

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 28, 2016

Auditor Information			
Auditor name: Darnel Carlson			
Address: P.O. Box 1201; Brainerd, MN 56401			
Email: dmcarlson16@yahoo.com			
Telephone number: 218-822-7007			
Date of facility visit: May 3-4, 2016			
Facility Information			
Facility name: Pennington County Jail			
Facility physical address: 119 Main Ave., South Thief River Falls, MN 56701			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 218-681-6161			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Susan Halverson, Jail Administrator			
Number of staff assigned to the facility in the last 12 months: 13			
Designed facility capacity: 76			
Current population of facility: 33			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 18-99			
Name of PREA Compliance Manager: Click here to enter text.		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency Information			
Name of agency: Pennington County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 102 1 st Street W Thief River Falls, MN 56701			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 218-681-6161			
Agency Chief Executive Officer			
Name: Ray D. Kuznia		Title: Sheriff	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency-Wide PREA Coordinator			
Name: Betty Coauette		Title: Corrections Officer	
Email address: brichards@penningtonsheriff.org		Telephone number: 218-681-6161	

AUDIT FINDINGS

NARRATIVE

The Pennington County Jail was audited on May 3-4, 2016. A review of the pre-audit documents had been conducted prior to the on-site visit. The initial meeting began at approximately 8:30 AM and was attended by Jail Administrator Susan Halverson and PREA Coordinator Betty Coauette. The Audit process was discussed, the staff schedule, inmate roster, and a list of additional documents were requested for review as part of the audit.

The facility tour was conducted by PREA Coordinator Betty Coauette. During the initial tour, all areas of the facility were toured, including master control, intake/booking, kitchen and laundry areas, education/programming areas, recreation areas, inmate housing units, administrative offices, and health services. During the facility tour, this Auditor noted that PREA related material was posted throughout the facility. The PREA Audit notice was visibly posted throughout the facility. The facility has a CCTV system that covers all areas of the jail with video retention. During the twelve month period prior to the audit, there was one instance of substantiated sexual harassment and zero instances of substantiated, unsubstantiated, or unfounded instances of sexual abuse.

During the onsite audit, this auditor reviewed and requested copies of specific documentation and information for compliance with PREA. This included review of staff backgrounds, staff orientation and training records, contractor and volunteer training and orientation documents, inmate PREA education documents, screening tools, and investigative reports. Interviews were conducted with the Sheriff, Jail Administrator, PREA Coordinator, Investigative staff, Medical staff, Human Resource staff, Volunteer and contractors who have contact with inmates, Intermediate-or-Higher- Level facility staff, staff who perform screening for risk of victimization and abusiveness, intake staff, random staff, and inmates.

Pennington County Jail Mission Statement:

Mission Statement:

It is the mission of the Pennington County Sheriff's Office to provide fair, consistent, and complete services to all citizens. Timely response and thorough investigation of citizens complaints, proactive patrol, and enforcement of laws and ordinances will achieve these goals. Execution of court orders will be done in a timely manner and carried out as directed. All other services provided to protect human life, property, and keeping of the peace will be conducted effectively and completely.

Members of the Pennington County Sheriff's Office will conduct themselves in a professional manner and will treat the public with compassion and respect. All members of the Pennington County Sheriff's Office will work together, as a team, to provide the public with the highest level of service possible. Although the office of the Sheriff is a political entity, its core statutory functions are based upon the enforcement of law and maintenance of order, therefore the carrying out of those functions must be the main priority of all its members.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Pennington County Jail is a Class III facility as defined by rule 2911.0200.S.13 from the Minnesota Department of Corrections 2911 Licensing Rules Adult Detention Facilities. The Pennington County Jail has a licensed capacity of 76 inmates and houses adult male and female inmates who are pre-trial, pending final sentencing, or serving a sentence less than one year per conviction. Pennington County houses ICWC and Work Release inmates for the Department of Corrections, and inmates from other county jails in Minnesota. The Pennington County Jail was built in 1976 and the annex in 1999 both facilities utilizes intermittent/direct supervision.

The Pennington County Jail consists of two buildings the main facility is a one level building that consists of a vehicle sally port, booking area with two (2) holding cells outside of the booking area, master control shared with dispatch, kitchen, laundry, lobby kiosks for public inmate visitation, library/program room, and 5 housing units. There is one (1) eight (8) bed one (1) tier unit; one (1) eight (8) bed one (1) tier dormitory unit; one (1) two (2) bed one (1) tier unit; one (1) six (6) bed one (1) tier dormitory unit; and one (1) two (2) bed one (1) tier unit. The Pennington County Jail Annex is a one level building with a basement that consists of public video visitation, professional visitor area, Jail Administrator's Office, medical office, meeting area, programming office, staff control center and a forty-eight (48) bed open dayroom area.

