

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Report    10/07/19

### Auditor Information

Name: Dorothy Xanos	Email: dxconsultants@gmail.com
Company Name: DX Consultants LLC	
Mailing Address: 701 77th Avenue N, PO Box 55372	City, State, Zip: St Petersburg, Florida 33702
Telephone: (813) 918-1088	Date of Facility Visit: 8/29/19 – 8/30/19

### Agency Information

Name of Agency: Olmsted County Sheriff's Office		Governing Authority or Parent Agency (If Applicable): Olmsted County Sheriff	
Physical Address: 101 4th Street SE		City, State, Zip: Rochester, MN 55904	
Mailing Address: 101 4th Street SE		City, State, Zip: Rochester, MN 55904	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.co.olmsted.mn.us/sheriff/divisions/ADC">https://www.co.olmsted.mn.us/sheriff/divisions/ADC</a>			

### Agency Chief Executive Officer

Name: Sheriff Kevin Torgerson	
Email: torgerson.kevin@co.olmsted.mn.us	Telephone: (507) 328-6750

### Agency-Wide PREA Coordinator

Name: Chief Brian Howard	
Email: howard.brian@co.olmsted.mn.us	Telephone: (507) 328-6837
PREA Coordinator Reports to: Sheriff Kevin Torgerson	Number of Compliance Managers who report to the PREA Coordinator: 2

## Facility Information

**Name of Facility:** Olmsted County Work Release Facility

**Physical Address:** 140 4th Street SE

**City, State, Zip:** Rochester, MN 55904

**Mailing Address (if different from above):**

**City, State, Zip:**

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** <https://www.co.olmsted.mn.us/sheriff/divisions/ADC/AboutUs/Pages/default.spx>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:** State (DOC), Federal, USMS, Health and Fire

### Facility Director

**Name:** Chief Brian Howard

**Email:** howard.brian@co.olmsted.mn.us

**Telephone:** (507) 328-6837

### Facility PREA Compliance Manager

**Name:** David Adams

**Email:** adams.david@co.olmsted.mn.us

**Telephone:** (507) 328-6835

**Facility Health Service Administrator**  N/A

**Name:** Todd Leonard (MEND) Correctional Health Care

**Email:** tleonard@mendcare.com

**Telephone:** (651) 295-5942

### Facility Characteristics

Designated Facility Capacity:	90 – 60 bed male unit and 30 bed female unit	
Current Population of Facility:	11	
Average daily population for the past 12 months:	19	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-99	
Average length of stay or time under supervision	19 days	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	274	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	117	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	33	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b></p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency – Department of Corrections <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	19 w/vacancies	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	11	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	33
Number of volunteers who have contact with residents, currently authorized to enter the facility:	23
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?  Yes  No

Are mental health services provided on-site?  Yes  No

Where are sexual assault forensic medical exams provided? Select all that apply.

On-site  
 Local hospital/clinic  
 Rape Crisis Center  
 Other (please name or describe: [Click or tap here to enter text.](#))

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators  
 Agency investigators  
 An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department  
 Local sheriff's department  
 State police  
 A U.S. Department of Justice component  
 Other (please name or describe:  
 N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

1

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- Facility investigators  
 Agency investigators  
 An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department  
 Local sheriff's department  
 State police  
 A U.S. Department of Justice component  
 Other (please name or describe: [Click or tap here to enter text.](#))  
 N/A

# Audit Findings

## Audit Narrative

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

The PREA audit of the Olmsted County Work Release Facility (Olmsted County WRF) was conducted on August 29-30, 2019 by Dorothy Xanos, US DOJ Dual Certified PREA Auditor. The audit begins with the notification of the on-site audit was posted by July 19, 2019, five weeks prior to the date of the on-site audit. The facility's last PREA audit was on October 5-6, 2016. The posting of the audit notices both English and Spanish versions was verified during the tour and verified by photographs received on the USB flash drive from the Olmsted County Sheriff's Office (OCSO) Chief Deputy/PREA Coordinator. The audit notices explained correspondence would be treated as legal mail to ensure confidentiality and privacy. The photographs indicated notices in both English and Spanish versions were posted in various locations throughout the facility including the lobby entrance, closed circuit television (CCTV), day room, entrance to both male and female housing units. Throughout all the audit phases, the auditor did not receive any communication from the staff or from detainees as a result of the posted notices.

The auditor completed a documentation review using the Pre-Audit Questionnaire, policies, procedures, internet research, and supporting documentation for all thirty-nine (39) standards. The information necessary for the audit was provided on a secure USB flash drive received by August 1, 2019 and the format enabled the auditor to easily review relevant information. The documentation uploaded to the secure USB flash drive was set up with folders for each standard and the information was organized, highlighted and easy to navigate, however the information in-regards to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address thirteen (13) standards. Additional folders reviewed included the agency's and facility's mission statements, daily population reports for the past twelve (12) months, and the facility's schematics. The supporting documentation for the thirteen (13) standards was provided to the auditor during the on-site and after the on-site visit to the facility.

A conference call was conducted on August 14, 2019 with the Administrative Captain/PREA Compliance Manager (PCM) and Work Release Sergeant to review the schedule for the on-site visit, discuss the auditor's results of the Pre-Audit Questionnaire and supporting documentation provided on the secure USB flash drive and review information to be sent to the auditor prior to the on-site visit to the facility. The Olmsted County WRF Administrative Captain/PCM sent the documentation (staff roster, staff schedule for random and specialized staff) to the auditor prior to arrival to the facility. Also, supporting documents were provided during the on-site visit to address the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on August 29-30, 2019. An entrance briefing was conducted with the Administrative Captain/PCM and Work Release Sergeant. During the entrance briefing, the audit process was explained and a tentative schedule for two (2) days to include conducting interviews with the staff and detainees and reviewing the documentation. A complete guided tour of the entire facility was conducted including the lobby area, vestibule area (video conference visitation), administration offices, master control, (2) interview rooms, locker room area, dayroom, kitchen area, one (1) male and

one (1) female housing units, two (2) shower/toilet areas, medical room, storage areas, laundry area, staff gym area and an open area under construction. The second floor is used as a training site which is off limits to the detention staff and bottom floor (basement) has administrative and programming offices, training offices and classrooms, and two (2) locker rooms (male & female). During the tour, there were two (2) blind spots identified in the bottom floor (training area and hallway). This was corrected after the on-site visit, and the auditor was provided with the documentation (pictures) confirming the correction had been completed prior to the submission of this report by the Administrative Captain/PCM.

Also, the lobby area and both male and female housing units have access to a closed circuit television, which shows the required PREA information and the related site visit posting. One (1) of the TurnKey system kiosks located in the vestibule area is used by visitors to add money to detainee accounts through which they may purchase phone cards. Each housing unit has its own TurnKey kiosk for the detainees. The system allows the detainee to purchase phone cards, add money to their canteen accounts, instant message people outside the facility, and submit medical or mental health requests as well as those directed to programming. Also, the TurnKey kiosk allows for detainees to submit grievances regarding sexual assault or sexual harassment directly to the PREA Compliance Manager via this system.

During the tour, detainees were observed to be under constant supervision of the staff while involved in various activities. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing detainees of the telephone numbers to call and report sexual abuse and sexual harassment and to call the victim advocate for emotional support services. The auditor observed cameras and the video surveillance system which enhances their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in both shower/toilet areas so detainees are not seen on the surveillance system while showering or toileting. During the tour, it was observed both shower/toilet areas in the male and female dormitories allowed for privacy.

During the two (2) day on-site visit, there were a total of eleven (11) detainees in the facility. All eleven (11) male and female detainees were selected from both the male and female housing units with a detainee list provided by the Administrative Captain/PCM for the interview process. However, nine (9) detainees were formally interviewed and the other two (2) detainees had been released or refused to meet with the auditor. There were three (3) detainees who met one (1) of the identified categories from the required list of targeted detainee interviews. The required category is a detainee who is Limited English Proficient (LEP). The facility did not have any other detainees identified in the other required categories i.e. youthful detainee; physical disability (Blind, Deaf or Hard of Hearing); Transgender or Intersex; Lesbian, Gay or Bi-sexual; detainee in restricted housing for high risk of sexual victimization; detainee with a cognitive disability; who reported sexual abuse and who reported sexual victimization during risk screening. All detainee interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, administrative staff, the hot line and the grievance process. Also, random file reviews of medical and detainee records and additional documentation were completed as well.

