

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS AND JAILS



Name of Facility: Washington County Jail			
Physical Address: 15050 62nd Street North, Stillwater, MN 55082			
Date Report Submitted: March 9, 2015			
Auditor Information			
Address: 3345 West Plum, Lincoln, NE 68522			
Email: Chris.Harrifeld@nebraska.gov or chris.harrifeld@yahoo.com			
Telephone Number: 402-310-9876			
Date of Facility Visit: November 3-7, 2014			
Facility Information			
Facility Mailing:			
Address (if different from above)			
Telephone Number: 651-430-7927			
The facility is:	Military	<input checked="" type="checkbox"/> County	Federal
	Private for Profit	Municipal	State
	Private not for Profit		
Facility Type:	<input checked="" type="checkbox"/> Jail	Prison	
Name of PREA Compliance Monitor: Bill Hoffman		Title: Program Coordinator	
Email Address: William.Hoffman@co.washington.mn.us		Telephone Number: 651-430-7927	
Agency Information			
Name of Agency: Washington County Sheriff's Office			
Governing authority or parent agency: (if applicable)			
Physical Address: 15050 62nd Street North, Stillwater, MN 55082			
Mailing Address (if different from above)			
Telephone Number: 651-430-7927			
Agency Chief Executive Officer:			
Name: William Hutton		Title: Sheriff	
Email Address: William.Hutton@co.Washington.MN.us		Telephone Number: 651-430-7602	
Agency Wide PREA Coordinator:			
Name: Bill Hoffman		Title: Program Coordinator	
Email Address: William.Hoffman@co.washington.mn.us		Telephone Number: 651-430-7927	

AUDIT FINDINGS

NARRATIVE:

Pre-Audit activity began approximately thirty (30) days prior to the on-site audit. Pre-audit activities consisted of reviewing the facility questionnaire with supplied documentation and working with the facility's PREA Coordinator to clarify information. The Washington County Jail PREA Audit was conducted November 3-7, 2014. During this time period the average inmate population was 170. Actions taken during this time period consisted of a facility tour, additional documentation review, witnessing staff procedures, conducting inmate and staff as well as contractor/volunteer interviews. Since the on-site facility audit additional information has been requested and received from the facility to clarify any outstanding questions. Further review of data gathered during pre-audit, audit and post audit phases has occurred resulting in this Auditor's Summary Report.

After the initial summary report was submitted on December 6, 2014 the agency and the Auditor began to collaborate on a corrective action plan. On February 13, 2015 final supporting documentation along with revised policy and procedures were submitted by the Washington County Jail for review and evaluation. These submitted materials in addition to changes in policy and procedures have allowed the Washington County Jail to become fully compliant with PREA Standards.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Washington County Jail is located in Stillwater Minnesota. The agency consists of one dual located adult and juvenile detention facility. Whereas the two types of facilities are located within the same building they are operated independently and do not share housing. Both will receive individual PREA audits. The adult portion of the facility is designed for a capacity of 228 inmates. The population is made up of both female and male inmates. The jail housing units are contained on two (2) levels consisting of ten (10) different housing units.

The Sheriff is the Chief Executive officer of this facility with a Jail Commander (administrator) overseeing the day-to-day operation. Since this agency only operates one facility the PREA Coordinator operates as both Coordinator and PREA Manager. The PREA Coordinator reports directly to the Assistance Jail Administrator.

SUMMARY OF AUDIT FINDINGS: From November 3-7, 2014 a site visit was conducted at the Washington County Jail in Stillwater, Minnesota. The initial summary report was submitted on December 6, 2014. Corrective action review was completed on March 4, 2015. Attached is the final summary report with both initial and final results indicated below.

Final Summary Report

Number of standards exceeded: **5**
Number of standards met: **38**
Number of standards not met: **0**

Initial Summary Report

Number of standards exceeded: **5**
Number of standards met: **24**
Number of standards not met: **14**

§115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has adopted and developed policies and procedures that address their zero tolerance in particular policy 613. These procedures extend from policy to practice involving:

- Prevention efforts
- Staff training & facility staffing
- Inmates education
- Contractors/volunteers
- Searches
- Hiring/promotions
- Available victim services
- Etc.

Since the agency only operates one adult jail facility they have designated an existing upper-level employee to fill the position of PREA Coordinator. The PREA Coordinator also serves as the facility's Program Coordinator. Even with the additional duties it appears through documentation and interviews that this staff member has sufficient time to perform these duties and comply with PREA Standards.