The Pennington County Jail contracts with A'viands LLC as their food service provider. A'viands provides essential personnel required to prepare meals and perform all necessary functions of a kitchen. A'viands personnel supervise inmate labor used in the kitchen to help prepare meals, wash dishes, and clean the kitchen. Meals are prepared on-site and delivered to the housing units and served to the inmates. Inmate workers are assigned to the facilities laundry. Laundry services is responsible for cleaning the bedding, linens, and clothing for the facility.

The Pennington County Jail contracts for medical services with MEnD Correctional Care. MEnD Correctional Care provides Licensed and certified medical practitioners that provides for the delivery of health care services, including medical, dental, and mental health services.

The Pennington County Jail offers limited programs to inmates on various set schedules. The design of the current facility limits the Pennington County Jail on offering programs to the inmates. There is one programmer that works Monday-Friday who facilitates programming for each housing unit throughout the week.

SUMMARY OF AUDIT FINDINGS

On May 3-4, 2016 two site visits were completed at the Pennington County Jail in Pennington County, Minnesota. The Pennington County Jail exceeded 2 standards; met 41 standards; 0 standards were not met; 0 standard not applicable.

Number of standards exceeded: 2

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

- (a) Policy 02.2701 – Prison Rape Elimination Act (PREA) clearly states the agency's zero tolerance with regard to sexual abuse, sexual assault, and sexual harassment. This policy outlines prohibited behavior and follows the definitions outlined in the PREA standards. Policy 02.2701 – Prison Rape Elimination Act (PREA) outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy 02.2701 – Prison Rape Elimination Act (PREA) states that staff shall be subject to disciplinary sanctions up to and including termination, for violating sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Other disciplinary sanctions for violating the sexual abuse or sexual harassment policy shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and sanctions imposed for similar offenses by other staff with similar histories.
- (b) Policy 02.2701 – Prison Rape Elimination Act (PREA) addresses this standard. Correctional Officer Betty Coquette is the designated PREA Coordinator who reports she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards. The Pennington County Sheriff's Office has 2 facilities next to each other that combined are considered one facility. Interviews with Agency Administration verify the commitment to enforcing the agency's zero tolerance for sexual abuse and sexual harassment. Interviews with staff and inmates verified Administrations commitment to a zero tolerance culture for sexual abuse and harassment and confidence in Administration to investigate any claim of sexual abuse or harassment that is submitted.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The Pennington County Jail houses inmates in other facilities but does not have a written contract with the jail. Pennington County will only house inmates in PREA Compliant jails which this auditor confirmed.

Standard 115.13 Supervision and monitoring

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

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

- (a) Policy 02.2701 – Prison Rape Elimination Act (PREA) states that the Pennington County Jail in the process of creating and revising a staffing plan to provide for adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual abuse. Department of Corrections rule 2911.0900.S.1 mandates the staffing plan be reviewed at least annually. The most recent staffing plan is based on the capacity of 76 inmates and meets the requirements of this standard listed in (a1-11). Interviews with the Jail Administrator and PREA Coordinator verify the staffing plan is reviewed annually.
- (b) The Pennington County Jail does not deviate from the staffing plan, voluntary or mandatory overtime is used to cover shifts when needed. If shift coverage is not available the Pennington County Jail will house inmates at other PREA compliant facilities. The interview with the Jail Administrator verified this practice.
- (c) Policy 02.2701 – Prison Rape Elimination Act (PREA) addresses this standard. Review of documentation verifies staggered unannounced rounds are completed on all shifts. Interviews with staff verify they complete and document unannounced rounds.