The community victims' advocacy service and telephone number are available to the detainees located throughout the facility. There is evidence of Administrative Captain/PCM obtaining a Memorandum of Understanding with the Olmsted County Victim Services dated 8/14/19 to provide the victim advocacy services for the detainees who are sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or sexual assault who are calling the toll-free telephone number at the facility. Also, the auditor contacted a representative from Olmsted County Victim Services via telephone during the on-site visit and confirmed establishing a telephone number

for detainees to call and to provide emotional support services. She indicated there have been no calls from detainees in the past twelve (12) months requesting emotional support services related to sexual abuse or sexual assault at this facility. Also, St. Mary's Hospital (SANE/SAFE certified) provides emergency services and forensic medical examinations at no financial cost to the victim.

Eighteen (18) staff were formally interviewed including (6) staff from both shifts (supervisory and floor staff), (2) medical staff and (1) mental health staff (MEnD Correctional Care), (1) first responder/review team, Administrative Captain/PREA Compliance Manager/HR, (1) staff charged with monitoring retaliation/upper level management, (1) intake/non-medical staff/cross gender, (1) religious volunteer, (1) investigator, (1) risk screening and were interviewed during both days of the on-site visit. Additionally, interviews were conducted with the Olmsted County Sheriff and Chief Deputy/PREA Coordinator during the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Chief Deputy/PREA Coordinator, Administrative Captain/PREA Compliance Manager and Work Release Sergeant. At the exit debriefing, the auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. Based on the findings during the Pre-Audit and On-Site Audit phases, the auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and detainees, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in a final report.

After further review, it was discussed additional documentation was required for six (6) standards and it was determined this information would be sent to the auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to the auditor by the Administrative Captain/PREA Compliance Manager prior to the submission of this report. The auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

## Facility Characteristics

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

Olmsted County Work Release Facility (Olmsted County WRF) is a 90 bed, minimum level security facility, a division of the Adult Detention Center (ADC) and Olmsted County Sheriff's Office in Rochester, Minnesota. The facility houses both male and female detainees who are classified at community custody level for work detail assignments and placement for community employment. The Olmsted County Work Release staff prepares detainees for transition by providing incentives for detainee individual treatment needs, develop employment skills through on the job training, educational or vocational opportunities. Also, the facility has the Sentence to Serve (STS) program. All detainees housed at Olmsted County WRF are sentenced and are employed in the community, supervised on STS, or completing a job search on a civil non-support file. The sentenced detainees are generally work release detainees who are employed in the community or are STS detainees supervised by STS crew

leaders assisting in community work service projects. In general, there may be detainees doing a weekend sentence or on school or treatment release. Also, Olmsted County WRF may house federal and state detainees as transitional housing for prisoners re-entering into the community. The average age of the male and female detainees is between 18-99 years old. There were eleven (11) male and female detainees at the facility at the time of the on-site visit.

The work release facility has a lobby area, vestibule area (video conference visitation), administration offices, master control, (2) interview rooms, locker room area, dayroom, kitchen area, one (1) male and one (1) female housing units, two (2) shower/toilet areas, medical room, storage areas, laundry area, staff gym area and an open area under construction. The male housing unit has a sixty (60) bed capacity and the female housing unit has a thirty (30) bed capacity. The second floor is used as a training site which is off limits to the work release staff and bottom floor (basement) has administrative and programming offices, training offices and classrooms, and two (2) locker rooms (male & female).

Olmsted County Work Release Facility is staffed with nineteen (19) full-time, part-time with various groups of volunteers providing religious services to detainees. The staff consisted of: Administrative Captain/PCM; Work Release Sergeant; Work Release Corporal; (8) Work Release Deputies; (3) STS Crew Leaders and (5) vacancies.

Medical and mental health staff (MEnD Correctional Care) is provided from the Olmsted County Adult Detention Center. The work release program has a medical office/exam room in the facility for both medical and mental health services but certain rules apply. Detainees housed at the facility that are in the work release program are responsible for their own medical and mental health care. Those detainees housed at the facility for the STS program receive medical and mental health services from Olmsted County Adult Detention Center. The medical staff is available seven (7) days per week from 7:00 AM to 10:30 PM. The mental health staff is available for crisis intervention and mental health programming. Emergency services and forensic examinations are conducted at St Mary's Hospital.

Religious services are offered at the facility and detainees have the opportunity to participate in the practices of their religious faith.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:** 1

**List of Standards Exceeded:** 115.211

### Standards Met

**Number of Standards Met:** 38

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** NA

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11.01 (PREA Definitions) revised 5/26/16 and Policy #11.02 (PREA Prevention Planning) revised 4/21/16 outlines how the facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for

staff, contractors, volunteers and detainees who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing the facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of detainees.

Olmsted County Sheriff's Office (OCSO) has a designated PREA Coordinator, his official title is Chief Deputy/Director of Detention Services and he reports directly to the Olmsted County Sheriff. The PREA Coordinator works to implement the PREA Standards and indicated he has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of two (2) facilities with the support of the Sheriff's office. The PREA Coordinator is responsible for coordinating comprehensive PREA responses including technical and administrative guidance, creation of supporting policies and practices, interpretation relative to PREA implementation, design and modification of training, programming, investigation and analysis, ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance.

Olmsted County WRF Administrative Captain is designated as their PREA Compliance Manager indicated he has sufficient time, authority to develop, implement and to oversee the facility's PREA compliance efforts to comply with the PREA standards and perform other duties as assigned. The agency's, facility's organizational chart and memorandum support the requirement of this standard. Based on the randomly selected and specialized staff and detainee interviews, the extensive staff training, the resources available to the facilities, it is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the detainees in their care at the Olmsted County Adult Detention Center and Work Release Facility. Also, during the tour of the facility, the observation of bulletin boards, posters, closed circuit television (CCTV), reviews of staff and detainee handbooks, training curriculums confirmed the facility's commitment and dedication to create a PREA compliant culture.

The facility has a PREA reference binder located at the master control room of the facility containing the reporting process and forms for the facility staff in the event of an incident. Overall, the auditor has determined the agency and the facility have substantially exceeded the requirements of this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observations:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11.01 (PREA Definitions) and Policy #11.02 (PRRA Prevention Planning)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- PREA Coordinator Designation and Qualifications
- Facility PREA Compliance Manager Designation and Qualifications
- Administrative and Platoon Rosters
- PREA Coordinator and PREA Compliance Manager Interviews

## **Standard 115.212: Contracting with other entities for the confinement of residents**

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

### 115.212 (a)

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

### 115.212 (b)

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

### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Pre-Audit Questionnaire (PAQ) confirmed Olmsted County Work Release Facility has entered into/renewed two (2) agreements for the confinement of male and female detainees (committed felons & misdemeanants) in the past twelve (12) months and effective through June 30, 2020. A review of both agreements (Minnesota Department of Corrections & DOJ US Marshals Service) contained the

contractor's obligations to adopt and comply with the DOJ PREA Standards. Also, the agreements contained the information the County will ensure a PREA Audit is conducted by a certified DOJ PREA auditor and a copy of the report will be provided to Olmsted County Adult Detention Center/Work Release Facility. An interview with the OCSO Chief Deputy/PREA Coordinator confirmed both Minnesota Department of Corrections & DOJ US Marshals Service are monitored on a scheduled basis by Olmsted County ADC/WRF to ensure compliance with the PREA standards.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, and Interview:**

- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Minnesota Department of Corrections & DOJ US Marshals Service Agreements
- OCSO Chief Deputy/PREA Coordinator Interview

**Standard 115.213: Supervision and monitoring**

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

**115.213 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

**115.213 (b)**

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

### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11.02 (PREA Prevention Planning) revised 4/21/16 and Policy #2-14 (Staffing Requirements) contained the required information identifying requirements for the facility to develop a staffing plan to provide for departmental adequate staffing levels to ensure the safety and custody of detainees against sexual abuse or sexual harassment, physical plant, video monitoring, and addressed all eleven (11) categories as identified per the standard. Additionally, the policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds on a daily basis during all shifts documenting the information in staff meeting notes which contains observations of all areas of the facility. Also, the staff uses Guard 1 to track all their movements including unannounced rounds throughout the facility.

