Incident Report and submitted to the sergeant. POLICY 762 INFORMED CONSENT AND RIGHT TO REFUSE TREATMENT and POLICY 724 MENTAL HEALTH SERVICES also addresses this standard. Health services include obtaining and documenting informed consent.

The jail nurse advised me that at the initiation of services to an inmate, they disclose the limitations of confidentiality with their duty to report involving PREA incidents. It was verified that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a supervisor immediately (mandatory reporter). The nurse added that sometimes it takes a little research or further probing of the inmate to gather accurate information. It was confirmed that there have been instances that the medical/mental health staff have become aware of, and they were reported immediately. The nurse shared medical forms and documents related to sexual abuse reports as evidence of confidentiality and consent.

- IV. If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required by this standard and POLICY 612.7 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS. The Jail Administrator and PREA Coordinator confirmed that extra consideration and accommodations are provided and that according to mandatory reporting laws, they ensure that the investigators are reporting to the appropriate human services agencies.
- V. POLICY 612.4 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALIATION requires that staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports. Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation. The Jail Administrator confirmed that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

PREA training records were also studied in addition to policy/procedure 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 against those who report or cooperate with the investigation is not tolerated. Privacy and confidentiality considerations are also required according to Policy. All allegations are reported for investigation. Reports were reviewed to verify thorough and comprehensive work product.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

According to the Sheriff, Jail Administrator, and jail staff, immediate actions are taken to protect an inmate from imminent sexual abuse. There are many options available to the staff including; segregation, temporary lockdown, referrals for medical/mental health and/or investigation, or inmate swaps with another jail. The safety and security of the inmates is a top priority at the KCJ and staff ensures immediate action is taken to protect inmates that are subject to risk of sexual abuse. 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 incident reports. Policy/procedure that address this standard include POLICY 613.5 OFFICIAL RESPONSE FOLLOWING INMATE REPORT and 516 CLASSIFICATION. 516.10 PREA CONSIDERATIONS, and 620.6.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. The KCSO/KCJ has policies requiring that, upon receiving an allegation that an inmate was sexually abused while confined, the head of the facility must notify the head of the alleged facility. POLICY 613.5, 613.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT also requires the Jail Administrator to notify the appropriate investigative agency. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and shall ensure that the allegation is investigated in accordance with these standards. POLICY 612.4.1 REPORTING TO OTHER FACILITIES also addresses this

standard. In the past 12 months there were no allegations of sexual abuse in a previous detention facility. Jail Administration assured the auditor that if there is ever an allegation that an inmate was sexually abused while confined elsewhere, they would take the appropriate steps as soon as possible to notify the head of that facility. It is the Jail Administrator's responsibility to ensure that the notification has been documented in an official Incident Report.

- II. Likewise, the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Discussions with the Investigator, Sheriff, and Jail Administration/supervisors verified that no matter what the source, every allegation of sexual assault/harassment is investigated thoroughly, and that notifications go "straight to the top" in the chain of command. In the past 12 months, zero notifications were received from other agencies/facilities of alleged sexual abuse of inmates.

The Sheriff and Jail Administrator also confirmed that communications are in place for investigations. They are obligated to notify the DOC if the report involves one of their contract inmates. Investigators are also notified immediately.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. PREA Standard 115.64 requires facilities to specify staff first responder duties for allegations of sexual abuse. The KCSO/KCJ has policies/procedures which outline the steps staff must take when they are the first to respond to sexual assault or sexual harassment. Correctional Officers also have First Responder Sexual Assault Response Checklists to assist in the action to be taken and its documentation. POLICY 613.5/613.7 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT and 612.6 FIRST RESPONDERS provide the corrections staff with a step by step list of requirements to meet in response to a report of sexual abuse. PREA Standard and KCJ Policy require the corrections officer to:
 - (a) Separate the victim from the abuser;
 - (b) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence;
 - (c) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating.

Above what the PREA Standard calls for, the KCJ mandates additional correctional duties for health, welfare, safety, security, and evidentiary reasons. In the past 12 months, there were no allegations of sexual abuse at the KCJ.

- II. If the first staff responder is not a security staff member, that responder is also mandated to request the alleged victim refrain from any actions that could destroy physical evidence and then immediately notify a deputy. POLICY 612.6 addresses this standard. POLICY 613.5/613.7 addresses what is required of the medical staff. If the Nursing staff receives the report, they must initiate the Health Services Sexual Assault Response Checklist. They must ascertain if the abuse occurred within the last 120 hours and prevent the victim from eating, drinking, using toilet, brushing teeth, changing clothes,

washing hands, douching, bathing or showering. Policy also specifies what is required of other contract employees, volunteers, vendors, or visitors. POLICY 716.3.1 PREA FOLLOW UP is another policy piece to this requirement.

Security staff and non-security staff who have acted as First Responders clearly articulated to me in detail their First Responder duties according to training and policy/procedural guidelines that are pre-determined. They confirmed that there is a First Responder Checklist available and easily accessible to them. They have a thorough understanding of the chain of command and of their reporting duties, roles, and responsibilities. The auditor reviewed the incident reports, the First Responder Checklist designated for jail staff, jail sergeant, and health services. Training records and logs were also reviewed which affirmed that staff are trained in PREA first responder requirements. The inmate interviewed who claims to have reported a years old sexual abuse in the past was complimentary of staff prompt response.