Standard 115.14 Youthful inmates

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

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

Policy 02.2701 – Prison Rape Elimination Act (PREA) Youthful inmates outlines the Jail's practice for housing inmates under the age of 18. Pennington County Jail is limited by their license to hold juvenile/youthful inmates for 24 hours excluding weekends and holidays. In the twelve months prior to the audit, there were two youthful inmates housed at the Pennington County Jail. During the facility tour, this Auditor was shown the holding cells that are used to house youthful/juvenile offenders which meets the requirements of this standard. There were zero youthful/juvenile inmates being housed in the jail during the audit.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

- (a) Policy 02.2701 – Prison Rape Elimination Act states that staff of the Pennington County Jail shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There have been zero cross-gender strip searches and visual body cavity searches performed in the twelve months prior to the audit.
- (b) Policy 02.2701 – Prison Rape Elimination Act states that staff shall not conduct cross-gender pat down searches of female inmates, absent exigent circumstances. Interviews with staff and inmates verified that female inmates were not limited to programming or out of cell opportunities because of pat down procedures. If there is not a female on duty to perform pat searches; a female road officer or a female from the on-call list will be contacted to perform pat searches on female inmates.
- (c) Policy 02.2701 – Prison Rape Elimination Act states that jail staff shall document all cross-gender strip searches and body cavity searches of inmates and all cross-gender pat-down searches of female inmates. In the twelve months prior to the audit, there have been zero cross-gender pat-down searches of female inmates by male staff.
- (d) Policy 02.2701 – Prison Rape Elimination Act states jail inmates shall be permitted 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. Staff shall announce “Male on the floor” or “Female on the floor” before staff members of the opposite gender enter an inmate housing unit. This auditor directly witnessed and interviews with inmates and staff confirm officers announce their presence when entering housing units of the opposite gender.
- (e) Policy 02.2701 – Prison Rape Elimination Act prohibits inmates from conducting searches of transgender or intersex inmates for the sole purpose of determining genital status.
- (f) Review of training curriculum and interviews with staff verify that training has been provided. There were zero transgender or intersex inmates in the facility during the on-site PREA Audit.

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

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. The facility has a practice in place to assist

inmates that are limited English proficient and interpreters for deaf and hard of hearing inmates. A Spanish handbook is provided when necessary. Pennington County utilizes the language line which is posted in the facility for staff and has two local interpreters to provide sign language services. The jail has Limited English Proficient cards with universal symbols to aid staff in their communication between limited English Proficient and deaf and hard of hearing inmates. Interviews with staff verify inmate interpreters or readers have not been used. There were zero inmate readers or other types of assistants used in the twelve months prior to the audit. During the on-site audit, there were zero inmates that met this criteria during the on-site audit.

Standard 115.17 Hiring and promotion decisions

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

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

- (a) Policy prohibits the hiring or promoting of anyone who may have contact with inmates and shall not enlist the services of any contractor that may have had contact with inmates that:
 1. Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile or other institution;
 2. Has been convicted of, or civilly or administratively adjudicated for, engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force, or coercion, or if the victim did not consent or was unable to consent.

Job applications for new applicants and promotions require the applicant to disclose any history described in (a)(1-2) above.

- (b) All contract employees that have access to the jail are screened and a criminal history check completed prior to being approved to work in the facility.
- (c) Before hiring any new employees who may have contact with inmates, criminal background checks are completed.
- (d) Before enlisting the services of a contractor who may have contact with inmates, criminal background checks are completed.
- (e) Criminal background checks are completed on current employees and contractors at least every five years. All criminal background checks are processed through the Minnesota Bureau of Criminal Apprehension.
- (f) All applicants and employees who may have direct contact with inmates are asked about previous misconduct as described in (a)(1-2) above in written applications and/or interviews for hiring or promotion and interviews or written performance appraisals conducted as part of annual reviews of current employees.
- (g) County policy imposes on all current employees a continuing affirmative duty to disclose any misconduct described in this standard. Material omissions regarding such conduct, or the provision of materially false information, shall be grounds for termination.

Interviews with staff verified that the Pennington County Sheriff's Office would provide information to other agencies about employee misconduct when requested.

Standard 115.18 Upgrades to facilities and technologies

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. Interviews with Administration verify that PREA will be taken into consideration in any future planning for technology upgrades to the facility. In 2015 a new IP camera section was added to the jail.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Policy 02.2701 – Prison Rape Elimination Act states that an administrative or criminal investigation is completed for all allegations of sexual abuse and harassment promptly, thoroughly, and objectively. The Sheriff's Office policy 602 – Sexual Assault Investigations is a detailed outline on how to conduct a criminal investigation of sexual abuse. Pennington County has an investigator that conducts the administrative and criminal investigations who has received specialized training. Pennington County publishes their policy of investigating all allegations of sexual abuse and harassment. The information is published: <http://co.pennington.mn.us/departments/sheriff/PREA.asp> Policy states that all victims of sexual abuse will be offered access to forensic medical examinations at a local hospital without financial cost to the victim. Inmates that are victims of sexual abuse will be transported to Sanford Hospital, Thief River Falls, MN. for treatment -

<http://www.sanfordhealth.org/Locations/Community/Thief%20River%20Falls,MN> The Pennington County Sheriff's Office has a signed agreement with the hospital to provide forensic medical examinations.