Olmsted County Sheriff's Office's Chief Deputy/PREA Coordinator reviews, approves, and signs annual staffing plans for both facilities on a quarterly basis. Documentation indicated the staffing plan, policy and procedure is reviewed on an annual basis and the facility did not have any deviations from the

staffing plan during the past twelve (12) months, their critical positions are always filled, it is a mandate. The review shall assess, determine, and document whether adjustments are needed to the facility's established staffing plan, the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan. Identified the requirement of unannounced rounds to be conducted by an intermediate-level and higher-level supervisor and conduct these unannounced rounds on a daily basis. These unannounced rounds must be conducted during all shifts. Supervisors are prohibited from notifying staff of unannounced rounds. Staff assigned to any post is prohibited from alerting other employees that a Supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

OCSO's Chief Deputy/PREA Coordinator and Olmsted County WRF's Administrative Captain/PCM interviews, staff interviews and documentation confirmed the OCSO's Chief Deputy/PREA Coordinator is responsible to conduct quarterly reviews of the staffing plan to ensure all areas were addressed including components such as the facility's physical plant, composition of the detainee population, number and placement of supervisory staff, programming schedules, video monitoring, training, to name a few. Also, the OCSO's Chief Deputy/PREA Coordinator's interview indicated he had reviewed and approved of the process for all supervisory staff (Corporals & Sergeants) to conduct unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment on a weekly basis and document the information by using the rounds tracker (Guard 1 reporting systems). The standard does not require unannounced rounds to be conducted in the work release facility. However, the OCSO's policy and procedure requires the staff to conduct unannounced rounds throughout the facility. Also, the Olmsted County WRF's Administrative Captain/PCM conducts unannounced rounds at random intervals on a monthly basis.

During the facility tour, the auditor observed the Guard 1 check points located throughout the facility and reviewed the samples provided by the Olmsted County WRF's Administrative Captain/PCM of random dates for the past twelve (12) months of the rounds tracker conducted weekly by middle management staff on each shift. In addition, during the facility tour, there was one (1) area (bottom floor hallway) identified as having a blind spot. A procedure will need to be implemented as to how the area will be supervised or utilize some form of enhanced supervision. Since the on-site visit, an additional camera has been requested and another camera has been relocated to the hallway to show the full length of the area and the auditor was provided with documentation confirming the correction had been completed. The Olmsted County WRF's Administrative Captain/PCM sent the documentation to the auditor prior to the submission of the report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11.02 (PREA Prevention Planning) and Policy #2-14 (Staffing Requirements)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Facility Staff Work Schedules
- Daily Population Report for the past twelve (12) months
- The facility's rounds tracker (Guard 1 reporting system)

- OCSO's Chief Deputy/PREA Coordinator interview
- Olmsted County WRF's Administrative Captain/PCM interview
- Intermediate or higher-level facility staff interview
- Additional supplemental documentation for the corrective action (memorandum)

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

### 115.215 (e)

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

### 115.215 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11.02 (PREA Prevention Planning) revised 4/21/16; Policy #3-3 (Supervision of Detainees) reviewed 7/18/17 and Policy #3-13 (Searches and Contraband Control) revised 7/18/19 requires detainees shall be permitted to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incident to routine dormitory checks. Requires cross gender frisk searches of transgender and intersex detainees will be conducted in a professional and respectful manner and in the least intrusive manner consistent with security needs. Requires the opposite gender staff shall announce their presence when entering a detainee housing unit. Also, the policy indicated any cross-gender searches are required to be documented.

Olmsted County ADC/WRF's training documentation review and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex inmates are conducted in a respectful, professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of detainee. A transgender or intersex inmate shall not be searched or physically examined for the sole purpose of determining the detainee's genital status. If genital status is unknown, it allows for determination through detainee conversations, review of medical records, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.

Random staff and detainee interviews indicated staff of the opposite gender entering both detainee housing units would consistently announce themselves. During the facility tour, it was observed staff of the opposite gender announce their presence when entering both detainee housing units and each door entering into the housing units has a placard reminding staff to announce their presence. A review of the training documentation (curriculum and staff rosters) contained the annual training on how staff would professionally and respectfully conduct pat down searches, cross-gender pat searches and searches of transgender and intersex detainees. Also, the training documentation contained how staff is prohibited from conducting cross-gender strip or cross-gender visual body cavity searches of detainees.

Random staff interviews indicated they had received the annual training on cross-gender pat searches and searches of transgender and intersex detainees. Also, random staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

Random staff and detainee interviews confirmed detainees can shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Staff interviews could identify the policy on prohibiting staff from searching or physically examining a transgender or intersex detainee for the purpose of determining the detainee's genital status. During the facility tour, it was observed both shower/toilet areas located in the male housing unit and female housing unit did allow for privacy. An interview with the Administrative Captain/PCM confirmed there has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of detainees at the facility in the past twelve (12) months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of detainees at the facility in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff and detainee interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11.02 (PREA Prevention Planning)
- Olmsted County Adult Detention Center/Work Release Facility Policy #3-3 (Supervision of Detainees)
- Olmsted County Adult Detention Center/Work Release Facility Policy #3-13 (Searches and Contraband Control)
- PREA Standards Compliance Checklist

- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of detainees reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of detainees that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of transgender or intersex detainees search or physically examine for the sole purposes of determining the detainee's genital status was zero.
- Olmsted County Adult Detention Center (OCADC) Field Training Program
- OCADC PREA Searches Training Outline
- OCADC Pat Search, Strip Search and Custodial Search modules
- Facility Shift Rosters
- 2018 – 2019 Field Training Program Transcripts
- Administrative Captain/PCM interview
- Random staff interviews
- Detainee interviews

## Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

### 115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No

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

#### 115.216 (b)

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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-14 (PREA Disabled and ESL Detainees) revised 4/11/16 contained procedures to be taken to ensure detainees with disabilities or who are limited English proficient have an equal opportunity to participate in or are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with detainee's disabilities, including detainees who have intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient (LEP). Also, the policy prohibits any staff to rely on detainee interpreters, detainee readers or any kind of detainee assistants except in limited circumstances when an extended delay in obtaining interpreter's services could compromise a detainees' safety, the performance of first-responder duties or the investigation of the detainee's allegations.

Olmsted County WRF staff had access to interpreter services (Language Line Services) through the Olmsted County Sheriff's Office to provide detainees who are limited English proficient on an as needed basis. Also, the staff indicated when services are required they would make the necessary accommodations beginning at the intake and orientation phase and throughout the detainee's length of stay. There are postings throughout the facility in English and Spanish. Staff training documentation, power point, brochure, CCTV (announcements), kiosk and detainee handbook contained information on providing appropriate explanations regarding PREA to detainees based upon their individual needs. The facility's staff provides the PREA education at intake, during orientation and documents the information electronically. During the on-site visit, there were no detainees who were blind, deaf, or hard of hearing, or who had a cognitive disability.

Random staff interviews indicated limited knowledge of the outside agency providing services to the facility however, the staff would not rely on the use of detainee assistants in relation to reporting allegations of sexual abuse or sexual harassment except in limited circumstances when an extended delay in obtaining interpreter's services could compromise a detainees' safety, the performance of first-responder duties or the investigation of the detainee's allegations. Interviews with the OCSO's Chief Deputy/PREA Coordinator and Olmsted County WRF's Administrative Captain/PCM confirmed in the past twelve (12) months, the facility did not have any instances of detainee interpreters, detainee readers or detainees disabled being used for reporting allegations of sexual abuse or sexual harassment. Also, the OCSO's Chief Deputy/PREA Coordinator and Olmsted County WRF's

Administrative Captain/PCM indicated if a detainee exhibits such a disability, arrangements will be made to provide the necessary and required assistance.