§115.12	Contracting with other entities for the confinement of inmates.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The Washington County Jail does contract with other agencies for the confinement of inmates. Facility policy 613.4 details compliance with standard as well as interviews and copies of signed contracts for confinement of inmates. Facility policy 613.4 also requires any new contract or contract renewal comply with PREA Standards.

§115.13	Supervision and monitoring.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has a staffing plan located in policy 613 that outlines a minimum staff to inmate ratio. This plan also provides information on where additional staff may be pulled from if needed. According to this policy any deviation from this staffing plan must be documented noting the circumstances for deviation. This facility must also comply with state standards that dictate staffing.

This facility has recognized a need to increase video monitoring throughout the facility. This recognition was not a result of any incident instead it is a pro-active approach to better protect inmates and staff.

During the on-site audit documentation as well as video of unannounced supervisor rounds reviewed. Documentation and video was reviewed from all shifts demonstrating compliance with standards.

§115.14	Youthful inmates.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

According to policy C-512any youthful inmate at the Washington County Jail will first be housed in the co-located juvenile facility. If the juvenile is deemed not suited for the juvenile facility because he or she poses a threat to other juveniles or to his/herself alternate housing will be sought by the jail Commander. Alternate housing or separate housing will only be used until other alternative are found or the youthful inmate can be moved to the juvenile facility. If separate or protective custody housing is used sight and sound requirements will be maintained while allowing as much as possible all opportunities afforded to other inmates. Policy also strives to maintain that juveniles have regular access to mental health specialist.

At the time of this audit there were no youthful inmates housed in the adult facility.

§115.15	Limits to cross-gender viewing and searches.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility does not conduct cross gender pat, strip or body cavity searches unless there are exigent circumstances. There is no documentation supporting any cross gender searches of any kind. The staffing pattern allows for sufficient staff so that this is not necessary. The facility also has in place policy that prohibits the search of transgender or intersex inmates for the sole purpose of determining genital status. Even though these types of searches are prohibited staff does receive training on how to conduct cross gender, transgender and intersex inmate searches in a professional and respectful manner. This narrative is supported by facility policy #613, #509 and #529, documentation, and staff/inmate interviews.

Non-Compliance Issues: Facility policy #509 states that male staff will announce their presence when entering a female housing unit. This is in conflict with PREA Standard 115.15 (d) which requires all staff of the opposite gender to announce their presence when entering an inmate housing unit. Inmate interviews supported this by stating that male staff occasionally makes their presence known on female units. Male inmate interviewed overwhelmingly stated that female staffs do not announce their presence on male units.

Training and policy need to more accurately reflect PREA standard.

Corrective Action Period: Policy #509 has been revised to include all staff members of the opposite gender are to announce their presence when entering a housing unit. This policy better reflects the standard. Staff training has also been adjusted to support this policy.

§115.16	Inmates with disabilities and inmates who are limited English proficient.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The agency not only has policies in place to assist inmates with disabilities or have limited English proficiency. They have made efforts to train staff members in regard to working with inmates who are deaf or hard of hearing. When language barriers exist the facility utilizes professional interpreter services or language line. Staff has received training not to rely on inmate interpreters except in limited circumstances. Documentation, training records, service invoices and interviews support compliance with this standard.

§115.17	Hiring and promotion decisions.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility’s policy #613.3 addresses not hiring or promoting any staff or contractor who has:

1. Engaged in sexual abuse inside a detention facility.
2. Has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force.
3. Has been civilly or administratively adjudicated to have been engaged in the activities listed above.

The facility according to policy #613 and supporting interviews considers any incident of sexual harassment in determine hiring or promotion decisions.

The facility performs and documents extensive background checks on potential employees, contractors and volunteers. These checks were made available during the audit period.

New applicants are asked about misconduct that applies to this standard during the application process. Current employees are asked these types of questions in their annual employee performance review.

Non-Compliance Issues: During interviews with administrative (human resource) staff it was stated that back ground checks are conducted on current employees every five years however there is no documentation or policy to support this. There needs to be either back ground checks performed at least every 5 years or some system in place to capture this information.

Corrective Action Period: This standard has been corrected with the development of policy #1000.7 section requiring background checks be conducted every five years on current employees, contractors

and volunteers. Background checks will include submitting new fingerprints for criminal history checks. Policy also requires employees, contractors and volunteers to inform the Washington County Sheriff's office about any incidents of sexual misconduct. Failure to do so shall constitute grounds for dismissal.