Pennington County has signed three memorandum of understandings one with the Violence Intervention Project (218-681-5557) <http://violenceintervention.org/> and one with Veterans Services (218-683-7034) <http://co.pennington.mn.us/departments/veterans.asp> and one with Sexual Assault Services/Victims Services (218-681-0881) <http://co.pennington.mn.us/departments/victimsservices.asp> to provide support services to inmates who are victims of sexual abuse which has been verified. Contact information for these agencies are listed in the inmate handbook, posted throughout the facility and programmed into the inmate telephone system as free telephone calls.

There have been zero substantiated claims of sexual abuse and zero forensic medical exams performed in the twelve months prior to the audit.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Policy 02.2701 – Prison Rape Elimination act addresses this standard. Pennington County has one investigator that conducts all administrative and criminal investigations who has received specialized training. Pennington County publishes their policy of investigating all allegations of sexual abuse or harassment. This information is published: <http://co.pennington.mn.us/departments/sheriff/PREA.asp> and posted in the facility. Staff interviews verify that all allegations of sexual abuse would be criminally investigated and all allegations of sexual abuse and harassment would be administratively investigated.

There has been one administrative sexual harassment investigation and zero administrative or criminal investigations of sexual abuse and sexual harassment in the twelve months prior to the audit.

Standard 115.31 Employee training

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. Based on the review of the training curriculum, the training provided to staff meets the standard and is tailored to both genders housed at the facility. Review of training records confirms all employees that have contact with inmates received and understood the PREA Training. Pennington County provided continuing training and education for all employees. Jail Administration maintains documentation of training. Interviews with staff verify they were trained in all aspects of PREA.

Standard 115.32 Volunteer and contractor training

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. Pennington County requires that volunteers and contractors receive training which is documented; volunteers and contractors sign a Code of Conduct Fraternalization Form. Interviews with contractors confirm receiving and understanding PREA Training. Medical contracted staff receive full PREA training as part of their Company’s – MEnD Correctional Care – new employee orientation with refresher training every two years. Years in which employees do not receive refresher training; the employees are provided refresher information. MEnD’s policy – PREA Training and Intervention -and MEnD protocol – Sexual Assault address the requirements of this standard. MEnD provides PREA training to their employees that cover all topics in standard 115.31.

A’viands Food service provides PREA training to their employees.

Pennington County retains copies of PREA training records on contracted employees and volunteers. Volunteers and Contractors are provided a guide for the Prevention and Reporting of Sexual Abuse with offenders and inmates which includes Pennington County’s zero tolerance policy and who allegations can be reported to. Pennington County exceeds this standard in the fact that they require all professional visitors which includes Attorneys, Officers of the Court to be trained in the jail’s zero tolerance for sexual abuse and harassment before they are approved to enter the facility.

Standard 115.33 Inmate education

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. Inmates receive information on the agency’s zero tolerance policy as part of the booking process. The jail has designated 5 officers that provides training to each inmate generally within 72 hours of intake; inmates sign an acknowledgement they have received and understand the training. Inmates are shown a video from Just Detention International and are issued a card during intake for kiosks located in each of the housing units. As part of the initial sign-on, inmates are required to read and acknowledge the facility’s PREA education information. Every thirty days thereafter, inmates are required to read and accept the PREA education information.

The agency provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and inmates who have limited reading skills. Posters are displayed in each housing area and throughout the jail with information about sexual abuse and sexual harassment. Interviews with inmates confirm receiving PREA education and an Inmate Safety Guide. Review of inmate education documents confirm each inmate is provided this education.

Interviews with staff verify inmate education is provided to the inmates.

Standard 115.34 Specialized training: Investigations

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

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

Policy 02.2701 – Prison Rape Elimination Act states that to the extent it conducts sexual abuse investigations, its investigators have received training in conducting investigations in a confined setting that is required in (b) of this standard. Pennington County has a well-trained, experienced investigator who has completed the NIC “PREA: Investigating Sexual Abuse in a Confinement Setting” that would handle administrative and criminal investigations. An interview with the investigator establishes compliance with this standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard.

MEnD Correctional Care Policy – PREA Training and Intervention and MEnD Correctional Care Protocol – Sexual Assault outline the training provided to MEnD employees during orientation and every two years thereafter. Years in which employees do not receive refresher training, MEnD provides refresher information on current sexual abuse and harassment policies. MEnD Correctional Care provides specialized training on the following topics:

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

Forensic medical examinations will not be conducted by MEnD employees. Victims will be referred to a community-based agency for these services.

