

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Washington County Jail – Juvenile Detention Unit			
Physical Address: 15050 62nd Street North, Stillwater, MN 55082			
Date Report Submitted: December 24, 2017			
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 6-10, 2017			
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"/> Detention	Correction	Other:
Name of PREA Compliance Manager: Bill Hoffman		Title: Sr. 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: Dan Starry		Title: Sheriff	
Email Address: dan.starry@co.washington.mn.us		Telephone Number: 651-430-7927	
Agency Wide PREA Coordinator:			
Name: William Hoffman		Title: Sr. 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 and Juvenile Facility PREA Audit was conducted November 6-10, 2017. During this time period there were no residents housed as a result no resident interviews were conducted. Actions taken during this time period consisted of a facility tour, additional documentation review, witnessing staff procedures, conducting 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.

On November 30, 2017 final supporting documentation along with revised policy and procedures were submitted by the Washington County Juvenile Facility for review and evaluation. These submitted materials in addition to changes in policy and procedures have allowed the Washington County Juvenile Detention Facility to remain fully compliant with PREA Standards.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Washington County Juvenile Detention facility 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 facilities share policies and where necessary the Juvenile Facility has additional policies. The juvenile portion of the facility is designed for a capacity of 5 residents. This ensures the staff to juvenile ratio will never exceed 1:5. The population is made up of both female and male residents. There are two juvenile housing units. One housing unit consists of 3 cells and the other consists of 2 cells.

The Washington County Juvenile Detention Facility has on-site medical and mental health staff for routine services. Any emergency medical services or forensic medical exam services will be referred to the Lakeview Hospital located 1.9 miles from the facility in Stillwater Minnesota.

The Washington County Juvenile Detention Facility does maintain a designated trained investigator within the Washington County Sheriff's Office for criminal investigations. The facility also maintains numerous trained staff members for administrative investigations. Any criminal incidents of sexual abuse or sexual harassment are referred to investigators with the Washington County Sheriff's Office. If allegations are made against staff the referral will be made to outside law enforcement agencies.

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 6-10, 2017 an on-site visit was conducted at the Washington County Juvenile Facility in Stillwater, Minnesota. The Final Summary Report was submitted on December 24, 2017. Attached is the final summary report with final results indicated below.

Final Summary Report

Number of standards exceeded:	5
Number of standards met:	36
Number of standards not met:	0

§115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
-----------------	--

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
- Resident education
- Contractors/volunteers
- Searches
- Hiring/promotions
- Available victim services
- Etc.

Since the agency only operates one 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.

The facility has demonstrated full compliance with this standard.

§115.312	Contracting with other entities for the confinement of residents.
-----------------	--

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 Juvenile facility does not contract with other agencies for the confinement of residents.

§115.313	Supervision and monitoring.
-----------------	------------------------------------

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 a staffing plan located in policy #613 that outlines a minimum staff to resident 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. It should be noted that the facility is designed in such a way that the number of residence will always be under the PREA Standard set. This facility's ration is 1:5.

The facility took a pro-active approach to better protect residences and staff by installing five (5) new cameras in the juvenile detention area.

During the on-site audit documentation was reviewed. No juveniles were housed during this audit period however video of unannounced supervisor rounds was reviewed from occupied dates. This review was done for all shifts demonstrating compliance with standards.

The facility has demonstrated full compliance with this standard.

§115.315	Limits to cross-gender viewing and searches.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 do receive training on how to conduct cross gender, transgender and intersex inmate searches in a professional and respectful manner. This standard is also supported by facility policy #613, #509 and #529, documentation, and staff/resident interviews.

Policy #613 states that all staff members of the opposite gender are to announce their presence when entering a housing unit.

The facility has demonstrated full compliance with this standard.

§115.316	Residents with disabilities and inmates who are limited English proficient.
-----------------	--

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency not only has policies in place to assist residence with disabilities or have limited English proficiency. They have made efforts to train staff members in regard to working with residence who are deaf or hard of hearing. When language barriers exist the facility utilizes professional interpreter

services or language lines. Staff has received training not to rely on resident interpreters except in limited circumstances. Documentation, training records, service invoices and interviews support compliance with this standard.

The facility has demonstrated full compliance with this standard.

§115.317	Hiring and promotion decisions.
-----------------	--

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.

According to Policy #308 criminal background checks are conducted on current employees and contractors every five years. This procedure is conducted every five years on that staff member's employment anniversary date. This process includes background checks as well as finger prints. This practice is also supported by staff interviews, documentation and personnel files.

The facility has demonstrated full compliance with this standard.