The KCJ substantially exceeds the requirements of this standard. The KCJ requires more of their security and non-security staff when first responding to PREA incidents than the PREA Standard calls for.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The KCJ has instituted a written, detailed, comprehensive and coordinated plan which specifies actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, transport staff, and facility leadership. The auditor reviewed the related policy documents prior to the on-site audit. POLICY 613.6 RESPONSIVE PLANNING directs and identifies roles, responsibilities and communications as a team effort. The Jail Administrator described how the plan is implemented with checklists and policy/procedures which outline duties and roles. The policies/procedures are in place to preserve the crime scene and chain of evidence on any alleged sexual abuse. This includes contacting the investigative division to begin an investigation. The KCJ has included in the procedures a referral to a Sexual Assault Advocate. The agency coordinates actions taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioners, investigators, and the PREA Coordinator.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Labor Agreement between the County of Kanabec, State of Minnesota and the Law Enforcement Labor Services, Inc. (LELS) is effective between January 1, 2019, through December 31, 2021. Article 5 provides for Employer Authority. LELS recognizes the prerogative of the Employer to operate and manage the affairs of the Sheriff's Department in all respects in accordance with existing and future laws and regulations of appropriate authorities including personnel policies and department work rules. The Employer has the authority to direct employees, hire, promote, transfer, assign, retain employees in positions, and suspend, demote or discharge from duties because of lack of work or other legitimate reasons. The employer may take whatever action is necessary to carry out the missions of the employer in situations of emergency.

The Sheriff confirmed his ability and authority 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 KCSO has not renewed a collective bargaining agreement that limits this ability.

POLICY 613.5/613.7 PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS and 612.4 PRESERVATION OF ABILITY TO PROTECT INMATES state that the agency or any other government entity responsible for collective bargaining on the agency's behalf shall not enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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- I. The KCSO has a policy that protects all inmates and staff who report sexual abuse or sexual harassment or cooperates with investigations from retaliation by other inmates or staff. POLICY 612.5 RETALIATION and 613.5 AGENCY PROTECTION AGAINST RETALIATION provides that all inmates and staff who report sexual abuse/harassment, or who cooperate with an investigation, shall be protected from retaliation. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation.
 - A. The Jail Administrator or the authorized designee shall assign a supervisor to monitor for at least 90 days the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who reported to have suffered sexual abuse, to determine if there is any possible retaliation.
 - B. Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation shall be utilized.
 - C. Upon interview with the Sheriff and Jail Administrator, the policy and meaningful practice was confirmed. They described the ways in which they protect inmates and staff from retaliation or fear of retaliation for sexual abuse/harassment allegations for as long as necessary, and the importance of aftercare. The designated staff member in charge of monitoring retaliation described the role they play in preventing retaliation and the different measures taken to protect those inmates and staff. Also, they initiate frequent contact with inmates who have reported sexual abuse. The inmate who had reported a previous sexual abuse said that they felt protected enough against possible revenge. Again, the auditor reviewed the PREA incident and investigative reports.
- II. For at least 90 days following a report of sexual abuse, the KCJ shall monitor the conduct or treatment of inmates who were reported to have suffered sexual abuse or inmates or staff

members reporting cases of sexual misconduct to see if there are changes that may suggest retaliation. Items to be monitored include:

- (a) Disciplinary reports,
- (b) Housing changes,
- (c) Program changes,
- (d) Or negative staff performance reviews or reassignment of staff members.

The KCJ will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Such monitoring will include periodic well-being checks.

There were no instances of retaliation due to PREA incidents in the past 12 months.

Jail Administration for the monitoring of potential retaliation described and confirmed the various measures taken when retaliation is suspected, what to look for to detect possible retaliation, what indications are monitored, and the length of time monitored for up to a year or as long as necessary on a case-by-case basis. The Jail Administrator or designee acts promptly to remedy any such retaliation. Retaliation is not tolerated, and appropriate disciplinary action and sanctions will be taken as needed. The supervisors at the KCJ are well-trained and highly experienced and are well adept at monitoring for and recognizing any type of retaliation. They review all incident reports.

Multiple protective measures are in place with various checks and balances for oversight and documentation. 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 safety and monitoring purposes. The Jail Administrator provides frequent interaction with inmates and staff for victim services. Mental Health services and WINDOW or Refuge Victim Services are utilized. There are multiple protection measures employed. All of this provides for a positive PREA culture.

https://www.minnesotahelp.info/Providers/Window_Victim_Services/Domestic_Violence_Support_Services/4?retur <https://www.therefugenetwork.org/resources-and-help/the-refuge-network/domestic-violence-resources>

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The use of solitary confinement or involuntary segregation as a means of post-allegation protective custody is restricted per the KCJ Policy.