An interview with a MEnD Registered Nurse verified they have received training on how to respond to and detect victims of sexual abuse; MEnD would provide any emergent care needed prior to a victim’s transport to a community-based agency.

Review of training records confirm staff have received and understand the PREA training.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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Policy 02.2701 – Prison Rape Elimination Act states that all inmates shall be assessed during intake using an objective screening instrument; the screening shall ordinarily take place within 72 hours of arrival at the facility. Pennington County uses a Male and Female Assessment Tool that covers all requirements in this standard (d)(1-10) and (e) which was verified during the on-site audit documentation review. Interviews with staff verify completing risk assessments within 72 hours of the inmate's arrival at the facility. Interviews with inmates verify being asked questions from a questionnaire within the first few days of being booked into the facility. Inmates are reassessed within 30 days of arriving at the facility and when warranted based upon any additional relevant information received since the intake screening. Policy states that inmates may not be disciplined for refusing to answer, or not disclose complete information related to (d)(1); (d)(7); (d)(8); and (d)(9) of this standard.

Interviews with staff verified inmates are not punished for refusal to answer questions (d)(1); (d)(7); (d)(8); and (d)(9) in this standard.

Risk assessments are securely maintained in a locked cabinet in the Jail Administrator's Office with access limited to the PREA Coordinator and Jail Administrator. During the on-site audit, this auditor was shown the process and location of the risk assessments.

Standard 115.42 Use of screening information

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

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

Policy 02.2701 – Prison Rape Elimination Act states the information from the risk screening will be used to determine housing, bed, work, education, and program 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. Interviews with staff confirm the risk assessments are used to make decisions on housing assignments.

Policy 02.2701 – Prison Rape Elimination Act addresses (c-g) of this standard. The decision whether to assign a transgender or intersex inmate to male or female housing is determined on a case-by-case basis; based on the health and safety of the inmate and the management and/or security needs of the jail with serious consideration given to the inmate's own views with respect to his or her own safety. The Pennington County Jail does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing units based solely on their identification

status. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Inmates are reassessed within 30 days of arrival to determine if reclassification is needed. Interviews with staff and document review verify the agency's adherence to these policies. At the time of the on-site audit and twelve months prior to the audit, there were zero transgender or intersex inmates admitted to the facility.

Standard 115.43 Protective custody

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. Interviews with Jail Administration confirm that protective custody would only be used as an alternative means of separation from likely abusers until and alternative means of separation could be arranged. Inmates placed in protective custody would have access to out of cell opportunities to the extent possible. Inmates in segregated housing will be reviewed every 30 days to determine whether there is a continued need for separation from general population. In the twelve months prior to the audit, there have been zero inmates placed in involuntary segregated housing for one to 24 hours awaiting completion of assessment. There have been zero inmates placed in involuntary segregated housing for longer than 30 days while awaiting alternative placement.

Standard 115.51 Inmate reporting

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. The Pennington County Jail provides multiple ways for inmates to privately report sexual abuse, sexual harassment, and retaliation by other inmates or staff and staff neglect: using request forms, verbally, anonymously, in writing, through the kiosk, and through third-party reporting. Staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.

Interviews with inmates verify knowledge of how to make reports of sexual abuse or harassment and believe that reports will be investigated. Pennington County has signed memorandums with the Violence Intervention Project (218-681-5557) <http://violenceintervention.org/> Veterans Services (218-683-7034)

<http://co.pennington.mn.us/departments/veterans.asp> and Sexual Assault Services Services/Victims Services (218-681-0881) <http://co.pennington.mn.us/departments/victimsservices.asp> to act as an outside third-party reporting agency for inmates. Contact information for these agencies are listed in the inmate handbook, posted in each housing unit and throughout the facility, and is programmed into the inmate telephone system as a free, private call. Staff can privately report sexual abuse and sexual harassment of inmates to a supervisor, any member of Jail Administration. Staff may privately report outside the chain-of-command to the Sheriff, Chief Deputy, or County Attorney's Office.

Staff interviews verify they understand their duty to accept and report incidents; how to privately report sexual abuse or harassment of inmates; and have full confidence in Administration that every reported incident will be investigated.