After the on-site visit, all staff were re-trained on interpreter services provided at the facility and the process on how to obtain these services. The Olmsted County WRF's Administrative Captain/PCM sent the appropriate supplemental documentation to the auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-14 (PREA Disabled and ESL Detainees)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Language Line services
- Training Transcripts
- OCADC PREA Training curriculum
- OCADC End the Silence brochure (English and Spanish)
- Detainee Handbook
- OCSO's Chief Deputy/PREA Coordinator interview
- Olmsted County WRF's Administrative Captain/PCM interview
- Random staff interviews
- Additional supplemental documentation for the corrective actions (training and sign-in sheet)

## **Standard 115.217: Hiring and promotion decisions**

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

#### **115.217 (a)**

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

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

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-15 (PREA Hiring and Promotion) revised 4/11/16 prohibits Olmsted County Adult Detention Center/Work Release Facility staff to hire or promote anyone for a position that may have detainee contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Olmsted County Adult Detention Center/Work Release Facility staff shall consider any incidents of sexual abuse in determining whether to hire or promote

anyone who may have contact with incarcerated detainees. All background checks are conducted initially on new employees, current and promotion decisions of employees and contractors.

Olmsted County Adult Detention Center/Work Release Facility staff must ask all applicants and employees who may have contact with detainees directly about previous misconduct noted above in written applications or interviews for hiring or promotions. Requires the information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer in which the employee has applied to work provided the request is written. Requires that a criminal background shall be conducted before hiring new employees who may have contact with detainees and will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Requires a continuing affirmative duty for employees to disclose any such conduct. Requires a criminal background records check is completed prior to enlisting services of any contractor who may have contact with detainees and a criminal background records check is completed at least every five (5) years for current employees and contractors, and annually for sensitive specialist assignments.

OCSO has extensive initial background screening requirements that includes the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, checking intelligence files, detainee telephone and visiting records, driving records check, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees, volunteers and contractors. There is an affirmative duty to disclose any arrests or previous misconduct. Any material omission by an employee is subject to termination.

An interview with the Olmsted County WRF's Administrative Captain/PCM interview confirmed the process on the facility performing criminal background checks to consider the pertinent civil or administrative adjudications for all newly hired employees who may have contact with detainees, all employees who are considered for promotion and every five (5) years. However, the three (3) questions regarding past conduct are not asked during the hiring process. The agency provides information to requests from institutional employers where an employee has applied to work.

A sample review of staff's and volunteer's HR files had documentation on staff completing varied forms containing the criminal background information (NCIC) but did not contain the three (3) questions regarding past misconduct (sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated). A review of the five (5) year background checks of the employees' documentation was completed. Once an individual is approved for hire, the new employee begins the training/orientation process and is provided with an OCSO Employee Handbook.

After the on-site visit, Olmsted County Adult Detention Center/Work Release Facility Policy #11-15 (PREA Hiring and Promotion) was updated to include the three (3) questions regarding past conduct. Also, an additional form (PREA Background Questions) was created and implemented at the facility with the newly hired employees. The Olmsted County WRF's Administrative Captain/PCM sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interview, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-15 (PREA Hiring and Promotion)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility’s PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - In the past 12 months, the number of persons hired who may have contact with detainees who have had criminal background checks: eleven
- Pre-Audit Questionnaire review - In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with detainees: zero
- Background checks (NCIC)
- OCSO Employee Handbook
- Olmsted County WRF’s Administrative Captain/PCM interview
- Additional supplemental documentation for the corrective actions (policy & completed forms)

**Standard 115.218: Upgrades to facilities and technologies**

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

**115.218 (a)**

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

**115.218 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-02 (PREA Prevention Planning) revised 4/21/16 and Policy #3-27 (Body Worn Cameras) revised 1/02/18 requires all designing or acquiring new facilities and in planning substantial expansion or modification of existing facilities to consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect detainees from harm, including sexual abuse. Requires any installing or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology to be considered how such changes may enhance the facility's ability to protect detainees from harm, including sexual abuse.

An interview with the OCSO's Chief Deputy/PREA Coordinator, Olmsted County WRF's Administrative Captain/PCM and documentation review indicated there had been upgrades the facility. The upgrades consisted of privacy doors added to the male showers, a wall separating the front lobby from the locker room area, three (3) stationary cameras and body cameras. The staff body cameras are activated during all well-being checks and any time there is a concern for security and safety. During the on-site visit, the video surveillance system was observed in the Olmsted County WRF's Administrative Captain/PCM's desktop. The video surveillance system enhances the staff's capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor detainees more efficiently throughout the physical plant of the facility. The administrative staff is continually evaluating the electronic surveillance system and video monitoring.

Based on the review of the agency policy and procedures, observations and information obtained through the interview and documentation, the facility has demonstrated compliance with this standard.

### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-02 (PREA Prevention Planning)
- Olmsted County Adult Detention Center/Work Release Facility Policy #3-27 (Body Worn Cameras)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Surveillance System Schematic and Diagrams
- OCSO's Chief Deputy/PREA Coordinator interview
- Olmsted County WRF's Administrative Captain/PCM interview

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-03 (Responsive Planning) revised 3/24/16; Olmsted County Sheriff's Office (OCSO) Policy #601 (Sexual Assault Investigations) and Policy #800 (Property and Evidence) revised 4/04/19 requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A qualified mental health/counseling staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. Requires a history be taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the detainee for this examination. Requires an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment and requesting the investigating agency follow the requirements of PREA Standards. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to investigative agencies.

The community victims' advocacy service and telephone number are available to the detainees located throughout the facility. There is evidence of Olmsted County WRF's Administrative Captain/PCM obtaining a Memorandum of Understanding with the Olmsted County Victim Services dated 8/14/19 to provide free confidential crisis intervention and emotional support services related to sexual abuse or sexual harassment detainees. Any detainee seeking services can call the toll-free telephone number. Also, St. Mary's Hospital (SANE/SAFE certified) provides emergency services and forensic medical examinations at no financial cost to the victim. The auditor contacted a representative from the Olmsted County Victim Services via telephone during the on-site visit and confirmed establishing a telephone number for detainees to call and to provide confidential emotional support services related to a fear of sexual abuse that may occur at the facility. She indicated there have been no calls from detainees in the past twelve (12) months requesting emotional support services related to sexual abuse or assault. Also, the Olmsted County Victim Services representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

The facility has available the PREA pamphlet "End the Silence" and identifies for the detainees to call or write the OCSO's PREA Coordinator or Olmsted County Adult Detention Center/Work Release Facility PREA Compliance Manager. Documentation and an interview with the OCSO's Chief Deputy/PREA Coordinator confirmed Olmsted County Sheriff's Office's Investigative Division conducts the criminal investigations of allegations of sexual abuse and sexual harassment. Random staff interviews confirmed their knowledge on evidence protocol and their role as first responders. Also, staff confirmed how to preserve evidence until local law enforcement officers arrived at the facility. Olmsted County Adult Detention Center's medical and mental health staff interviews indicated the facility will offer all victims access to forensic medical examinations without financial cost. In the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-03 (Responsive Planning)
- Olmsted County Sheriff's Office (OCSO) Policy #601 (Sexual Assault Investigations) and Policy #800 (Property and Evidence)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - In the past 12 months, the number of forensic medical exams conducted during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by SANE/SAFE during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.
- Memo of Understanding with Olmsted County Victim Services
- PREA pamphlet "End the Silence"
- Olmsted County Victim Services representative interview
- OCSO's Chief Deputy/PREA Coordinator interview
- Random staff interviews
- Olmsted County Adult Detention Center's medical and mental health staff interviews

### **Standard 115.222: Policies to ensure referrals of allegations for investigations**

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

#### **115.222 (a)**

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

#### **115.222 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-03 (Responsive Planning) revised 3/24/16 requires all allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and to document all such referrals. Requires notification to local law enforcement of all verified incident of sexual abuse of an detainee by a staff member, contractor, or volunteer and sexual abuse between detainees/detainees shall be referred to the local law enforcement agency of jurisdiction for investigation and consideration of criminal prosecution. Requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required

to substantiate a case for administrative action or prosecution referral. Requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment.