- I. KCJ POLICY 613.5 POST-ALLEGATION PROTECTIVE CUSTODY requires that the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse be subject to the requirements of 28 CFR part 115.43. That standard and policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from likely abusers. POLICY 612.9 PROTECTIVE CUSTODY covers PREA Standard 115.43. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed. The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, and not ordinarily in excess of 30 days. Every 30 days, the Jail Administrator will review to determine whether there is a continuing need for protective custody. In the past 12 months there were zero inmates held in involuntary protective custody post allegation of sexual abuse. The Jail Administrator and PREA Coordinator assured the auditor that if an involuntary protective custody assignment is made because of a high risk for victimization, the Jail Administrator or designee would clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged.
- II. Additionally, staff who supervise inmates in segregated housing said that when inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they still have access to programs, privileges, education and work opportunities. This is administrative segregation as opposed to disciplinary segregation. If the facility restricts access to these programs, the jail would document the opportunities that have been limited, the duration of the limitations, and the reasons for such limitations. The Jail Administrator also described the policies in place to protect inmates from being placed in involuntary segregation and protective custody without assessments and reviews. Alternative means of separation are always explored promptly and the KCJ has a good jail design to address situations such as this. 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. Each incident is reviewed on a case-by-case and individualized basis. The Program Coordinator maintains records of

in-cell and out-of-cell programs for inmates in segregated housing for this purpose. Refusals and limitations are also documented.

- III. POLICY 612.9 PROTECTIVE CUSTODY requires that only until an alternative means of separation from likely abusers can be arranged will these inmates be placed in involuntary protective custody. Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities. If restrictions are in place, limitations shall be documented.

A sample of Incident Reports, Segregation Privilege Level Review forms and Weekly Segregation Reviews were also studied for compliance of this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. Criminal and administrative investigations into allegations of sexual abuse and sexual harassment are conducted thoroughly, objectively, and promptly by the KCSO. All allegations are investigated including third-party and anonymous reports.

POLICY 613.7 INVESTIGATIONS. POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS. CRIMINAL AND ADMINISTRATIVE AGENCY INVESTIGATIONS ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The KCJ publishes the investigation requirement on its website. The KCSO/Jail documents all referrals. If an allegation of sexual abuse involves a staff member, an outside agency conducts a prompt, thorough, and objective investigation. Allegations of sexual harassment by staff, contractors, or volunteers are also referred to an outside agency for an investigation. A sample of PREA investigative reports was read and reviewed in corroboration of this standard requirement. The investigator interviewed stated that investigations are initiated usually within minutes as the PREA Investigators are on-call 24/7. Reports are received in a variety of ways and methods, including third-party reporting and anonymous allegations. It was explained that all allegations are investigated in the same prompt, objective, and comprehensive manner.

- II. POLICY 612.7 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS also addresses this standard and specifies that only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases. POLICY 613.7 also requires the KCSO PREA investigators to be trained in sexual abuse investigations involving victims. Investigative training records with curriculum were reviewed. The KCSO PREA Investigators received initial training and refresher training. The curriculum is approved and offered by the PREA Resource Center

and the curriculum content Specialized Training: Investigating Sexual Abuse in Confinement Settings is designed to address the requirements outlined in the PREA standard requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. The training also contains information fundamental to understanding concepts and best practice in investigating incidents of sexual abuse. The investigator described the training to the auditor. Training topics included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

- III. Investigators by policy and job description are also required to gather and preserve direct and circumstantial evidence. This includes any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims and suspected perpetrators, as well as all witnesses. All investigative reports are documented in writing and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigator interviewed described the investigative process from start to finish to the auditor including the first steps in initiating an investigation, the comprehensive investigation process, and evidence collection. Physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse are all considered in the investigative process. Investigative reports, record retention schedules, and copies of case records detailing allegations of abuse were also reviewed in corroboration of this investigative standard.
- IV. Tenneson, Garrity, and Miranda warnings are automatic, and the investigator described the strong communication and working relationship with the County Attorney's Office. When needed, and when there is evidence that a prosecutable crime may have taken place, prosecutors are consulted for guidance before compelled interviews are conducted.
- V. The KCSO does not utilize polygraph examinations as a condition for proceeding with an investigation. The credibility of a victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate. The investigator explained that all reports are considered serious and they do not judge the credibility of an alleged victim, suspect, or witness. Credibility is, however, ascertained through the course of the investigation. Reports are evaluated without regard to an inmate's sexual orientation, sex, or gender identity. The inmate who had previously reported a sexual abuse said that he did not submit to a polygraph.
- VI. Administrative investigations must include an effort to determine whether staff actions or failure to act facilitated the abuse. This will be documented in written reports and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings. The investigator interviewed stated that investigative reports are fact-based and staff action or inactions must be considered as part of a thorough investigation. The auditor reviewed a sample of administrative investigative files in support of this standard.
- VII. Criminal investigations are documented via Incident and Supplementary Report and are assigned a case number by the KCSO. A description of the evidence is provided in narrative form written by the investigating officer and reviewed by a supervisor. The report includes any available physical and DNA evidence and any available electronic monitoring data. Testimonial evidence is also documented and recorded. Documentary evidence is

attached as feasible. The investigator confirmed that all PREA investigations are thoroughly and completely documented. If the investigation is referred to another county for investigation, the KCSO requests that the investigating agency follow all the PREA requirements and the referral is documented. The KCSO cooperates with the outside agency investigation and requests to be informed about the progress of the investigation. If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges.