Standard 115.52 Exhaustion of administrative remedies

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

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

Policy 02.2701 – Prison Rape Elimination Act provides a grievance procedure for inmates to use. The policy does not impose a time limit on when an inmate can submit a grievance regarding an allegation of sexual abuse or harassment. The jail will ensure that an inmate who alleges sexual abuse or harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such a grievance will not be referred to a staff member who is the subject of the complaint. The inmate handbook provides information on the grievance procedure. Third parties will be permitted to assist inmates in filing requests for administrative remedies related to sexual abuse allegations. All emergency requests or grievances alleging an inmate is subject to a risk of imminent sexual abuse will immediately be forwarded and an initial response made within 48 hours and a final decision within 5 days.

Interviews with Jail Administration confirm there is no time limit imposed for an inmate to submit a grievance related to allegations of sexual abuse.

There were zero emergency grievances filed alleging sexual abuse or harassment or substantiated risk of imminent sexual abuse in the twelve months prior to the audit.

Standard 115.53 Inmate access to outside confidential support services

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

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

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

Policy 02.2701 – Prison Rape Elimination Act states the jail will provide inmates access to outside victim advocates for emotional support. Inmates are provided the mailing address and telephone number for Sexual Assault Services. Pennington County has a signed memorandum of understanding with Sexual Assault Services to provide support services to inmates who are victims of sexual abuse. Contact information for Sexual Assault Services is posted in each housing unit and throughout the facility. The phone number is programmed into the inmate telephone system as a free, private call. Interviews with inmates confirm they know services are available and phone numbers are on posters everywhere in the jail if they need the information.

Standard 115.54 Third-party reporting

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

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

Policy 02.2701 addresses this standard. Pennington County has a signed memorandum of understanding with Sexual Assault Services/Victims Services (218-681-0881) <http://co.pennington.mn.us/departments/victimsservices.asp> Veterans Services (218-683-7034) <http://co.pennington.mn.us/departments/veterans.asp> and Violence Intervention Project (218-681-5557) <http://violenceintervention.org/> to receive third-party reports of sexual abuse and harassment. Contact information is posted in each housing unit and throughout the facility, the contact numbers are programmed into the inmate telephone system as a free, private call. Contact information for third-party reporting is displayed on the Pennington County Sheriff’s Office website: <http://co.pennington.mn.us/departments/sheriff/PREA.asp> Staff interviews confirm that they would accept, document, and report any third-party reports of sexual abuse or harassment made on behalf of an inmate. Pennington County exceeds this standard in the fact that they have agreements with three different organizations that are published to act as a third-party reporting agency for inmates and the public.

Standard 115.61 Staff and agency reporting duties

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

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

Policy 02.2701 – Prison Rape Elimination Act requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation that occurs in the Pennington County Jail or any other confinement facility. Interviews with staff verify they would immediately report information regarding sexual abuse or sexual harassment to a supervisor or Jail Administration, with confidence that the report would be taken seriously and investigated. Staff are not to reveal any information related to a sexual abuse or harassment report to anyone except supervisors and officials who are responsible for treatment, investigation, and other security management decisions. Medical and mental health staff are required to report sexual abuse or harassment and to inform inmates of their duty to report and the limitations of confidentiality.

MENd Nursing Protocol – Sexual Assault requires medical staff to report sexual abuse allegations based on facility policy, notification to inmates of their limitations of confidentiality, at the initiation of services.

Interviews with medical staff confirm they would report sexual abuse to Jail Administration or custody staff. Review of medical forms confirm inmates are notified of limitations of confidentiality

Standard 115.62 Agency protection duties

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

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

Policy 02.2701 – Prison Rape Elimination Act states when staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate. Interviews with Jail Administration and staff confirm knowledge of their responsibility to keep inmates safe and would take immediate action to protect the inmate; staff would immediately separate the potential victim from the abuser to ensure the inmate’s safety. In the twelve months prior to the audit, there were zero times the facility determined that an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. The Pennington County Jail has received zero allegations that an inmate had been sexually abused while confined in another facility. The Pennington County Jail has received zero reports from other agencies that an inmate reported sexual abuse while being housed at the Pennington County Jail.

Based on staff interviews if Pennington County receives a report from another agency of an inmate reporting to have suffered sexual abuse while being housed in the Pennington County Jail, the allegation would be investigated. Pennington County would notify an agency if an inmate reports an allegation of sexual abuse happened in another facility.