§115.318	Upgrades to facilities and technology.
-----------------	---

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 Juvenile Facility has not acquired any new facility or made substantial expansions to the existing facility. The facility completed upgrades to the video monitoring system to include additional cameras. A need was recognized prior to the 2014 initial audit to increase video monitoring throughout the facility. This recognition was not a result of any incident instead it is a proactive approach to better protect residents and staff.

The facility exceeded the requirements of this standard.

§115.321	Evidence protocol and forensic medical examinations.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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 policies #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 resident.

The facility medical staff have 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.

According to Policy #613.8 a staff member, Canvas Health advocate or qualified community based organization staff member may accompany and support the victim through the forensic medical examination process and investigatory interview. This will be performed as requested by the victim.

The facility has demonstrated full compliance with this standard.

§115.322	Policies to ensure referrals of allegations for investigations.
-----------------	--

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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. Interviews with the Jail Administrators confirmed this practice. Provided investigative reports from the adult jail support the agencies compliance with the intent of this standard. No resident had reported any incidents of this type.

The facility has demonstrated full compliance with this standard.

§115.331	Employee training.
-----------------	---------------------------

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

Training records were supplied showing types of training, dates, power point presentations and staff present at training. Staff verify receiving and understanding training materials through training records that are linked to specific employee passwords. A training Sergeant is responsible for insuring all staff have completed this training.

The facility has demonstrated full compliance with this standard.

§115.332	Volunteer and contractor training.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 had received.

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.

The facility has demonstrated full compliance with this standard.

§115.333	Resident education.
-----------------	----------------------------

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

During the intake process the residents receive information related to the facility's zero tolerance policy. The facility also makes information regarding PREA and PREA related resources readily available to

residents through posters and pamphlets located on the housing units as well as information provided in the resident handbook that all residents receive during intake.

Since this is an 8 day juvenile facility residents receive training within the first seven days. Through the use of a video (DVD) presented on the housing unit residence are made aware of their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.

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

The facility maintains and supplied to this Auditor documentation of resident participation.

No residence were available for interview during this on-site audit.

The facility has demonstrated full compliance with this standard.

§115.334	Specialized training: Investigations.
-----------------	--

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 and juvenile facility 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.

The facility also has several staff members who have completed PREA Investigation Protocols training for internal administrative investigations. If these investigations determine potential criminal acts the investigations will be turned over to Mrs. Folendorf or other outside law enforcement agencies. Training documentation is maintained and was provided to this Auditor.

The facility has demonstrated full compliance with this standard.

§115.335	Specialized training: Medical and mental health care.
-----------------	--

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 have completed SANE Protocol training from local health officials in April 2017. 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 and PowerPoint during the audit. This information is supported by policy, documentation and interviews with medical staff.

The facility has demonstrated full compliance with this standard.

§115.341	Obtaining information from residents.
-----------------	--

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 residences 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 interviews and documentation support that the screening process does take place. No residents were available for interview during this audit.

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.

The facility has demonstrated full compliance with this standard.

§115.342	Placement of residents in housing, education, and work assignments.
-----------------	--

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 resident.
- Whether to assign a transgender or intersex resident to housing for male or female residents and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety and whether the placement would present management or security problems.
- A transgender or intersex resident’s own views with respect to his or her own safety is given consideration.

No transgender or intersex residents 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. Resident classification documentation supporting housing and program assignments based off the screening instrument were also supplied during this audit.

PREA Standard 115.342(e) requires that placement and programing assignments for transgender or intersex residences shall be reassessed at least twice each year. This facility holds residence for a maximum of 12 days including weekends and holidays so this standard does not apply.

The facility design permits transgender and intersex residents with the opportunity to shower, change and use the toilet facilities separately from other residents.

If a resident 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 a resident 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.

According to Policy #613 and staff interviews support that lesbian, gay, bisexual, transgender, or intersex inmates are not placed in dedicated facilities, units or wings solely based on such identification or status.

The facility has demonstrated full compliance with this standard.

§115.351	Resident reporting.
-----------------	----------------------------

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 resident reporting; the Washington County Jail Juvenile Facility has implemented numerous avenues for residents to privately report incidents of sexual abuse and sexual harassment. These avenues also exist to report issues of retaliation by staff and residents for reporting sexual abuse or harassment and staff neglect or violation of responsibilities. Some of these options allow residents to remain anonymous. The options for reporting such incidents are:

- Verbally reporting to line staff, medical, contract and volunteer staff
- Toll free numbers for outside advocates and support
- A facility tip line that connects to the Assistant Jail Administrator
- A grievance procedure that can be directed to the Jail Commander
- Third party reports can also be accepted on a resident's behalf whether from another resident or from outside the facility.