- VIII. Virtually all PREA reports are forwarded to the County Attorney for prosecutorial review, but most definitely substantial allegations of conduct that appear to be criminal are referred for prosecution. The Kanabec County Attorney's Office will determine prosecution based upon filing of criminal charges.
- IX. POLICY 612.2 RECORDS states that all case records and reports associated with a claim of sexual abuse and sexual harassment will be retained in accordance with privacy laws. The Office shall retain all written reports from administrative and criminal investigations for as long as the alleged abuser is held or employed by the Office, plus five years. The auditor had previously reviewed a sample of older investigation reports to verify the retention of these records.
- X. POLICY 612.7 states that the departure of the alleged abuser or victim from the employment or control of the jail or Office shall not provide a basis for terminating an investigation. The investigator confirmed that the investigation continues and is completed even though an abuser or victim is no longer employed or has been released from jail custody.
- XI. When outside agencies investigate allegations of sexual abuse or sexual harassment, the KCSO cooperates with the outside agency investigation and requests to be informed about the progress of the investigation. If criminal acts are identified as a result of the investigation, the case is presented to the appropriate prosecutor's office for filing of new charges. The Jail Administrator, PREA Coordinator, and Investigator verified their cooperation with outside agencies charged with investigating a sexual abuse allegation involving a staff member and the importance of receiving progress reports. Their involvement is minimal however, to deter any conflict of interest. The KCSO requires a full report upon completion of the investigation.

Investigations of reported allegations of sexual abuse/assault are conducted with the utmost care and continuity regarding evidentiary standards at the KCSO. 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 are available on an on-call basis. Reports are objective, fact-based, and comprehensive with findings. Substantiated cases are always referred for criminal prosecution. Allegations are found to be substantiated by a preponderance of the evidence. Related reports were reviewed and include a description of the physical and testimonial evidence, facts, findings, and credibility. The 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 for the required time frame. 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. The specialized training that the investigators receive include First Witness,

PREA Investigations, Certified Forensic Interviews, PREA Resource Center courses and continuing education. All the reports of PREA allegations in the past 12 months were unfounded. Outside agencies investigate alleged staff-involved incidents and the facility cooperates and remains informed about the progress of the investigation 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.

***During the inmate interview portion of the on-site audit, one inmate reported to the assistant auditor that he had experienced a threat of sexual assault at the jail. The auditors reported the allegation to the PREA Coordinator and Jail Administrator who contacted the PREA Investigator. The investigation process was activated, and the inmate met with a victim advocate. The PREA Coordinator was in contact with the inmate's social worker since the inmate is a vulnerable adult. Upon further investigation, the inmate was referring to a 2015 Terroristic Threats incident that had been fully investigated and forwarded to the County Attorney's Office. Another inmate was charged with Terroristic Threats. Nothing of a sexual nature had previously been reported. Upon completion of the investigation, the PREA incident is unfounded. The KCSO acted appropriately and followed investigative requirements in accordance to the PREA standards.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The KCSO imposes no standard higher than a preponderance of the credible evidence of the investigators in determining whether allegations of sexual abuse or sexual harassment are substantiated. The investigator verified this policy requirement and stated that substantiated allegations of conduct that appear to be criminal are forwarded to the County Attorney. This is based on POLICY 613.7.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. The KCSO has a policy requiring that any inmate who makes an allegation of sexual abuse is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. POLICY 612.7.2 REPORTING TO INMATES and 613.7 REPORTING TO INMATES require the Jail Administrator or authorized designee to inform the victim inmate. If the office did not conduct the investigation, they shall request relevant information from the investigative agency in order to inform the inmate. In the past 12 months, there were three criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the KCSO. In all three instances, the inmate was advised of the outcome and findings of the investigation. The investigator audio tapes all conversations with victims and witnesses, so the notification is preserved. The PREA Coordinator and Jail Administrator confirmed that

inmates are notified of investigative results and they continue to make improvements to the reports as needed to clearly document the inmate notifications through the Sexual Abuse Incident Review process. There were zero investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency.

- II. If a staff member is the accused, the inmate shall also be informed whenever:
 - (a) The staff member is no longer assigned to the inmate's unit or employed at the facility,
 - (b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.
- III. If another inmate is the accused, the alleged victim is notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.
- IV. All notifications or attempted notifications shall be documented. In the past 12 months, there has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate at the KCJ. The auditor read the PREA Incident Reports and the respective investigative files and notifications.

Based on a review of the KCSO sexual abuse policies, procedures, and related documents, interview responses, and review of the incident reports and investigative files, the PREA reporting to inmates standard is met.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

As per POLICY 613.8 DISCIPLINE and 612.7.1 INVESTIGATIVE FINDINGS, staff shall be subject to disciplinary sanctions up to, and including termination, for violating KCSO sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse. There have been no staff employed by the KCJ who have violated sexual abuse or sexual harassment policies in the past 12 months.