All staff is required to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Olmsted County Sheriff's Office Investigations Division for the determination of criminal charges. OCSO Investigations Division provides services on a 24-hour basis that will include the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues. The staff refers all allegations of sexual abuse and harassment to the OCSO's Chief Deputy/PREA Coordinator to review the complaint and determine if the facility staff will conduct the investigation. If the allegation appears to be criminal in nature the OCSO's Chief Deputy/PREA Coordinator will consult with the OCSO's Investigations Division for assignment to an OCSO Criminal Investigator. If referred to the facility, the OCSO's Chief Deputy/PREA Coordinator will contact the facility's PREA Compliance Manager and assign the investigation a case number in the data base for completion of an administrative investigation. The PREA policy can be found on the OCSO's website and information can be found in their PREA pamphlet "End the Silence" that is available in English and Spanish.

Olmsted County WRF had received one (1) allegation of sexual misconduct resulting in an administrative investigation in the past twelve (12) months. However, the investigation revealed it was not PREA related and the victim chose the heading PREA complaint on the Turnkey (kiosk) thinking someone would review her complaint immediately. The facility did not have any allegations resulting in a criminal investigation. Random staff interviews confirmed their knowledge on the reporting, referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment.

Interviews with the OCSO's Chief Deputy/PREA Coordinator, Olmsted County WRF Administrative Captain/PCM and one of the OCSO Investigators confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Also, any internal investigation that identifies criminal activity or involves a staff member would be immediately referred to the OCSO's Investigations Division. The OCSO Investigator informs OCSO's Chief Deputy/PREA Coordinator on the progress of a sexual abuse investigation. Also, if the allegation involves a staff member, the investigation would be referred to the Rochester Police Department to avoid a conflict of interest. There is no memorandum of understanding necessary since the detectives and detention/work release staff are all employed by the Sheriff's Office.

After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The Olmsted County WRF Administrative Captain/PCM sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-03 (Responsive Planning)
- PREA Standards Compliance Checklist

- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations of sexual abuse and sexual harassment received during the past 12 months were: one
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations resulting in an administrative investigation during the past 12 months was: one
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations referred for criminal investigation during the past 12 months was: zero
- PREA Investigation
- OCSO's Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM interview
- OCSO Investigator's interview
- OCSO website
- Random staff interviews
- Additional supplemental documentation for the corrective actions (training and sign-in sheet)

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

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

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #2-20 (Training Requirements) revised 4/03/18 requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all ten (10) topics consistent with this standard's requirements and is tailored to both facilities with the gender of their detainee populations. These topics consist of: zero-tolerance policy, how to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, detainee's right to be free from sexual abuse and sexual harassment, staff and detainees rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents, dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between detainees, how to avoid inappropriate relationships with detainees, how to communicate effectively and professionally with detainees, including LGBTI, and gender nonconforming detainees, and relevant laws related to mandatory reporting of sexual abuse to outside authorities. Also, the staff receives training on professional and ethical boundaries relating not only to PREA but to their role as an employee.

The staff training documentation including a power-point presentation and staff interviews confirmed staff receives PREA training during initial pre-service training and during refresher in-service training. All employees are trained as new hires regardless of their previous experience. All new employees receive the OCSO Employee Handbook on prevention strategies to maintain a professional atmosphere, understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training.

A review of all staff and training education forms, including a power point presentation, lesson plan, training certificates, observation of the day-to-day operations as well as staff interviews confirmed staff receives PREA training during initial training and during refresher training. Also, the Olmsted County WRF Administrative Captain/PCM and random staff interviews confirmed their comprehension of the PREA guidelines on how staff and detainees can privately report sexual abuse and sexual harassment and their obligation in preventing, detecting and reporting any allegation of sexual abuse and/or sexual harassment. At the facility, the staff is trained continually about the PREA standards during shift briefings and the completion of various on-line trainings. Additionally, all staff are required to complete every two (2) years in-service PREA training. Employee training records are maintained electronically.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #2-20 (Training Requirements)
- PREA Standards Compliance Checklist

- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Training Transcripts
- Olmsted County Adult Detention Center PREA Training – power point & study guide & test
- OCSO Employee Handbook
- Olmsted County WRF Administrative Captain/PCM interview
- Random staff interviews

## Standard 115.232: Volunteer and contractor training

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

### 115.232 (a)

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

### 115.232 (b)

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

### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #2-20 (Training Requirements) revised 4/03/18 requires all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with detainees, but all volunteers and contractors who have contact with detainees shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents.

All volunteers and contractors receive the Olmsted County ADC/WRF PREA training and sign the "Civilian or Contract Employee Acknowledgment/Understanding of ADC PREA Policy and Guidelines" form upon completion of the PREA training they received. The training consists of a power point presentation that includes policies, PREA definitions, reporting requirements and other required procedures. A review of the documentation confirmed volunteers and contractors are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interview with a volunteer (religious) confirmed her knowledge of the required PREA training and Olmsted County ADC's zero tolerance of any form of sexual activity at the facility as well as her duty to report sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through the volunteer interview and documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #2-20 (Training Requirements)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Olmsted County ADC/WRF PREA training
- Civilian or Contract Employee Acknowledgment/Understanding of ADC PREA Policy and Guidelines form
- Volunteer (religious) interview

### **Standard 115.233: Resident education**

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

##### **115.233 (a)**

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-04 (Detainee Education) revised 4/03/18 requires mandatory PREA information, both orally and in writing and in a form understandable to the detainee, that includes information about sexual misconduct, background information on PREA, prevention/intervention, self-protection, reporting and treatment/counseling and confidentiality. Requires during the initial intake process, detainee education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Requires within thirty (30) days detainees shall receive comprehensive education regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and all Olmsted County ADC/WRF policies and procedures for responding to such incidents. Requires repeated education when a detainee is transferred to a different facility. Also, both facilities are required to provide the PREA information for Limited English Proficient detainees, and those with disabilities such as limited reading skills, deaf or visually impaired.

The assigned detention staff provides and reviews with the detainees verbally this information (Olmsted County ADC pamphlet entitled "End the Silence") immediately upon arrival during their initial intake to the facility. The information clearly states the facility has zero tolerance for sexual abuse and harassment complete with definitions, examples, tips for avoiding sexual abuse and harassment, their right to report and multiple ways they can report any such instances, both within the facility and to an outside agency, etc. The detention staff maintains documentation of detainee participation in any education sessions. Key information is continuously and readily available in one or all of the following formats: the detainee handbook, on the kiosk, and on the CCTV. During the facility tour, the auditor observed the posters and announcements on the CCTV throughout the facility as well as the information in both English and Spanish and detainees identified the postings as another source of information for them.

Interviews with two (2) work release staff confirmed detainees receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations upon arrival and again within several days. Upon arrival, the detainee will process through booking, intake (intake PREA education), medical, mental health, and eventually meets with detention staff to conduct the screening and assessment process. The detainees are provided with the PREA pamphlet ("End the Silence"), narrative of the information being verbally presented is on how to report allegations and how to access emotional support services. Also, the detainee signs a PREA acknowledgement form confirming they received the information on how to report sexual abuse or sexual harassment at the facility.

Documentation of detainee's signatures were reviewed and confirmed during detainee interviews. Also, a review was conducted of the detainee PREA education forms and the information was provided within the appropriate time frames as required by the standard. Random detainee interviews stated they received this information the same day they arrived at the facility and identified the receipt of the pamphlet and confirmed receiving information about the facility's rules against sexual abuse and sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through staff and detainee interviews, review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-04 (Detainee Education)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- PREA pamphlet "End the Silence" (English & Spanish)
- PREA Acknowledgment forms
- Work release staff interviews
- Random detainee interviews

### **Standard 115.234: Specialized training: Investigations**

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

##### **115.234 (a)**

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

##### **115.234 (b)**

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-08 (PREA Investigations - Evidentiary Standards) revised 4/11/16 and Olmsted County Sheriff's Office Policy #601 (Sexual Abuse Investigations) revised 4/04/19 requires all investigators are properly trained in conducting investigations in confinement settings. The required training includes: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity Warnings; Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. All investigators under-go an extensive training developed by Olmsted County Sheriff's Office prior to conducting criminal and administrative investigations. At the facility level, the Administrative Captain/PCM will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the OCSO's Investigations Division for further investigation for the determination of criminal charges.