Options for reporting are displayed on posters and in pamphlets available in the facility.

Residents are made aware of these avenues for reporting such incidents during intake and provided the necessary tools to report in writing. Residents are assigned handbooks and there are permanent reminders on the housing units and posted throughout the facility.

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 interviews, observations and extensive documentation supports compliance with this standard.

The facility has demonstrated full compliance with this standard.

§115.352	Exhaustion of administrative remedies.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The facility has policy #613.6 in place addressing emergency resident grievances specifically in regards to sexual abuse or sexual harassment. This same policy also states that residents 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 initial grievance provided within 48 hours of being received. A final decision will be issued within 5 calendar days.

The facility has no set time frame for submitting these types of grievances. Grievance options and the process are outlined in the resident’s handbook.

The facility has demonstrated full compliance with this standard.

§115.353	Resident access to outside support services and legal representative.
-----------------	--

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 residents to contact them 24 hours a day free of charge. Staff can provide residents with a private phone to use so that they do not have to call from the housing unit. Residents are made aware of this phone number and mailing address in their assigned resident handbook and posters located on the housing units and throughout the facility.

Policy #613 states that residents will be provided with access to their attorneys or legal representation as well as access to parents and guardians.

No residents were available during this on-site audit; however Canvas Health posters, existing MOU, facility resident policy # 613/1107.1/#1153.1 and resident handbook information also support this standard.

The facility has demonstrated full compliance with this standard.

§115.354	Third-party reporting.
-----------------	-------------------------------

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 agency's website. These public notices give the general public (third party) an avenue to report issues of sexual abuse and sexual harassment.

The facility has demonstrated full compliance with this standard.

§115.361	Staff and agency reporting duties.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Policy #613 states that staff will ensure immediate action is taken to protect residents/inmates. In addition policy #613.11 and staff interviews support that revealing information related to sexual abuse is prohibited other than to the extent necessary.

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 residents of their mandatory reporting roles. Medical staff also expressed during interviews their knowledge of reporting protocol.

Policy #613 addresses contacting Washington County Community Services per Minnesota Department of Health and Human Services guidelines as an official response to receiving a report.

The facility reports all allegations of sexual abuse or sexual harassment for investigation per policy #613.9. Policy J250.29 states that the facility will in addition contact County Community Services.

The facility has demonstrated full compliance with this standard.

§115.362	Agency protection duties.
-----------------	----------------------------------

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Policy #613 supports this standard by stating that staff will take immediate action to protect residents/inmates that are at risk of sexual abuse. It is clear from staff interviews that this information is included in staff training and practiced in the facility. There have been no incidents of this type in the past 12 months.

The facility has demonstrated full compliance with this standard.

§115.363	Reporting to other confinement facilities.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Facility policy #613.6 and practice directly reflects PREA Standards 115.363. There have been no reports of this type in the juvenile facility however documentation of reported incidents in the adult jail 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.

The facility has demonstrated full compliance with this standard.

§115.364	Staff first responder duties.
-----------------	--------------------------------------

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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. The facility’s training curriculum emphasis first responder duties specifically the steps needed to preserve and secure evidence.

The facility has demonstrated full compliance with this standard.

§115.365	Coordinated response.
-----------------	------------------------------

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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.

The facility has demonstrated full compliance with this standard.

§115.366	Preservation of ability to protect residents from contact with abusers.
-----------------	--

Exceeds Standard (substantially exceeds requirement of standard)

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

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 residents pending the outcome of an investigation or a determination of whether and to what discipline is warranted. In addition to the policy this standard is also supported by staff interviews and contract/agreements supplied.

The facility has demonstrated full compliance with this standard.

§115.367	Agency protections against retaliation.
-----------------	--

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 residents 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/resident abusers and emotional support services.

The facility has designated the Assistant Jail Commander to monitor incidents of retaliation. This designee will monitor for any retaliation toward residents 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 residents will receive “wellness checks” which are closer and more frequent checks than general population or average resident receive.

PREA Standard 115.367 is well covered in facility policy #1008.2, #1008.3 and 613.7. Staff interviewed were familiar with the facility's policies on retaliation.

The facility has demonstrated full compliance with this standard.

§115.368	Post-allegation protective custody.
-----------------	--

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 a resident 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 Juvenile Facility is designed with two housing units each single celled allowing for proper separation if needed. Residents 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 a resident 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 a resident 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. Since the juvenile facility only holds for a maximum of 12 days (including weekend and holiday) no resident will be segregated for more than 12 days.