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

Auditor comments, including corrective actions needed if does not meet standard:

The Washington County jail has not acquired any new facility or made substantial expansions to the existing facility. The facility is in the process of upgrading and adding to its video monitoring system. A need was recognized to increase video monitoring throughout the facility. This recognition was not a result of any incident instead it is a pro-active approach to better protect inmates and staff.

§115.21	Evidence protocol and forensic medical examinations.
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has developed detailed uniform evidence protocol. This protocol is addressed on many different levels to include policy #613.7/613.8 and protocol checklists for both medical staff and first responders. Within these policies and protocols victims of sexual abuse have access to outside forensic medical examinations. The Washington County Jail has an agreement with Lakeview Hospital to provide a SANE certified staff member to perform a forensic exam with no financial charge to the inmate.

The jail medical staff has received SANE training to increase their knowledge of the process and evidence protocol however they are not certified. The Washington County jail has also included in its policy #613.7 referrals to a sexual assault advocate through an existing memorandum of understanding.

Non-Compliance Issues: Policy #613.8 states that a staff member may accompany and support the victim through the forensic medical examination process and investigatory interview. According to PREA Standard 115.21 the victim advocate, qualified agency staff member, or qualified community-based organizational staff member shall accompany the victim throughout the exam and investigatory interviews for support, crisis intervention, etc. This will be done as requested by the victim. The policy needs to better reflect the standards.

Corrective Action Period: Facility policy and practice has been changed. Facility policy is now that a staff member, Canvas Health Advocate or a qualified community based organization staff member will support the victim. This provides for other than jail staff to support the victim and this better reflects the standard.

§115.22	Policies to ensure referrals of allegations for investigations.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Policy #613.9 states that an administrative or criminal investigation is completed for all allegations of sexual abuse and harassment. An interview with the Assistant Jail Administrator confirms this practice. Provided investigative reports support the agencies compliance with this standard. Inmates who had reported incidents of sexual abuse or harassment also confirmed that investigations were conducted in a timely manner.

§115.31	Employee training.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has trained all employees who have contact with inmates on the elements of this standard. Staff receives this training both in pre-service (initial) training and during annual training. All staff interviewed random and supervisory acknowledged receiving PREA training cited in this standard.

Training records were supplied showing types of training, dates, power point presentations and staff present at training.

Non-Compliance Issues: The area that does not meet compliance is that the facility does not document through employee signature or electronic verification, that the employee understands the training they received.

Corrective Action Period: It was verified staff members are assigned passwords that they must use to sign in to on-line training. Facility training records are linked to these passwords. Staff is required to acknowledge understanding of the subject matter as part of this on-line system. The facility training Sargent reviews all training to ensure training is completed.

§115.32	Volunteer and contractor training.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Contractor and volunteer interviews indicate that training is being conducted. Contractors and volunteers were able to answer PREA related questions and refer back to training that they have had.

The facility’s curriculum complies with the standard. Contractors and volunteers must sign an acknowledgement and understanding of training form.

It should be noted that contractors and volunteer staff undergo a thorough background check.

§115.33	Inmate education.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

During the intake process the inmates receive information related to the facility’s zero tolerance policy. The facility also makes information regarding PREA and PREA related resources readily available to inmates through posters and pamphlets located on the housing units as well as information provided in the inmate handbook that all inmates receive during intake.

Within 30 days of intake inmates receive training through the use of a video on the housing unit regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. All inmates interviewed that have been housed for more than 30 days have reported receiving this training.

In situations where alternate inmate educational formats are needed the facility has complied with language lines, interpreters or other forms of communication.

The facility maintains and supplied for review documentation of inmate participation. This was also supported by inmate interviews.

§115.34	Specialized training: Investigations.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The Washington County Jail has a certified investigator from the Washington County Sheriff’s Department assigned to the jail for criminal sexual abuse investigations. Investigator Michelle Folendorf fills this role. As an experienced investigator for the Sheriff’s Department Mrs. Folendorf has received training in the proper use of Miranda and Garrity warnings.

Besides having been trained as an investigator with years of experience investigator Folendorf has completed the American Jail Association’s PREA Investigator Training in Davenport Iowa. This training covered the specialized training required by this standard. The facility maintains documentation of this training and it was supplied to this auditor in the pre audit questionnaire and during the on-site audit.

§115.35	Specialized training: Medical and mental health care.
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- X Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility requires medical and mental health staff to take the same training as security staff. In addition medical staff has taken SANE and SANE Protocol training from local health officials. Facility medical staff will not be used for sexual abuse forensic exams. Instead the facility has an agreement with Lakeview Hospital for forensic exams of this type.