Also, per policy and procedure administrative investigations will include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Documentation and an interview with one of the investigators from the OCSO's Investigations Division confirmed completing the required specialized investigator training as well as the annual PREA education. The OCSO Investigator indicated the specialized investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiate a case for administrative or prosecution referral. At the facility level, the Administrative Captain/PCM will complete the initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the OCSO's Investigations Division for further investigation for the determination of criminal charges. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution.

Based on the review of the agency policy and procedures, observations and information obtained through the investigator interview and documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-08 (PREA Investigations - Evidentiary Standards)
- Olmsted County Sheriff's Office Policy #601 (Sexual Abuse Investigations)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- OCSO's Investigator interview

**Standard 115.235: Specialized training: Medical and mental health care**

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

**115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.235 (b)

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

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-11 (PREA Medical and Mental Health Care) revised 1/04/19 requires PREA training and specialized training for medical and mental health staff. Also, requires all full and part-time medical and mental health staff who work regularly at both facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Documentation review and Olmsted County ADC's two (2) medical staff and a mental health staff interviews confirmed they had received the basic PREA training provided to all staff and the specialized training offered by Olmsted County Adult Detention Center. All medical and mental health staff signs the "Training Certificate" form to acknowledge they received the training and understand their responsibilities in the event of an incident. The medical staff does not conduct forensic examinations. Interviews with Olmsted County ADC's two (2) medical staff and a mental health staff confirmed their understanding of the requirement to complete the specialized training and verified completing the on-line course and participating in the annual basic PREA training provided by Olmsted County Adult Detention Center. Also, Olmsted County ADC's two (2) medical staff and a mental health staff interviews confirmed they had received the appropriate training in detecting and assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicious of sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-11 (PREA Medical and Mental Health Care)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Training outline & handout
- (6) "Training Certificate" forms
- Olmsted County ADC's medical and mental health staff interview

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION  
AND ABUSIVENESS**

## Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual,

transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #9-7 (Detainee Classification) revised 5/26/16 and Policy #11-5 (PREA Risk Screening) revised 8/04/16 requires prior to placement as part of the screening process each detainee is screened upon admission during the booking process with an objective screening instrument (Questionnaire: PREA Screening) for risk of victimization, potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior. Requires all detainees to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other detainees or sexually abusive toward other detainees. Requires intake screening include: mental, physical or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the detainee is or is perceived to be LGBTI or gender nonconforming. Prohibits discipline of the detainee for refusing to answer screening questions.

Random detainee interviews and a review of the documentation confirmed the risk screenings are being conducted within several hours of the booking process. Each detainee is screened with an objective screening instrument for risk of victimization and sexual abusiveness called "Questionnaire: PREA Screening" and within seventy-two (72) hours a mental health practitioner will conduct an initial Mental Health Screening. Interviews with both work release staff confirmed a screening is completed on each detainee during the booking process within several hours upon arrival at the facility to determine placement and their special needs. Also, during the on-site visit, the auditor while interviewing asked the staff to explain the intake process. Both work release staff provided details of the intake process by

explaining when a detainee is admitted to the facility. Also, both work release staff confirmed the detainees are provided the information and made aware of their rights within the seventy-two (72) hours and some cases within twenty-four (24) hours of admission to the facility. Those detainees who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified.

The intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. The screening is conducted to include any disabilities, age, physical build, current and previous incarcerations, personal history, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Detainees reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented. Detainees are reassessed at a minimum of thirty (30) days and throughout their stay at the facility. The facility's policies limit staff access to this information on a "need to know basis". Access to information is available only to the OCSO's Chief Deputy/PREA Coordinator and Olmsted County WRF's Administrative Captain/PCM. The facility had no transgender or intersex detainees admitted to the facility within the past twelve (12) months. Both work release staff interviews confirmed consideration would be given to the detainee's own views of his or her safety in placement and programming assignments.

Based on the review of the agency policy and procedures, observations and information obtained through staff and detainee interviews, review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #9-7 (Detainee Classification)
- Olmsted County ADC/WRF Policy #11-5 (PREA Risk Screening)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Olmsted County ADC Questionnaire: PREA Screening and Mental Health Screening forms
- Two (2) work release staff interviews
- Detainee interviews (random & targeted)

### **Standard 115.242: Use of screening information**

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

##### **115.242 (a)**

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #9-7 (Detainee Classification) revised 5/26/16 precludes gay, bi-sexual, transgender and intersex detainees being placed in a special housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a detainee's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with

the goal of keeping all detainees safe and free from sexual abuse. The program staff utilizes various forms (Questionnaire: PREA Screening and Consideration for Placement of Transgender or Intersex Detainees) and any other pertinent information during the detainee's admission process.

Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. The mental health staff will complete a six (6) month reassessment of housing and programs for all transgender and intersex detainees. The staff member must meet with the detainee to discuss their program and housing needs and to ensure their current assignments are still appropriate. Olmsted County ADC/WRF prohibits the placement of LGBTI detainees in dedicated facilities, units, or wings solely on the basis of their identification or status.

Olmsted County WRF's Administrative Captain/PCM and the work release staff interviews described how information from their risk assessment precludes gay, bi-sexual, transgender and intersex detainees being placed in a special housing unit, beds or other assignments based solely on their identification or status. In addition, they described the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a detainee's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all detainees safe and free from sexual abuse. The risk assessment information is reviewed within seventy-two (72) hours, if there is an incident of sexual abuse, upon request, or if there is receipt of additional information a detainee is at risk of sexual victimization or abusiveness. Also, staff indicated a detainee's perception of risk is addressed and provision will be made on a case-by-case basis for showering changes.

Documentation review confirmed the risk assessment occurred within seventy-two (72) hours and the detainee received the rescreening as required within thirty (30) days. The facility does not have a designated housing unit for gay, bisexual, transgender or intersex detainees. The facility did not have a detainee who identified as transgender during the on-site visit therefore, the auditor was not able to ask the detainee of concerns regarding his or her placement, a special unit just for LGBTI detainees, his or her safety, and request to shower separately.

Based on the review of the agency policy and procedures, observations and information obtained through staff and detainee interviews, review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #9-7 (Detainee Classification)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Questionnaire: PREA Screening forms
- Consideration for Placement of Transgender or Intersex Detainees Room and Job Assignment forms
- Olmsted County WRF's Administrative Captain/PCM interview
- Random work release staff interviews

# REPORTING

## Standard 115.251: Resident reporting

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

### 115.251 (a)

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

### 115.251 (b)

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

### 115.251 (c)

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

### 115.251 (d)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-6 (Inmate Reporting) revised 4/21/16 requires the agency to provide multiple ways for detainees to report sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These various ways of reporting include: request via kiosk to Captain of Operations; request via kiosk to nursing; telephone call to Olmsted County Sexual Assault Crisis line programmed as a free call and in person or written to a staff member. Requires staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document verbal reports as an "Incident Reporting" form. Requires a detainee method of reporting must include reporting to an outside public or private entity or office that is not part of the agency and is able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials, allowing the detainee to remain anonymous upon request. Also, the department has provided a method for staff to privately report sexual abuse and sexual harassment of detainees.

Olmsted County WRF has multiple ways for detainee reporting of sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Also, during the orientation process detainees are advised they can tell any staff member, including volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment and in writing through the grievance procedure.

Random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and from third parties and report to their supervisor. While conducting the on-site visit of the entire facility, the auditor observed in all living areas postings of the PREA information (posters) informing detainees of the telephone numbers to call against sexual abuse and sexual harassment and to call the victim advocate. The CCTV located in both the male and female dayrooms has identified the zero tolerance policy and the telephone numbers to call the Olmsted County Victim Services crisis line, duty supervisor, law enforcement dispatch and the Director of Detention Services. Also, the auditor observed if a detainee telephones any of the numbers posted it would not be anonymous.