Other than actually engaging in sexual abuse, staff discipline shall be commensurate with the nature and circumstances of the acts committed and the employee's disciplinary history and the sanctions imposed for comparable offenses by other employees with similar histories. In the past 12 months, the number of staff from the KCJ who have been disciplined, short of termination, for violating sexual abuse or sexual harassment policies is zero.

All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies. In the past 12 months, zero staff from the facility that have been reported to law enforcement or licensing boards following their termination or resignation for violating agency sexual abuse or sexual harassment policies.

Labor agreements with the KCSO recognize the authority of the Sheriff 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. Interviews with Jail Administration, Human Resources, and the Sheriff confirm and support this standard.

The continued employment of every employee at the KCSO shall be based on conduct that reasonably conforms to the guidelines set forth in POLICY 116 RULES OF CONDUCT. Failure of any employee to meet the guidelines whether on-duty or off-duty may be cause for disciplinary action. This policy outlines conduct that may result in discipline and includes:

- engaging in sexual abuse,
- any history of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution,
- conviction or civil or administrative adjudication for engaging or attempting to engage in sexual activity that was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

According to POLICY 613.8 DISCIPLINE. CORRECTIVE ACTION FOR CONTRACTOR AND VOLUNTEERS and 612.8.1 SEXUAL ABUSE BY CONTRACTOR OR VOLUNTEER, any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having contact with inmates. They will also be reported promptly to the law enforcement agency that would investigate such allegations, unless the activity was clearly not criminal, and brought to the attention of any relevant licensing bodies. The auditor reviewed recent PREA Incident Reports and investigative files pertaining to contractors and volunteers. In the past 12 months, there were no sexual abuse allegations.

Appropriate remedial measures will be taken with considerations whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Discussions with Jail Administration described the prohibition of further contact with inmates and more likely than not, the removal from the facility in cases of sexual harassment policy violations. Sexual abuse policy violations would result in immediate removal from the facility and report to law enforcement for investigation of such allegations. Policy/procedure, training files, and volunteer/contractor acknowledgement forms that were reviewed support the corrective action standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. Inmates are subject to disciplinary sanctions after a formal disciplinary process following an administrative finding or a criminal finding of guilt that the inmate engaged in inmate-on-inmate sexual abuse. The POLICIES that address this standard are: 613.8 DISCIPLINARY SANCTIONS FOR INMATES, 600 INMATE DISCIPLINE, 600.7 LIMITATIONS ON DISCIPLINARY ACTIONS. The KCJ Inmate Handbook also contains information the inmates need to know while in the KCJ. It is a guide to help inmates understand facility

rules, procedures, programs, and services. The inmate handbook contains a PREA section specifying the zero-tolerance policy for any sexual behavior. Rules are in place to prevent sexual harassment and misconduct and if violated they are considered major offenses. Entering a cell that is not their own will result in sanctions and possible criminal charges. Inmates are informed that they will be disciplined for breaking any rule in the inmate handbook or for breaking the law. There were no criminal findings of guilt or administrative findings of inmate-on-inmate sexual abuse that occurred at the KCJ in the past 12 months.

- II. Disciplinary sanctions may involve referral to the mental health clinician, considering the inmate's mental disabilities or mental illness. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates. The Jail Administrator informed the auditor that inmate disciplinary sanctions are proportionate to the offense and a severity scale is utilized as a guideline providing for equal and fair sanctions. The abuser's mental health status is always taken into consideration when determining sanctions. Investigative records and reports were reviewed for consideration of mental health issues and disciplinary processes.
- III. According to the medical/mental health staff interview responses and discussions, therapy, counseling, and other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are also offered to the offending inmate. There are no requirements or limits placed on an offending inmate in order to participate in the mental health services offered. POLICY 613.9 MEDICAL AND MENTAL HEALTH CARE provides for screening results and any information related to sexual victimization or abusiveness, that staff ensure that the inmate is offered a follow-up meeting within 14 days.
- IV. POLICY 600.7 LIMITATIONS ON DISCIPLINARY ACTIONS and the U.S. and State Constitutions expressly prohibit all cruel or unusual punishment. Additionally, there are PREA limitations to discipline including no discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. Also, 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. Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced. The auditor continued to review jail incident reports and disciplinary records to verify the implementation of this standard.