The facility maintains and has supplied copies of this training documentation during the audit. This information is supported by policy, documentation and interviews with medical staff.

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

Auditor comments, including corrective actions needed if does not meet standard:

All inmates are assessed during the intake screening process. This screening occurs within the first 24 hours. The facility uses an objective screening instrument that was modeled after the minimum criteria established within the PREA standard. Policy #613, staff/inmate interviews and documentation support that the screening process does take place. In addition this Auditor sat in on the booking/intake process and witnessed the process in person.

Policy #516.3 states that “Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know”. This policy was supported by staff and PREA Coordinator/Manager interviews.

Non-Compliance Issues: It is unclear after inmate/staff interviews and policy review if all inmates are

reviewed at least once every 30 days or if it is just inmates placed in administrative separation. Inmates placed in administrative separation are reviewed every 7 days and segregation inmates are reviewed every 30 days. It is unclear if inmates placed in general population received the same reassessment as required by standard 115.41(f).

Standard 115.41(g) states that the inmate’s risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse or receipts of additional information. Facility policy #613.5 states that inmates will be reassessed “periodically throughout incarceration”. This policy needs to be clarified to better reflect the requirements of the standard.

Staff is familiar with the fact that inmates may not be disciplined for refusing to answer or for not disclosing information in response to screening questions; however no policy was located that supports this standard.

Corrective Action Period: Facility policy #615.5 sections (e), (f) and (g) have been revised or clarified to better reflect compliance with the standard. The facility has also revised their screening instrument to reflect the language of standard 115.41 (d).

§115.42	Use of screening information.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Facility policy #613 outlines

- How the risk screening instrument is used to help determine housing, bed, work, education and program assignments.
- That individualized determinations about how to ensure the safety of each inmate.
- Whether to assigned a transgender or intersex inmate to facility for male or female inmates and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety and whether the placement would present management or security problems.
- A transgender or intersex inmate’s own views with respect to his or her own safety are given consideration.

No transgender or intersex inmates were available for interviews at the facility during the audit however staff and the PREA Compliance Manager interviews support the policy and practice at this facility. Inmate classification documentation supporting housing and program assignments based off the screening instrument was also supplied during this audit.

Non-Compliance Issues: PREA Standards require that placement and programing assignments for transgender or intersex inmates shall be reassessed at least twice each year. Current policy states that this reassessment will be conducted “On an annual basis”. Policy needs to be changed to better reflect the standard.

PREA Standards states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units or wings solely based on such identification or status. The Washington County Jail does not practice this method of housing however there is also no policy stating that they do not observe this practice. The facility needs to develop policy that reflects this standard.

Corrective Action Period: The facility has revised policy #613.5 (d) so that reassessments are conducted at least twice each year instead of “on an annual basis” as it stated before.

The facility had no policy or supporting documentation stating that lesbian, gay, bisexual, transgender, or intersex inmates are not placed in dedicated facilities, units or wings solely based on such identification or status. Policy section (i) was added to policy #613.5 to support the facility’s practice.

§115.43	Protective custody.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The Washington County Jail is equipped with sufficient housing unit and classification options. This allows for numerous alternatives to segregated housing. Inmates may be placed in segregated housing involuntarily for a short period of time not to exceed 24 hours while an assessment is conducted or until an alternate unit is found. If an inmate is temporarily held in segregation or assigned there they will have access to all programs, privileges, education and work opportunities to the extent possible. If any of these opportunities are restricted the facility will document the opportunities, duration of limitations and reason for such limitations.

If an inmate is assigned to segregation for such reasons the facility will document the basis for this decision and the reason why alternative means of separation could not be arranged. Every 30 days the Washington County Jail will review the inmate’s status to determine whether separation should be continued.

The facility’s practice is supported by policy # 613.5, extensive documentation and staff interviews.

§115.51	Inmate reporting.
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X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

In regards to inmate reporting; the Washington County Jail has implemented numerous avenues for inmates to privately report incidents of sexual abuse and sexual harassment. These avenues also exist to report issues of retaliation by staff and inmates for reporting sexual abuse or harassment and staff neglect or violation of responsibilities.

Some of these options allow inmates to remain anonymous. The options for reporting such incidents are:

- Verbally reporting to line staff, medical, contract and volunteer staff
- Pamphlets detailing options for victims
- Posters and toll free numbers for outside advocates and support
- A facility tip line that connects to the Assistant Jail Administrator
- And a grievance procedure That can be directed to the Jail Commander
- Third party reports can also be accepted on an inmate's behalf whether from another inmate or from outside the facility.