There is evidence of Olmsted County ADC's Operations Captain/PCM obtaining a Memorandum of Understanding with the Olmsted County Victim Services dated 8/14/19 to provide free confidential crisis intervention and emotional support services related to sexual abuse or sexual harassment detainees. Any detainee seeking services can call the toll-free telephone number. Also, St. Mary's Hospital (SANE/SAFE certified) provides emergency services and forensic medical examinations at no financial

cost to the victim. The auditor contacted a representative from the Olmsted County Victim Services via telephone during the on-site visit and confirmed establishing a telephone number for detainees to call and to provide confidential emotional support services related to a fear of sexual abuse that may occur at the facility. She indicated there have been no calls from detainees in the past twelve (12) months requesting emotional support services related to sexual abuse or assault. Also, the Olmsted County Victim Services representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

Random detainee interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust, send an email through the kiosk system, and anonymous reporting capability. During the intake and admission process detainees are advised of their rights and sign a form acknowledging they had been advised of these rights.

After the on-site visit, a procedure was implemented for the Olmsted County Victim Services to access the electronic request system. This allows the detainee to submit an allegation of sexual abuse or sexual harassment anonymously through the electronic request system. All staff were trained on the new procedure. The Olmsted County WRF Administrative Captain/PCM sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-6 (Inmate Reporting)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Memo of Understanding with Olmsted County Victim Services
- PREA pamphlet "End the Silence" (English & Spanish)
- PREA Postings (English & Spanish) & CCTV
- Olmsted County Victim Services representative interview
- Random staff interviews
- Random detainee interviews
- Additional supplemental documentation for the corrective actions (new procedure, training and sign-in sheet)

## **Standard 115.252: Exhaustion of administrative remedies**

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

#### **115.252 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This

does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #8-5 (Detainee Grievance Procedure) revised 4/19/18 allows a detainee to submit a grievance regarding an allegation of sexual abuse with no time limit. This allows for third parties, including fellow detainees, staff members, family members, attorneys, and outside advocates, to assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file such requests on behalf of detainees. It allows the facility to request the alleged victim to agree to third party grievances alleging sexual abuse. If a detainee declines to have the request processed, the facility will document the detainees' decision. Prohibits the requirement a detainee must first use an informal grievance process, or to otherwise attempt to resolve with staff, when reporting an allegation of sexual abuse. It allows a detainee to submit a grievance without submitting to a staff member who is the subject of the complaint and prohibits the agency from referring the grievance to a staff member who is the subject of the complaint. Also, the policy describes the orientation detainees receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with detainee's grievances regarding sexual abuse or sexual harassment.

Requires a final agency decision within ninety (90) days on any portion of a grievance that alleges sexual abuse, and that the ninety (90) days shall not include time consumed by detainees preparing any administrative appeal. It allows the department to claim an extension of time to respond to a grievance, up to seventy (70) days, with notification to the detainee. It establishes an emergency grievance for a detainee that is subject to a substantial risk of imminent sexual abuse, including an initial response within 24 hours and a final response within five (5) days. Prohibits the discipline of a detainee for filing a grievance related to sexual abuse only where the agency demonstrates that the detainee filed the grievance in bad faith.

An interview with the Olmsted County WRF's Administrative Captain/PCM confirmed there had been no grievances reported within past twelve (12) months related to sexual abuse or sexual harassment complaints. He indicated emergency grievances are available and he reports they must respond within 24 hours and provide a final determination within five (5) days. He confirmed the detainees receive an explanation on how to use the grievance process to report allegations of sexual abuse and has administrative procedures/appeal process for dealing with detainee's grievances regarding sexual abuse or sexual harassment during orientation and they are provided with a detainee rule book.

Detainees submit a complaint (grievance) electronically through the Turnkey kiosk to Olmsted County WRF's Administrative Captain/PCM or ADC's Operations Captain/PCM. Random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing,

anonymously, and identified the electronic process through the Turnkey kiosk. However, the staff indicated they would contact the supervisor immediately to begin an internal investigation. Random detainee interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility and they can send electronically through the Turnkey kiosk.

Based on the review of the agency policy and procedures, observations and information obtained through staff and detainee interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #8-5 (Detainee Grievance Procedure)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was 0
- The number of grievances alleging sexual abuse filed by detainees in the past 12 months in which the detainee declined third-party assistance, containing documentation of detainee's decision to decline, reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of detainee grievances alleging sexual abuse that resulted in disciplinary action by the agency against the detainee for having filed a grievance in bad faith reported was zero
- Turnkey kiosk
- Olmsted County WRF's Administrative Captain/PCM
- Random staff interviews
- Random detainee interviews

### **Standard 115.253: Resident access to outside confidential support services**

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

##### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.253 (b)

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

#### 115.253 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-6 (Inmate Reporting) revised 4/21/16 requires the facilities provide to detainees outside victim advocate for emotional support services, access to confidential legal counsel and the facility to provide reasonable communication between detainees, these organizations and agency, in as confidential a manner as possible. The facility shall inform detainees prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

There is evidence of Olmsted County ADC's Operations Captain/PCM obtaining a Memorandum of Understanding with the Olmsted County Victim Services dated 8/14/19 to provide free confidential crisis intervention and emotional support services related to sexual abuse or sexual harassment detainees. Any detainee seeking services can call the toll-free telephone number. Also, St. Mary's Hospital

(SANE/SAFE certified) provides emergency services and forensic medical examinations at no financial cost to the victim. The auditor contacted a representative from the Olmsted County Victim Services via telephone during the on-site visit and confirmed establishing a telephone number for detainees to call and to provide confidential emotional support services related to a fear of sexual abuse that may occur at the facility. She indicated there have been no calls from detainees in the past twelve (12) months requesting emotional support services related to sexual abuse or assault. Also, the Olmsted County Victim Services representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

The facility has available the PREA pamphlet “End the Silence” and identifies the facility has zero tolerance for sexual abuse and harassment complete with definitions, examples, tips for avoiding sexual abuse and harassment, their right to report and multiple ways they can report any such instances, both within the facility and to an outside agency, etc. Outside services information is provided to the detainees during the orientation process. However, detainee interviews revealed limited knowledge of what kind of services are provided to them. The staff will be providing additional education to future detainees on victim advocate services during their orientation process.

After the on-site visit, all staff were re-trained on who provides free confidential emotional support services (Olmsted County Victim Services) and to provide additional education to future detainees on outside advocate services during their orientation process. The Olmsted County WRF’s Administrative Captain/PCM sent the appropriate supplemental documentation to the auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff and detainee interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-6 (Inmate Reporting)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility’s PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Memo of Understanding with Olmsted County Victim Services
- PREA pamphlet “End the Silence”
- Olmsted County Victim Services representative interview
- PREA Postings (English & Spanish)
- Random staff interviews
- Random detainee interviews
- Additional supplemental documentation for the corrective actions (training and sign-in sheet)

## **Standard 115.254: Third-party reporting**

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

#### **115.254 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-6 (Inmate Reporting) revised 4/21/16 identifies the agency's third party reporting process and instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind. OCSO website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a detainee. There are two (2) separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. The detainee may contact the Chief Deputy/Director of Detention Services/PREA Coordinator or the Olmsted County Victim Services. The information reported directly to the Chief Deputy/Director of Detention Services/PREA Coordinator will inform the Olmsted County WRF's Administrative Captain/PCM.

Random staff and OCSO Investigator interviews confirmed when they receive allegations of sexual abuse or sexual harassment from third party reporters and these are reported to investigators as if a detainee made the allegation. Third party reporters included fellow detainees, staff members, family members, attorneys, and outside advocates, shall be permitted to assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of detainees.