The KCJ disciplines inmate assailants appropriately pursuant to a formal disciplinary process following administrative or criminal findings. Sanctions are commensurate with nature and circumstances of the abuse committed and inmate history in comparison to sanctions imposed for comparable offenses by others. Sanctions to inmates would include lockdown, loss of privileges, loss of good time, and possible criminal charges. The facility will discipline and charge an inmate for staff assaults. Inmates are warned via inmate handbook, PREA education and materials, and postings that false reporting of an incident may lead to disciplinary sanctions. Disciplinary action or administrative decisions are not based on an inmate's race, religion, national origin, gender, sexual orientation, or disability. The KCJ prohibits all sexual activity between inmates.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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- I. POLICY 726 MENTAL HEALTH SCREENING AND EVALUATION. 726.4 MENTAL HEALTH APPRAISAL and POLICY 716 HEALTH APPRAISALS. 716.3.1 PREA SCREENING FOLLOW UP are the policies in place at the KCSO/KCJ addressing this standard for inmates who have an identified a history of sexual victimization to be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening. Mental Health appraisals include the sexual abuse victimization assessment. Following the appraisal, the qualified health professional refers to the mental health professional and physician to develop a treatment plan for the inmate and make recommendations regarding the inmate's housing, job assignment and program participation. In the past 12 months, all the inmates who disclosed sexual victimization during the intake PREA risk screening process were offered follow-up meetings with medical/mental health staff for further assessment. Medical/mental health staff maintain the screening tool, referral forms, inmate medical files, educational handouts, secondary medical documents and other related materials that the auditor reviewed and discussed with the jail nurse for compliance of this standard. POLICY 613.9 MEDICAL AND MENTAL HEALTH CARE. MEDICAL AND MENTAL HEALTH SCREENING also guide the staff to ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. Interview with staff who perform the screening for risk of victimization and abusiveness verified that if the screening indicated that an inmate experienced prior sexual victimization, whether in an institutional setting or in the community, they offer a follow-up meeting with Advanced Correctional Health Care. The victim services resources are also provided to the inmate. The staff member and the jail nurse said that usually, the follow-up assessment occurs the next business day. Mental health staff are available on a weekly basis. Sexual victimization screening and assessment information is documented on a confidential basis. The auditor also reviewed the KCJ Sexual Violence Prevention Checklist to spot check follow-up referrals. A review of these records and reports documented compliance with this standard.
- II. 115.81 (b). Since the KCJ is not a prison, this sub-part is not applicable. It was confirmed, however, by policy and information provided by the jail nurse through the interview process, that if the screening indicates that an inmate had previously perpetrated sexual abuse whether it occurred in a correctional setting or in the community, staff still ensures that the inmate is offered a follow-up meeting with a mental health clinician within 14 days of the intake screening process.

- III. POLICY 613.9 also advises that any information related to sexual victimization or abusiveness that occurred in a correctional setting shall be strictly limited to medical and mental health practitioners and other staff, only as necessary, to inform treatment plan and security management decisions, including housing, work education and program assignments. These confidential records are kept locked in the medical office with access only available for Jail Management and supervisors for those who have a "legitimate need to know." The auditor observed during the jail tour that the PREA screening and medical/mental health assessments and related documents were secure and locked within the locked medical unit. Security walls are in place for the online inmate management system, which is programmed for supervisory and medical staff access only according to the PREA Coordinator. Screening and related medical/mental health records are kept separate and are distinct from the inmate's jail file. Information shared with jail staff is strictly limited for informing security and management decisions. POLICY 724 MENTAL HEALTH SERVICES also describes referrals to mental health services and the requirement that all mental health evaluations are kept confidential and remain a part of the permanent medical record. These evaluations are completed in a private clinical setting.
- IV. The informed consent requirement is contained in numerous medical/mental health policies, including 613.9 MEDICAL AND MENTAL HEALTH SCREENING, 724.3 MENTAL HEALTH SERVICES, and 762 INFORMED CONSENT. The jail nurse and auditor discussed the practice and importance of obtaining informed consent from inmates before reporting information about prior sexual victimization that did not occur in a correctional setting, unless the resident is under the age of 18. The auditor conducted an on-site file review to confirm compliance with this medical standard. There are never inmates younger than 18 years of age at the KCJ.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- I. Policies outline procedures for staff with specialized medical training to provide inmates access to emergency medical and mental health services 24 hours a day. These services may include off-site health care services. Contact information for emergency on-call health care services is available and accessible for facility supervisors. Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals and health-trained custody staff. The goal of any medical emergency, including inmate victims of sexual abuse at the KCJ, is to provide emergency medical care to those in need as expeditiously as possible. Reference POLICY 708 EMERGENCY HEALTH CARE SERVICES, 612.5 SEXUAL ABUSE VICTIMS, 612.5 EXAMINATION, TESTING AND TREATMENT, 613.5/613/7 OFFICIAL RESPONSE FOLLOWING INMATE REPORT, POLICY 714 HEALTH AUTHORITY, and POLICY 716.3.1 PREA SCREENING FOLLOW UP. If an inmate alleges he/she was a victim of a sexual assault, they will be immediately removed from their current cell location and taken to the medical office or other safe location. A Corrections Officer will remain with the alleged victim until relieved by investigators. If the victim requires immediate health care, he/she will be transported without delay to First Light Health System. <https://firstlighthealthsystem.org/our-locations/> In addition to the directives, prescribed procedures, and best practices, the nature and scope of such services are determined by the medical and mental health practitioners according to their professional judgement. The auditor reviewed secondary medical logs and forms in addition to jail records and reports. The RN verified to the auditor that inmate victims of sexual

abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The auditor toured the secure medical unit and was provided emergency care information. The First Responder Sexual Assault Response Checklist for security staff, supervisors, and medical staff was again reviewed in relation to this standard.