Inmates are made aware of these avenues for reporting such incidents during intake. Inmates are assigned handbooks and there are permanent reminders on the housing units and posted throughout the facility. The majority of inmates interviewed and all staff members were aware of these options.

Staff may also privately report such instances. The facility allows staff to bypass the chain of command and report directly to numerous high ranking officials to include the Jail Commander and Sheriff. During staff interviews they expressed that they were aware of this option and that their higher ranking officials had "an open door policy"

Facility policy #613, memorandum of understanding with outside agencies, staff/inmate interviews, observations and extensive documentation supports compliance with this standard.

§115.52	Exhaustion of administrative remedies.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has policy (#613.6) in place addressing emergency inmate grievances specifically in regards to sexual abuse or sexual harassment. This same policy also states that inmates may submit a grievance of this type directly to the Jail Commander bypassing any staff member who is the subject of the grievance. There will be a response to this grievance provided within 48 hours of being received. A final decision will be issued within 5 calendar days.

Non-Compliance Issues:

Policy #613.6 does impose a time limit of 14 days which is in direct conflict with PREA Standard 115.62(b) stating that no time limit will be imposed for submitting a grievance of this type.

There is no mention in facility policy about a final decision time frame as set forth in PREA Standard 115.52(d). Policy states that inmates will receive a written response for the appeal from the Jail Commander; however as stated above not time frame is stated.

Policy #613.6 states that an inmate or staff member may assist an inmate in preparation of a grievance if requested. PREA Standard 115.52(e) concerning third party grievance assistance states fellow inmates, staff, family members, attorneys and outside advocates shall be permitted to assist.

Corrective Action Period: Revisions were made to policy #613.6 (b-1) removing any timeframe on these types of grievances.

The facility has placed a final decision timeframe in policy.

Policy #613.6 (c) has been revised to better reflect the standard by giving the inmate additional assistance options with grievance preparation.

§115.53	Inmate access to outside confidential support services.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has a memorandum Of Understanding (MOU) with Canvas Health Abuse Response Services. This organization allows inmates to contact them 24 hours a day free of charge. Staff can provide inmates with a private phone to use so that they do not have to call from the housing unit. Inmates are made aware of this phone number and mailing address in their assigned inmate handbook and posters located on the housing units and throughout the facility.

Through inmate interviews it was determined that the inmate population is aware of these options. Canvas Health posters, existing MOU and inmate handbook information also support this standard.

§115.54	Third-party reporting.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has established methods for receiving third-party reports of sexual abuse and sexual harassment.

Compliance with this standard is supported by policy #613.6, notices in the facility lobby as well as on the agencies website. These public notices give the general public (third party) an avenue to report issues of sexual abuse and sexual harassment.

§115.61	Staff and agency reporting duties.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

According to policy; medical and mental health staff fall under the same mandatory reporting requirements. Medical staff verified this during interviews and stated that they are required to inform inmates of their mandatory reporting roles. Medical staff also expressed during interviews their knowledge of reporting protocol.

The facility reports all allegations of sexual abuse or sexual harassment for investigation per policy #613.9.

Non-Compliance Issues:

PREA Standard 115.61(a) states that staff is required to report immediately and according to policy knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment. There are three facility policies that address this reporting. Policy #328.4 and #1008.2 both state promptly while policy #613 states at the end of shift. The policies need to be more uniform and comply with this standard.

There is no policy in this area addressing limiting report information regarding sexual abuse or harassment only to those to the extent necessary. There is also no facility policy addressing victims under the age of 18 or vulnerable persons. The facility needs to develop policy addressing PREA Standard 115.61(b) and 115.61(d).

Corrective Action Period:

Policy #613.7 has been revised to reflect standard and recommendations. Policy now states that immediate action will be taken when reporting sexual abuse or harassment.

Policy #613.7 section (e) has been added limiting the sharing of sexual misconduct information.

§115.62	Agency protection duties.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Non-Compliance Issues:

Random staff interviews as well as interviews with the Jail Commander and Assistant Jail Administrator support this standard. However both policy #535.3 and #613 sited in the pre-audit questionnaire and during the audit do not support this. Neither policy states that immediate action is taken to protect inmates that are subject to a substantial risk of sexual abuse. Policy #613 that is referenced refers to retaliation.

It is clear from staff interviews that this information is included in staff training and practiced in the facility; however it is not reflected in policy or any documentation.

Corrective Action Period:

Section (i) has been added to facility policy #613.7 stating that staff shall ensure immediate action is taken to protect inmates that are subject to risk of sexual abuse.