Standard 115.64 Staff first responder duties

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses the first responder duties as:

Separate the alleged victim and abuser;

Preserve and protect the crime scene by securing the immediate area until evidence is collected by an investigator or deputy;

If the abuse occurred within a time period that still allows for the collection of physical evidence – request that the alleged victim do nothing that would destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;

If the abuse occurred within a time period that still allows for the collection of physical evidence – ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;

Security staff that receive a report of alleged sexual abuse will follow and complete a First-Responder Sexual Assault Response Checklist;

The on-duty supervisor or designee will follow and complete an On Duty Supervisor or Designee – Sexual Assault Response Checklist;

Staff interviews verify their understanding of their responsibilities under this standard.

Policy requires if the first responder is not a security staff member, they should request that the alleged victim not take any action that could destroy physical evidence, and then notify security staff.

In the twelve months prior to the audit, there have been zero allegations that an inmate was sexually abused.

Standard 115.65 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Pennington County has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical practitioners, investigator, and facility leadership which was reviewed during the on-site audit.

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

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

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

Agency Administration maintains the right to remove alleged staff sexual abusers from contact with any inmates pending the outcome of the investigation or of a determination of whether and what extent discipline is warranted. Interviews with Agency Administration verify management rights in the contract.

Standard 115.67 Agency protection against retaliation

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

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

Policy 02.2701 – Prison Rape Elimination Act states that for at least 90 days following a report of sexual abuse, the Jail Administrator will monitor the conduct and treatment of inmates or staff who reported the sexual abuse, and 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. The obligation to monitor shall terminate if it is determined that the allegation is unfounded. In the twelve months prior to the audit, there were zero substantiated or unsubstantiated allegations of sexual abuse that required monitoring for retaliation.

Standard 115.68 Post-allegation protective custody

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

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

Policy 02.2701 – Prison Rape Elimination Act states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements in standard 115.43. An inmate would be placed in protective custody for safety reasons for the least amount of time as necessary until an alternate means of safe housing can be located.

Interviews with Agency Administration confirms every effort would be made to protect victim(s) and place them back into general population as soon as reasonably possible.

In the twelve months prior to the audit, there have been zero cases of inmates who have alleged to have suffered sexual abuse held in involuntary segregated housing.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policy 602- Sexual Assault Investigations reflects the requirements of this standard for criminal investigations. If the evidence supports prosecution, the case will be referred to the County Attorney's Office for possible prosecution. Policy prohibits the use of a polygraph as a condition for proceeding with an investigation.

The interview with the investigator verified this policy would be followed when conducting a sexual abuse investigation in the jail.

In the twelve months prior to the audit, there were zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

Standard 115.72 Evidentiary standard for administrative investigations

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

- Does Not Meet Standard (requires corrective action)

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

Policy 02.2701 – Prison Rape Elimination Act states that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. The interview with the investigator verifies the evidentiary standard used is the preponderance of the evidence and any investigation would continue even if the alleged staff member was no longer employed with the agency.

Standard 115.73 Reporting to inmates

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

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

Policy 02.2701 – Prison Rape Elimination Act states that following an investigation into an inmate's allegation that he or she suffered sexual abuse the inmate shall be informed whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If a staff member is the accused, (unless the jail has determined the allegation to be unfounded), the inmate shall be informed when the staff member is no longer posted within the inmate's housing unit, no longer employed at the jail, and/or the jail learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. If another inmate is the accused, the inmate shall be informed if the jail learns that the alleged abuser has been charged with or indicted on a charge related to sexual abuse within the facility or the jail learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented.

Interviews with Agency Administration and investigative staff verify the results of the investigation would be reported to the inmate and documented.

In the twelve months prior to the audit, there were zero criminal and/or administrative investigations of alleged inmate sexual abuse completed by the agency.

Standard 115.76 Disciplinary sanctions for staff

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

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

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

Disciplinary sanctions for staff are described in policy 02.2701 – Prison Rape Elimination Act. Jail staff shall be subject to disciplinary sanctions up to and including termination, for violating sexual abuse or sexual harassment policies. Staff sign a code of conduct agreement that states the consequences for inappropriate fraternization between staff and inmates that includes possible prosecution for such conduct.

In the twelve months prior to the audit, there was one staff member disciplined, short of termination, for violation of agency sexual harassment policies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Corrective action for contractors and volunteers is described in policy 02.2701 – Prison Rape Elimination Act. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to the Pennington County Sheriff’s Office- Investigative Division, unless the activity was clearly not criminal, and to a relevant licensing body. The interview with the Jail Administrator confirmed that a contractor or volunteer would be prohibited from entering the facility if found to have violated this policy.

