

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Washington County Jail – Juvenile Facility			
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"/> Detention	Correction	Other:
Name of PREA Compliance Manager: 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 and Juvenile Facility PREA Audit was conducted November 3-7, 2014. During this time period there were 2-3 residents housed. 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. In situations where an incident had not occurred in the juvenile facility but had occurred in the adult jail documentation was reviewed to support facility practice in regards to PREA Standards.

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 Juvenile Facility for review and evaluation. These submitted materials in addition to changes in policy and procedures have allowed the Washington County Juvenile Facility 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 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 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 an on-site visit was conducted at the Washington County Juvenile Facility in Stillwater, Minnesota. The initial summary report was submitted on December 6, 2014. Corrective action review was completed on March 7, 2015. Attached is the final summary report with both initial and final results indicated below.

Final Summary Report

Number of standards exceeded: **4**
 Number of standards met: **37**
 Number of standards not met: **0**

Initial Summary Report

Number of standards exceeded: **4**
 Number of standards met: **24**
 Number of standards not met: **13**

§115.311	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
- 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.

§115.312	Contracting with other entities for the confinement of residents.
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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 Juvenile facility does not contract with other agencies for the confinement of residents.

§115.313	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 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.

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 residences and staff.

During the on-site audit documentation as well as video of unannounced supervisor rounds was reviewed. This review was done for all shifts demonstrating compliance with standards.

§115.315	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/resident 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 115.315 (d) which requires all staff of the opposite gender to announce their presence when entering a resident housing unit. Resident interviews support that staff are announcing their presence on the housing units however policy does not state this.

Policy need to more accurately reflect PREA standard stating staff of the opposite gender not just males.

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.

§115.316	Residents 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 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.

§115.317	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.

§115.318	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 Juvenile Facility 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 residents and staff.

§115.321	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 resident.

The facility 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 115.321(e) 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.

§115.322	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 from the adult jail support the agencies compliance with the intent of this standard. No resident had reported any incidents of this type.

§115.331	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 residents 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 the 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.

§115.332	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 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.

§115.333	Resident 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 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 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. All residents interviewed reported receiving this training.

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 for review documentation of resident participation. This was also supported by resident interviews.

§115.334	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 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.

§115.335	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.

§115.341	Obtaining information from residents.
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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 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/resident interviews and documentation support that the screening process does take place. In addition this Auditor sat in on the 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.

§115.342	Placement of residents in housing, education, and work assignments.
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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 resident.
- Whether to assigned a transgender or intersex resident to facility 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 was 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.

Non-Compliance Issues:

PREA Standard 115.342(c) states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents 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 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.

§115.351	Resident 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 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
- 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 a resident's behalf whether from another resident or from outside 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. All residents 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/resident interviews, observations and extensive documentation supports compliance with this standard.

§115.352	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 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.

Non-Compliance Issues:

Policy #613.6 does impose a time limit of 14 days and the resident handbook imposes a 15 day time limit which is in direct conflict with PREA Standard 115.352(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 115.352(d). Policy states that residents 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 resident or staff member may assist a resident in preparation of a grievance if requested. PREA Standard 115.352(e) concerning third party grievance assistance states fellow residents, staff, family members, attorneys and outside advocates shall be permitted to assist.

There is a difference between Policy #613.6 and the resident handbook regarding the grievance process. Facility policy should be developed that better reflects PREA Standards 115.352(b), 115.352(d) and 115.352(e); and addresses the difference between policy and the resident handbook.

Corrective Action Period:

Revisions were made to policy #613.6 (b-1) removing any timeframe on these types of grievances. The facility has also placed a final decision timeframe in policy.

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

In addition the resident handbook has been revised to align more with the facility's grievance process and standards.

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

Through resident interviews it was determined that the resident population is aware of these options. Canvas Health posters, existing MOU, facility resident policy #1107.1/#1153.1 and resident handbook information also support this standard.

§115.354	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.

§115.361	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:

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.

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.

Non-Compliance Issues:

PREA Standard 115.361(a) states that staff are required to report immediately and according to policy knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment. There are four facility policies that address this subject. Policy #328.4 and #1008.2 both state it is to be done promptly, while policy #613 states at the end of shift. Policy J250.29 does not state any time frame at all. The policies need to be more uniform and comply with this standard.

PREA Standard 115.361(e) sites who the facility will notify if they receive an allegation of sexual abuse such as victim’s parents, guardians, child welfare, juvenile court, etc. Neither policy #J250.29 nor policy 613 addresses this standard.

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

Facility policy #613 has been revised to include contacting Washington County Community Services per Minnesota Department of Health and Human Services guidelines as an official response to receiving a report.

§115.362	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 cited in the pre-audit questionnaire and during the audit do not support this. Neither policy states that immediate action is taken to protect residents that are subject to a substantial risk of sexual abuse. Policy #613 references instances of 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.

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.

§115.363	Reporting to other confinement facilities.
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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 #613.6 and practice directly reflects PREA Standards 115.363. 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.

§115.364	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 (adult or juvenile facility) 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

§115.365	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.

§115.366	Preservation of ability to protect residents 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 residents 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.

§115.367	Agency protections 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 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 agency will monitor for any retaliation actions 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.

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.

§115.368	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 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. The adult jail is equipped with sufficient housing unit and classification options. This allows for numerous alternatives to segregated housing. 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, extensive documentation from the adult jail and staff interviews. The facility would maintain documentation in the residence file and does in adult files showing examples of housing unit changes for this reason.

§115.371	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 115.334 the facility has a certified investigator from the Washington County Sheriff's Department assigned to the jail and juvenile facility for criminal sexual abuse 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 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 115.371(j).

Currently facility policy #613.9 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 115.371(k).

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.

§115.372	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.

§115.373	Reporting to residents.
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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 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. No such incidents have occurred in the juvenile facility.

§115.376	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 -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.

§115.377	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 residents. No incidents involving contractors/volunteers have been report.

§115.378	Disciplinary sanctions for residents.
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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 #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 imposed are 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.

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.

Non-Compliance Issues:

According to documentation & interviews 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.

§115.381	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 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.

§115.382	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 is 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.

Facility policy #613.8 supports compliance with PREA Standard 115.382(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. No such incidents have occurred.

§115.383	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 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.

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

§115.386	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 115.386(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 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.

§115.387	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.

§115.388	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 115.388. 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.

§115.389	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 6, 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.