§115.63	Reporting to other confinement facilities.
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X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Facility policy #613.6 and practice directly reflects PREA Standards 115.63. Documentation of reported incidents and interviews with the Agency Head support the standard as well. All reports show that this type of situation is handled promptly. The facility has done everything required by this standard.

§115.64	Staff first responder duties.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The Washington County Jail has policy #613.7 which addresses the duties of first responder staff in detail. The facility also has a detailed checklist driven protocol for first responders as well as medical staff.

Non-Compliance Issues:

During staff interviews however no staff member was able to describe the actions that need to be taken by the first responders in instances of sexual abuse. The extent of knowledge by staff was to separate the alleged victim and abuser. Checklist driven protocols are a good tool to ensure steps are not missed however staff should have a working knowledge of the process without them. Training in this area needs to be enhanced to include preservation of evidence, protection of the crime scene, awareness of actions that could destroy evidence, and awareness of actions the victim could mistakenly take to destroy evidence.

Corrective Action Period:

Additions have been made to the facility's training curriculum. Revisions have been made with an emphasis on first responder duties specifically the steps needed to preserve and secure evidence.

§115.65	Coordinated response.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The institutional plan is detailed in policy #613. The plan was developed to coordinate actions taken in response to an incident of sexual abuse. This plan is broken down into responsibilities for investigators, medical, first responders and intermediate or higher level staff members. Some of these responsibilities

are broken down further in checklist form for certain staff and medical personnel to ensure proper steps are followed.

§115.66	Preservation of ability to protect inmates from contact with abusers.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Facility policy #613.7 reflects that the Washington County Jail will not enter into or renew any collective bargaining agreement or any other type of agreement that would limit the facility’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or a determination of whether and to what discipline is warranted. Besides the policy this standard is also supported by staff interviews and contract/agreements supplied.

§115.67	Agency protection against retaliation.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has established policies to protect inmates and staff that report incidents or assist/coordinate in the investigation of incidents of sexual abuse or harassment. The facility also has policies in place to employ multiple protection measures to protect the same including but not limited to transfers, housing unit changes, removal of alleged staff/inmate abusers and emotional support services.

The agency will monitor for any retaliation actions toward inmates or staff for 90 days to see if there is any changes that may suggest retaliation. The facility will continue such monitoring beyond 90 days if needed. During this 90 day period these inmates will receive “wellness checks” which are closer and more frequent checks than general population or average inmate receive.

PREA Standard 115.67 is well covered in facility policy #1008.2, #1008.3 and 613.7. Staff interviewed were familiar with the facility's policies on retaliation.

Non-Compliance Issues:

Facility policies cover steps to monitor possible retaliation; however there is no clear determination on the staff member or members who are responsible for such monitoring. The questionnaire states that the Assistant Jail Administrator will monitor retaliation however it is not stated in policy or any other documentation. The facility needs to identify a staff member or members who will monitor for retaliation and develop policy accordingly

Corrective Action Period:

The addition of section (f) to policy #613.7 designates the Jail Administrator or designee as the management level staff member who will monitor issues of retaliation. Information gained through staff interviews now is supported by policy.

§115.68	Post-allegation protective custody.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

When the facility uses segregated housing to protect an inmate who is alleged to have suffered sexual abuse they are subject to facility policy #613.7 which addresses protective custody and separate housing (segregation).

The Washington County Jail is equipped with sufficient housing unit and classification options. This allows for numerous alternatives to segregated housing. Inmates may be placed in segregated housing involuntarily for a short period of time not to exceed 24 hours while an assessment is conducted or until an alternate unit is found. If an inmate is temporarily held in segregation or assigned there they will have access to all programs, privileges, education and work opportunities to the extent possible. If any of these opportunities are restricted the facility will document the opportunities, duration of limitations and reason for such limitations.

If an inmate is assigned to segregation for such reasons the facility will document the basis for this decision and the reason why alternative means of separation could not be arranged. Every 30 days the Washington County Jail will review the inmate's status to determine whether separation should be continued.

The facility’s practice is supported by policy # 613.5, extensive documentation and staff interviews. The facility maintains documentation in the inmate’s file showing examples of housing unit changes for this reason.

§115.71	Criminal and administrative agency investigations.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Facility policy #613.9 as well as an interview with facility investigator support that all allegations of sexual abuse and harassment are investigated promptly, thoroughly and objectively including third party and anonymous reports.