- II. Medical assistance is requested as soon as possible. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals. Security and non-security staff who have acted as first responders readily described the actions they would take to an allegation of sexual abuse. See POLICY 612.6 FIRST RESPONDERS. A review of the First Responder checklists for security staff and sergeant verified the notification of health and mental health services of the incident and to contact the designated health care facility to alert them to the potential need for a sexual assault examination. The auditor also reviewed a sample of incident reports in support of this standard requirement. Victims would be treated temporarily at the jail, and then be transported safely and securely to the First Light Health System. SAFE/SANE medical staff would be dispatched through the WINDOWS system for the forensic examination process. Victim advocates would accompany the victim through the forensic medical examination and investigatory process.
- III. Sexual abuse victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections and follow-up treatment for STDs. This shall be done in a timely manner. Information is provided in coordination of the jail nurse, WINDOWS, and the First Light Health Center. The auditor was shown the sexual assault educational material available in the medical unit. POLICY 612.6 EXAMINATION, TESTING AND TREATMENT.
- IV. POLICIES 612.6 and 613.6 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATION require the KCSO to provide treatment services to every sexual assault victim without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICIES 724 MENTAL HEALTH SERVICES, 726 MENTAL HEALTH SCREENING AND EVALUATION, 716 HEALTH APPRAISALS, 612.6 EXAMINATION, TESTING AND TREATMENT, 774 RELEASE PLANNING, and 613.4 INMATE ACCESS TO OUTSIDE SUPPORT SERVICES address this standard and require the facility to offer medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse. Advanced Correctional healthcare staff has agreed to accept referrals for inmates who have been victims of sexual abuse or sexual assault. The auditor and the jail nurse reviewed the evaluation and assessment forms and a sample of treatment plans. The nurse explained appropriate medical and mental health services for PREA victims. The KCJ provides inmates with access to sexual assault counselors. Victims are also referred to WINDOWS and/or REFUGE.

Medical staff assured that their level of care was at or above the community standard of care. Female victims of sexual assault would receive free pregnancy tests. If pregnancy were to result from sexual abuse while incarcerated, victims would receive comprehensive information and access to all lawful pregnancy related medical services in a timely manner. All victims would receive free testing and care for sexually transmitted diseases. Victims shall be provided with follow-up services as well, with treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.

<http://www.window4victims.com/> <https://www.therefugenetwork.org/resources-and-help/the-refuge-network/domestic-violence-resources>

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICIES 612.10 SEXUAL ABUSE INCIDENT REVIEW AND 613.10 DATA COLLECTION AND REVIEW. SEXUAL ABUSE INCIDENT REVIEWS cover this standard. The KCJ has a sexual abuse incident review team comprised of the Jail Administrator, PREA Coordinator, Jail Sergeant, Program Coordinator, Investigator, and Medical/Mental Health Practitioner. The incident review is conducted well under the 30-day requirement of the conclusion of the investigation. The KCJ has a Sexual Abuse Incident Review form for substantiated or unsubstantiated PREA incidents. The team members have a list of PREA definitions at their disposal during the review process. The review team often seeks input from other security and non-security staff as needed. When the PREA Coordinator convenes the incident review panel, they are charged with determining:

- (a) Whether the investigation indicates a need to change policy or practice in order to better prevent, identify, or respond to sexual abuse,
- (b) Whether the incident or allegation was motivated by race (hate crimes, security threat groups); ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; gang affiliation, or other group dynamics at the facility,
- (c) Examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse (blind spots),
- (d) Assess the adequacy of staffing levels in the area during different shifts,
- (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff,
- (f) Prepare a written report of the team's findings and any recommendations for improvement. The report is submitted to the Sheriff and is maintained by the PREA Coordinator.

The Jail Administrator ensures the implementation of the recommendations for improvement or will document the reasons for not doing so. Staff will monitor for retaliation. In the past 12 months, there were zero PREA investigations completed of alleged sexual abuse at the KCJ that were substantiated or unsubstantiated. The auditor also reviewed related staff meeting minutes, PREA incident review data, incident reports and investigation files in support of this standard. The Jail Administrator and members of the team verified the use of the sexual abuse incident review team comprised of upper-level management officials allowing for input from line supervisors, investigators, and medical/mental health practitioners. Policy/procedure is always followed in reference to this standard and the team members are trained to consider all elements required of the review.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Coordinator is responsible for the collection of accurate uniform data for every allegation of sexual abuse at the KCJ using the Survey of Sexual Victimization (Formerly Survey of Sexual Violence) Incident Form (SSV-3) as a guide for each allegation of sexual abuse and sexual harassment involving staff, except those unfounded. The SSV is part of the Bureau of Justice Statistics Program, which

gathers mandated data on the incidence and prevalence of sexual assault in correctional facilities, under the PREA of 2003. <https://www.bjs.gov/index.cfm?ty=dcdetail&iid=406>

When requested, the facility is prepared to provide this data to the US Department of Justice (DOJ). (Every year, surveys are sent to a sample of jails throughout the United States.) The PREA Coordinator, Jail Administrator, and the auditor reviewed the standardized instrument with definitions for content. The data collection requirements were discussed and are being met. The auditor was provided with Annual PREA Data Review documents and Annual PREA Data Review reports for 2017 and 2018 as evidence of the collection of accurate, uniform and standardized sexual abuse data. The PREA investigative reports and Sexual Abuse Incident Reviews for each allegation were again reviewed to compare and contrast with the annual records. The KCJ standard set of PREA definitions are the same as the SSV-3 for reference. Statistical PREA information is retained within the Initial Complaint Reports, computerized inmate management system and PREA Incident and Investigative Report files.