In the twelve months prior to the audit, there have been zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy 02.2701 – Prison Rape Elimination Act describes the disciplinary sanctions through a formal discipline process inmates are subject to for violating sexual abuse and sexual harassment policies. Inmates will be administratively disciplined and referred for prosecution for any substantiated sexual abuse allegations. Inmates will be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The Pennington County Jail prohibits all sexual activity between inmates and will discipline inmates for any such

activities. The inmate handbook explains what behavior is prohibited and the administrative disciplinary process.

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

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. The officer completing the screening for risk of victimization or abusiveness will inform medical if an inmate that meets the criteria from the screening tool would like a follow-up meeting with a medical or mental health practitioner. The Health Assessment used by MEnD Correctional Care include questions related to PREA. If an inmate who discloses prior sexual victimization either in an institutional setting or the community would like to speak with mental health, the assessor refers the inmate to mental health for an appointment to be scheduled within 14 days. MEnD Sexual Assault Protocol only allows medical practitioners to disclose information related to an alleged sexual misconduct report to those necessary per facility policy and to notify the alleged victim of their duty to report any allegations of sexual misconduct that occurred in an institutional setting.

Interviews with medical staff confirm that a referral would be made immediately to the mental health practitioner who is available through tele-medicine and the inmate would receive services as soon as possible within 14 days of requesting services.

Standard 115.82 Access to emergency medical and mental health services

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

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

Policy 02.2701 – Prison Rape Elimination Act requires that inmates who are victims of sexual abuse will 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. Inmate victims of sexual abuse would be provided emergent medical care at the facility and then transported to Sanford Hospital, Thief River Falls, MN where the forensic medical examination would be performed. Interviews with Agency Administration and medical staff confirmed that the victim's safety is a priority and the victim would not incur any financial costs for emergency care.

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

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

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

Policy 02.2701 – Prison Rape Elimination Act and MEnD Nursing Protocol – requires inmates to be offered medical and mental health services and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a prison, jail, lockup, community corrections facility, or juvenile facility. The evaluation and treatment will include follow-up services, treatment plans, and referrals for continued care following their transfer or release from the jail. Female victims would be offered a pregnancy test and all victims would be offered testing and treatment for STD's which would be provided without financial cost to the inmate.

Interviews with medical staff made certain that the level of care would be at or above community level care and follow-up services and treatment recommended from the medical practitioner conducting the examination would be reviewed by the medical provider and a treatment plan implemented based on the recommendations from the medical practitioner.

Standard 115.86 Sexual abuse incident reviews

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

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

Policy 02.2701 – Prison Rape Elimination Act states a sexual abuse incident review shall be conducted 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. The review shall ordinarily occur within 30 days of the conclusion of the investigation and shall include upper-level management officials, with input from supervisors, investigators, and medical or mental health practitioners.

The review team will consider the following:

Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Whether the incident or allegation was motivated by race; ethnicity; status; or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in the area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The review team will prepare a report of the findings, including determinations made pursuant to this section, and any recommendations for improvement and submit the report to the Jail Administrator and PREA Coordinator. The jail shall implement the review team's recommendations for improvement, or document the reasons for not doing so.

Interviews with Agency Administration summarized that the incident review team consisted of the Jail Administrator, PREA Coordinator, Sheriff, Investigator, medical with input from Sergeants or other employees when appropriate.

In the twelve months prior to the audit, there have been zero substantiated, unsubstantiated, or unfounded cases of sexual abuse.

Standard 115.87 Data collection

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

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

Policy 02.2701- Prison Rape Elimination Act addresses this standard. The Pennington County Jail has a system in place for collecting incident based data for every allegation or incident of sexual abuse and sexual harassment. Upon request, the facility is prepared to provide this data to the U.S. Department of Justice.

Standard 115.88 Data review for corrective action

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

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

Policy 02.2701 – Prison Rape Elimination Act addresses this standard. The Pennington County Jail posts comparison data that has specific material redacted from the report that would present a clear and specific threat to the safety and security of the facility. The Pennington County Sheriff's Office does not generate an annual report; comparison data is posted on their web-site: <http://co.pennington.mn.us/departments/sheriff/PREA.asp>

Standard 115.89 Data storage, publication, and destruction

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

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

Policy 02.2701 – Prison Rape Elimination Act reflects the requirements of this standard. The Pennington County Jail is compliant with MN Rule 2911.2100 – Minnesota State statutes and Federal laws concerning data collection and retention. Redacted data is posted on their web-site: <http://co.pennington.mn.us/departments/sheriff/PREA.asp>

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.

Darnel Carlson

June 1, 2016

Auditor Signature

Date