As stated previously in PREA Standard 115.34 the facility has a certified investigator from the Washington County Sheriff’s Department assigned to the jail for criminal sexual abuse and administrative investigations. Investigator Michelle Folendorf fills this role. As an experienced investigator for the Sheriff’s Department Mrs. Folendorf has received training in the proper use of Miranda and Garrity warnings. Besides having been trained as an investigator with years of experience investigator Folendorf has completed the American Jail Association’s PREA Investigator Training in Davenport Iowa. This training covered the specialized training required by this standard. Investigator Folendorf has experience and training in the area of evidence gathering and preservation including physical, DNA, electronic evidence and conducting interviews.

Administrative investigations per policy #613.9 and interview with facility investigator will include an effort to determine whether staff action or inaction contributed to abuse. This policy (#613.9) and interview also support that a written report will be completed that includes at a minimum description of evidence, reason behind credibility assessment and investigative facts and findings. Criminal reports shall be documented in the same manner.

According to investigator Folendorf and policy #613.9 whenever these investigations contain substantiated allegations of conduct that appears to be criminal it will be referred to the County Attorney for prosecution.

Non-Compliance Issues:

No facility policy or supporting documentation is in place to retain written reports in reference to criminal and administrative investigations for as long as the alleged abuser is incarcerated or employed by the agency plus five years. The facility needs to develop policy that reflects the intent of PREA Standard 115.71(i).

Currently facility policy addresses the fact that an investigation will not be terminate based solely on the withdrawal of allegations. Policy fails to state the investigation will not be terminated due to the abuser or victim leaving. This standard was supported during interviews with investigator Folendorf so it exists in practice. The facility needs to develop policy that reflects the intent of PREA Standard 115.71(j).

Corrective Action Period:

Facility policy has been developed that designates the PREA coordinator to retain written reports in reference to criminal and administrative investigations for as long as the alleged abuser is incarcerated or employed by the agency plus five years.

Policy has also been developed supporting that investigations will not be terminated due to the abuser or victim leaving.

§115.72	Evidentiary standards for administrative investigations.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has policy #613.9 which states that the facility will impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse and/or sexual harassment are substantiated. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The Washington County Attorney's Office will determine prosecution based upon filing of criminal charges. Interview with investigator Folendorf also supports this policy thus supporting the PREA Standard.

§115.73	Reporting to inmates.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility policy #613.9 represents all requirements of this standard. According to inmate/staff Interviews and available documentation it is apparent staff have followed this policy. All notifications or attempted notifications related to this standard are documented

§115.76	Disciplinary sanctions for staff.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

According to policy #613.10 staff are subject to disciplinary sanctions up to and including termination for violating the facility’s policy on sexual abuse or harassment.

According to this same policy termination shall be the presumptive disciplinary sanction. Disciplinary sanctions for violations of agency policies relating to sexual abuse or harassment shall be commensurate with the nature and circumstances of the acts committed. Currently no staff member has been terminated from the Washington County Jail for this reason.

All terminations for violations of facility sexual abuse or harassment policies or staff that have resigned prior to being terminated will already have the attention of law enforcement since law enforcement will be active in the investigation.

§115.77	Corrective action for contractors and volunteers.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Policy #613.10 and contractor/volunteer training comply with this standard. According to policy the facility will take appropriate remedial measures and will consider whether to prohibit further contact

with inmates. No incidents involving contractors/volunteers have been report.

§115.78	Disciplinary sanctions for inmates.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has an existing disciplinary process that will address an administrative finding of inmate-on-inmate sexual abuse or following a criminal finding of guilty for inmate-on-inmate sexual abuse. How sanctions imposed are covered by the facility's disciplinary process. This disciplinary process will take into consideration an inmate's mental disabilities and how mental illness contributed to this behavior and what sanctions if any should be imposed.

Policy #600.7 states that the facility may discipline inmates for sexual contact with staff only upon a finding that the staff member did not consent.

Facility policy #600.7 states inmates will not be disciplined for reporting allegations in good faith even if determined after investigation the evidence was insufficient to substantiate the allegation. This same policy states that the facility prohibits sexual activity between inmates which may result in disciplinary. The facility will not deem such activity as sexual abuse if it is determined the activity is not coerced.

Non-Compliance Issues:

The facility has mental health available on site in the form of a psychiatric nurse with limited counseling and referrals are made for therapy. If the facility offers this type of mental health these options are not addressed in the policy regarding disciplinary sanctions.

Corrective Action Period:

Section (b) was added to policy #613.10 stating that disciplinary sanctions may include referral to psychiatric nurse for therapy.