The facility's practice is supported by policy # 613.5. Due to no incidents in the past 12 months extensive documentation from the adult jail and staff interviews were reviewed to demonstrate process. The facility would maintain documentation in the residence file as are maintained in adult files showing examples of housing unit changes for this reason.

The facility has demonstrated full compliance with this standard.

§115.371	Criminal and administrative agency investigations.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 115.334 the facility has a certified investigator from the Washington County Sheriff’s Department assigned to the jail and juvenile facility 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.

Investigator Folendorf has experience and training in the area of evidence gathering and preservation including physical, DNA, electronic evidence and conducting interviews.

The facility also has several staff members who have completed PREA Investigation Protocols training for internal administrative investigations. If these investigations determine potential criminal acts the investigations will be turned over to Mrs. Folendorf or other outside law enforcement agencies. Training documentation is maintained and was provided to this Auditor.

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 interviews 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.

Investigations will not be terminated solely because the source of the allegation withdraws their complaint. According to interviews 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.

The PREA Coordinator retains all 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 has demonstrated full compliance with this standard.

§115.372	Evidentiary standards for administrative investigations.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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. Interviews supports this policy thus supporting the PREA Standard.

The facility has demonstrated full compliance with this standard.

§115.373	Reporting to residents.
-----------------	--------------------------------

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:

No incidents of this type have occurred in the last 12 month period thus adult documentation had to be relied upon. Facility policy #613.9 represents all requirements of this standard. According to staff interviews and available documentation from the jail it is apparent staff have followed this policy. All notifications or attempted notifications related to this standard are documented in the adult jail.

The facility has demonstrated full compliance with this standard.

§115.376	Disciplinary sanctions for staff.
-----------------	--

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 -Juvenile Facility for this reason.

Any terminations for violation 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.

The facility has demonstrated full compliance with this standard.

§115.377	Corrective action for contractors and volunteers.
-----------------	--

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 residents. No incidents involving contractors/volunteers have been report.

The facility has demonstrated full compliance with this standard.

§115.378	Disciplinary sanctions for residents.
-----------------	--

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 #J250.14 and #613.10 outline a disciplinary process that will address an administrative finding of resident-on-resident sexual abuse or following a criminal finding of guilty for resident-on-resident sexual abuse. How sanctions are imposed is covered by the facility’s disciplinary process. This disciplinary process will take into consideration an resident’s mental disabilities and how mental illness contributed to this behavior and what sanctions if any should be imposed.

According to documentation & interviews the facility has mental health available on site in the form of a psychiatric nurse and referrals are made for therapy. This standard is further supported by policy #623.10 which states that disciplinary sanctions may include referral to the psychiatric nurse for therapy sessions.

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

Facility policy #600.7 states residents 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 residents which may result in disciplinary. The facility will not deem such activity as sexual abuse if it is determined the activity is not coerced.

The facility has demonstrated full compliance with this standard.

§115.381	Medical and mental health screenings; history of sexual abuse.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Facility policy #613.11, documentation and resident interviews support that residents 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 from the adult jail 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.

The facility reported no incidents of this type within the last 12 months and no residents were available for interview at the time of this on-site audit.

The facility has demonstrated full compliance with this standard.

§115.382	Access to emergency medical and mental health services.
-----------------	--

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 contacted 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.

Facility policy #613.8 supports compliance with PREA Standard 115.382(d) in regarding treatment services that will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. No such incidents have occurred within the past 12 months.

The facility has demonstrated full compliance with this standard.

§115.383	Ongoing medical and mental health care for sexual abuse victims and abusers.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Medical and mental health staff evaluate and treat all residents 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 resident.

These procedures are also supported by numerous policies as well as staff interviews. This type of abuse has not been reported in this facility.

The facility has demonstrated full compliance with this standard.

§115.386	Sexual abuse incident reviews.
-----------------	---------------------------------------

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 developed a shared sexual abuse incident team for the review of all sexual abuse investigations in the juvenile facility and the adult jail. 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 115.386(d) and prepare a report on their findings. This report will include 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 have received PREA investigation protocol training. Training documentation, team member and PREA Compliance Manager interviews as well as policy #613.12 support this standard.

The juvenile facility has had no incidents of sexual abuse reported since this team has been in place.

The facility has demonstrated full compliance with this standard.

§115.387	Data collection.
-----------------	-------------------------

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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 provided and reviewed during this audit.

The facility has demonstrated full compliance with this standard.

§115.388	Data review for corrective action.
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Policy #613.1.2 is in place stating that data 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. The first annual review of this type was completed in 2014.

The facility has demonstrated full compliance with this standard.

§115.389	Data storage, publication, and destruction
-----------------	---

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor 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. Harrifeld

Auditor Signature

December 22, 2017

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.