The KCJ aggregates the incident-based sexual abuse data annually. DOC inmates are included in the annual reporting. The purpose of the review is to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices and trainings by:

- (a) Identifying problem areas,
- (b) Identifying corrective actions,
- (c) Comparing current annual data and corrective actions with those from prior years, and
- (d) Assessing the Sheriff's Office progress in addressing sexual abuse.

Records of incidents of abuse are collected to use for future prevention and planning. The KCSO collects and maintains accurate uniform data for every allegation of sexual abuse at the KCJ. The KCJ last accomplished the DOJ survey and Local Jail Jurisdiction Summary form in 2014, which was the last time it has been requested to date.

POLICIES 613.10 DATA COLLECTION AND REVIEW. DATA COLLECTION and 612.11 DATA REVIEWS.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☐ Yes ☒ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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Sexual abuse data collected and aggregated is reviewed for corrective action at the KCSO. POLICIES 613.10 DATA COLLECTION AND REVIEW. DATA REVIEW FOR CORRECTIVE ACTION and 612.11 DATA REVIEWS address this standard requirement. Annually, the Jail Administrator, Jail Nurse, PREA Coordinator, and other jail supervisors review collected data in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies and training. This review team prepares a report of its findings for the Jail Administrator and Sheriff which includes:

- Identifying problems;
- Taking corrective action on an ongoing basis;
- Comparing current annual data and corrective actions with those from prior years, and

(d) Assessing the Sheriff's Office progress in addressing sexual abuse.

The auditor again read and reviewed the PREA incident reviews, the annual PREA data reviews, and staff meeting minutes regarding this standard and compliance by the KCSO. The Sheriff, Jail Administrator and the PREA Coordinator all verified this annual analysis of secure data for the purpose of improving the effectiveness of sexual abuse prevention, detection, and response, and tracking progress in addressing sexual abuse. The Jail Administrator described the role the facility and facility data play in this review. Annual PREA Data Reviews assess the Sheriff's Office progress in addressing sexual abuse. The auditor received and reviewed the Annual PREA Data Reviews for the years 2017 and 2018 which contained all the elements required of the KCSO policy and the PREA standard.

CORRECTIVE ACTION ACCOMPLISHED. At the time of the on-site audit, the 2018 Annual PREA Data Review Report was NOT available to the public through the KCSO website as required according to PREA Standard 115.88 (c). This standard requires that the agency's report be approved by the agency head and made readily available through its website. The Kanabec County Sheriff receives and reviews all the reports of his office for publication approval. The KCSO maintains PREA information, policy, and reporting information on its website; however, the annual report had not been documented for public review. The information has been gathered and a report had been accomplished but the information was not uploaded onto the site. The report should contain data collected and aggregated pursuant to 115.87 (SSV-3 as a guide).
<http://www.kanabecounty.org/departments/jail.php>

KCSO POLICY 612.11 and 613.10 requires the office to make the report available to the public at least annually through the KCSO public website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. Material may also be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility however, the nature of the redacted material shall be indicated.

The KCSO/KCJ PREA website information has now been updated to include the annual reporting requirements of standard 115.87 and 115.88. The auditor read and reviewed the website for standard compliance.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICIES 612.12 RECORDS and 613.10 DATA COLLECTION AND REVIEW. DATA STORAGE, PUBLICATION AND DESTRUCTION require all case records and reports associated with a claim of sexual abuse and sexual harassment be retained in accordance with privacy laws.

The KCSO retains all written reports from administrative and criminal investigations for as long as the alleged abuser is held or employed by the Office, plus five years. All other data collected shall be securely maintained for at least ten years after the date of the initial collection as guaranteed by the PREA Coordinator. The KCSO places the responsibility to ensure that all personal identifiers are removed from the public posting of the annual report on the website also on the PREA Coordinator.

KCJ policy established 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 KCJ abides by MN Rule 2911.2100, MN State Statutes and Federal Laws concerning data collection and retention.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The KCSO has one facility for PREA Standards to be audited. The first audit was during the third year of the first cycle and this current audit is during the third year of the second cycle.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☒ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

CORRECTIVE ACTION ACCOMPLISHED. Preceding this facility audit, the KCSO had not published the Final PREA Audit Report on its website. The auditor will ensure that the last report will be published and that the second Final Audit Report is also published within 90 days of receipt. The KCJ has since updated the KCSO/KCJ website with the addition of the 2016 FINAL PREA Audit Report. The KCSO is obligated under contract to post the Final Report on its website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debora Zauhar

April 28, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.