§115.81	Medical and mental health screenings; history of sexual abuse.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Facility policy #613.11, documentation and inmate interviews support that inmates who indicated sexual victimization whether it occurred in another facility or the community were offered follow-up meetings with medical or mental health practitioners within 14 days. Reports indicate this follow-up occurs much sooner. Any information related to this abuse will be strictly limited to necessary staff. This policy also requires medical and mental health practitioners obtain informed consent before reporting sexual victimization that did not occur in this facility.

§115.82	Access to emergency medical and mental health services.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Policies, first responder and medical checklist ensure that victims of sexual assault receive emergency treatment in a timely manner whether it is facility medical staff or EMS. If qualified medical staff are not immediately available EMS will be contact for transport to Lakeview Hospital.

Facility Sexual Assault Response Checklists direct staff to offer information about and timely access to emergency contraception as well as sexually transmitted infections.

Policy #613.8 and inmates interviews support facility compliance with PREA Standard 115.82(d) in regards to; treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation.

§115.83	Ongoing medical and mental health care for sexual abuse victims and abusers.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Medical and mental health staff evaluates and treat all inmates who have been victimized whether in this facility or received from another facility where the incident occurred. These evaluations and treatments include treatment plans, follow-up services and when necessary referrals for continued care.

The facility provides victims with medical and mental health care consistent with National Clinical Practice Guidelines and Minnesota State law.

Victims experiencing vaginal penetration while incarcerated are offered pregnancy tests and any pregnancy related information. This action is checklist driven from the medical sexual response protocol checklist that is completed for every incident of this type. Any tests for sexually transmitted infections are also addressed from this same response protocol checklist.

Any medical services provided in this area will be provided free of charge to the inmate.

This type of abuse has not been reported in this facility so no inmate interviews were conducted.

The facility would exceed this standard however there is to much reliance on checklists instead there should be policy in place addressing the same information. The facility should better develop policy to reflect the checklists.

§115.86	Sexual abuse incident reviews.
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X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The facility has recently developed a sexual abuse incident team for the review of all sexual abuse investigations. These reviews will occur within 30 days of the conclusion of the investigation. The review team consists of upper management officials that will utilize input from line supervisors, the investigator medical and mental health practitioners. The review team will consider, examine and assess all data relevant to PREA Standard 115.86(d) and prepare a report on their findings. This report will give the team’s findings and any recommendations for improvement. The complete review will be provided to the PREA Compliance Manager. The facility will make improvements based on these recommendations or document reasons for not doing so.

Incident review team members are in place. They have received PREA investigation protocol training. Training documentation, team member interviews, PREA Compliance Manager interview and policy #613.12 support this standard.

No incidents of sexual abuse have been reported since this team has been in place.

§115.87	Data collection.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

The Washington County Jail collects all relevant data for every alleged incident of sexual abuse within the facility, reported to the facility and from third parties. The facility is currently accumulating data for their annual review. The data collected is consistent with PREA Standards and the Department of Justice annual Survey of Sexual Violence (SSV). The annual SSV data was reviewed during this audit.

§115.88	Data review for corrective action.
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

Policy #613.1.2 is in place stating that data that is collected is reviewed in order to assess and improve the effectiveness of its sexual abuse, prevention, detection and response policies, practices and training. The policy also states that a report will be developed comparing the current year's data and corrective action with those of previous years. The facility head will approve this report and the results will be made readily available to the public. The facility may redact specific information indicating the nature of the material redacted. Interviews with the PREA Coordinator and Agency Head support this policy and practice. Interviews also indicate that the first review will be completed at the conclusion of 2014.

Non-Compliance Issues:

As stated above the facility has developed policy in regards to PREA Standard 115.88. They have also developed the procedure for collecting and comparing this information. The first review and comparison of this facility's data will not be complete until the end of the year 2014. Since no data has been reviewed or compared to previous years data there is no support for this standard. After 2014 and when this data has been properly reviewed a better evaluation can be made.

Corrective Action Period:

On December 16, 2014 the Washington County jail conducted its first PREA annual meeting. Data that had been collected throughout the year was reviewed.

§115.89	Data storage, publication, and destruction
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard:

All facility data that is collected is securely retained between the PREA Coordinator and the Assistant Jail Administrator. The facility also makes all aggregated data available on its website however before making this information public all personal identifiers are removed. The collected data is maintained for 10 years. This standard is supported by Policy #612.1.3, facility documentation as well as interviews with the PREA Coordinator and Assistant Jail Administrator.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Chris W. Harrifield

Auditor Signature

March 4, 2015

Date

This constitutes an electronic signature and affirms that all the information provided in this report is complete and accurate to the best of my knowledge.