The auditor viewed the website, confirmed the information regarding third-party reporting and the link to send an e-mail directly to the Chief Deputy/Director of Detention Services/PREA Coordinator. Also, an interview with the Chief Deputy/Director of Detention Services/PREA Coordinator confirmed and described the process for third-party reporting sexual abuse or sexual harassment. Random detainee interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility. There are facility posters and lobby/vestibule area identifying a phone number for friends and families of detainees to call if they wish to report sexual abuse or sexual harassment. This number goes

directly to the Chief Deputy/Director of Detention Services/PREA Coordinator and Olmsted County Victim Services, where the call is referred for investigation through a report to the individual facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff and detainee interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-6 (Inmate Reporting)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- OCSO website
- Chief Deputy/Director of Detention Services/PREA Coordinator interview
- Random staff interviews
- OCSO Investigator interview
- Random detainee interviews

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.261: Staff and agency reporting duties**

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

**115.261 (a)**

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

**115.261 (b)**

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

### 115.261 (c)

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

### 115.261 (d)

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

### 115.261 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-7 (Response to Detainee Report) revised 4/21/16 requires that all employees, volunteers, and contractors shall immediately report to their supervisor or the duty officer any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against detainees or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. All facility staff are mandated reporters and receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training.

Olmsted County ADC/WRF has identified the reporting process for all staff employed, contracted or who volunteer to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment, retaliation against detainees or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews including medical and mental health staff confirmed the requirement to report any knowledge, suspicion or information of sexual abuse or sexual harassment and have received this training annually during in-service. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.

Interviews with Olmsted County ADC's medical and mental health staff confirmed their responsibility to inform detainees their duty to report and their limitations of confidentiality. Both the OCSO Chief Deputy/PREA Coordinator and Olmsted County WRF Administrative Captain/PCM indicated that all alleged sexual abuse or sexual harassment reports, regardless of where the information came from, is reported immediately to the OCSO Chief Deputy/PREA Coordinator. A review of the allegation of sexual misconduct revealed the investigation began immediately upon receipt of the information.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-7 (Response to Detainee Report)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Incident Report
- OCSO Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM interview
- Random staff interviews
- Olmsted County ADC's medical and mental health interviews

### **Standard 115.262: Agency protection duties**

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

##### **115.262 (a)**

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

#### **Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #8-9 (Protection from Harm) revised 4/20/18 requires an immediate action to be taken upon learning a detainee is subject to a substantial risk of imminent sexual abuse.

Interviews with the OCSO Chief Deputy/PREA Coordinator and Olmsted County WRF Administrative Captain/PCM indicated any information received alleging a detainee is at substantial risk of imminent sexual abuse would require immediate removal of the detainee and to isolate the threat. The other randomly selected staff interviews indicated if a detainee was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the detainee, separate from the alleged perpetrator and contact their immediate supervisor. Also, the detainee would be referred for mental health services. Olmsted County WRF's staff has a process in place when identifying a detainee who may be subject to a substantial risk of imminent sexual abuse the information is documented and the detainee is placed on a watch status. There were no incidents involved an immediate action to protect a detainee who was a substantial risk of imminent sexual abuse in the past twelve (12) months at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #8-9 (Protection from Harm)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- OCSO Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM interview
- Random staff interviews
- Olmsted County ADC's medical and mental health interviews

## **Standard 115.263: Reporting to other confinement facilities**

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

### 115.263 (a)

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

### 115.263 (b)

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

### 115.263 (c)

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

### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-7 (Response to Detainee Report) revised 4/21/16 requires that an allegation made whereby a detainee was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, that the notification will be made as soon as possible but no later than 72 hours, and shall be documented. Requires that any receipt of an allegation of sexual abuse from another facility occurred while confined in that facility, the Administrator or designee shall ensure an investigation is completed.

An interview with OCSO Chief Deputy/PREA Coordinator indicated per policy an allegation made whereby a detainee was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, the notification will be made no later than 72 hours and shall be documented. The OCSO Chief Deputy/PREA Coordinator and Olmsted County WRF Administrative

Captain/PCM's memorandum dated 8/14/19 indicated there had been no incidents reported a detainee had been sexually abused or sexually harassed while confined at another facility during the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-7 (Response to Detainee Report)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received from other facilities was zero
- OCSO Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM memorandum

**Standard 115.264: Staff first responder duties**

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

**115.264 (a)**

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

**115.264 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-16 (PREA First Responder Duties) revised 4/11/16 and First Responder: Sexual Assault Checklist requires the first responding staff is to separate the detainee, protect any physical evidence by requesting the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), if the abuse took place within a time period that still allows for the collection of physical evidence and secure the crime scene. Requires a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires a first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.

Random detention staff interviews and a first responder interview validated their technical knowledge of actions to be taken upon learning a detainee was sexually abused and could describe all the action steps identified in the Olmsted County ADC/WRF policies and procedures of their responsibilities as first responders. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. Olmsted County WRF Administrative Captain/PCM's memorandum dated 8/14/19 indicated there have been no allegations a detainee was sexually abused or the staff responding as a first responder or were notified within a time period allowing for the collection of physical evidence during the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff and first responder interviews, review of documentation and the facility has demonstrated compliance with this standard.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-16 (PREA First Responder Duties)
- Olmsted County ADC/WRF First Responder: Sexual Assault Checklist
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that a detainee was sexually abused was zero
- Pre-Audit Questionnaire review - of the allegations that a detainee was sexually abused the number of times a non-security staff was the first responder were zero
- Training Transcripts
- Olmsted County Adult Detention Center PREA Training – power point & study guide & test
- Random staff interviews
- First responder interview
- Olmsted County WRF Administrative Captain/PCM's memorandum

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-16 (PREA First Responder Duties) revised 4/11/16 and First Responder: Sexual Assault Checklist provides a written coordinated response system at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive

staff, medical and mental health practitioners, investigators, contacting law enforcement, and victim advocate services.

Interviews with the OCSO Chief Deputy/PREA Coordinator and other random staff validated their technical knowledgeable of their duties to coordinate actions taken in response to a sexual abuse allegation. The facility has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, hospital and a number of other individuals in response to sexual abuse allegations. Also, the staff utilizes the "First Responder: Sexual Assault Checklist" form to complete the documentation of the incident.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-16 (PREA First Responder Duties)
- Olmsted County ADC/WRF First Responder: Sexual Assault Checklist
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- OCSO Chief Deputy/PREA Coordinator interview
- Random staff interviews

**Standard 115.266: Preservation of ability to protect residents from contact with abusers**

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

**115.266 (a)**

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

**115.266 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-7 (Detainee Response to a Report) revised 4/21/16 and the documentation of the labor contracts between the County of Minnesota and Olmsted County Deputy Sheriff’s Association dated January 1, 2018 through December 31, 2020 and Law Enforcement Labor Services, Inc. dated January 1, 2018 through December 31, 2020 are in accordance with the PREA standards and can be found on the OCSO website. OCSO does not allow an entity to restrict the agency’s ability to terminate an employee or remove an alleged staff sexual abuser from contact with any detainees pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted. This was confirmed with OCSO Chief Deputy/PREA Coordinator’s interview.

Based on the information discovered in the documentation and an interview with the NDCS’s PREA Coordinator, the auditor has determined the facility meets the requirements of the standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-7 (Detainee Response to a Report)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility’s PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Two (2) labor contracts
- OCSO Chief Deputy/PREA Coordinator interview

**Standard 115.267: Agency protection against retaliation**

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

**115.267 (a)**

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

#### 115.267 (b)

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

#### 115.267 (c)

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-7 (Detainee Response to a Report) revised 4/21/16 requires all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other detainees and staff. Requires multiple protections such as housing changes or transfers for detainee victims or abusers, removal of the alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation are available. Requires monitoring for a minimum of ninety (90) days, with periodic status checks, and provides protections for any other individual who cooperates with an investigation. This monitoring would include detainee disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff.

An interview with the Olmsted County WRF's Work Release Sergeant confirmed his responsibility with monitoring the conduct or treatment of detainees or staff who reported the sexual abuse and of detainees who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. Also, he indicated this monitoring would include bi-weekly face-to-face meetings, review of detainee disciplinary reports, bed and program changes, negative performance reports as well as reassignments of staff. Also, the interviews with the OCSO Chief Deputy/PREA Coordinator and Olmsted County WRF Administrative Captain/PCM indicated all alleged victims or reporters are met within twenty-four (24) hours, every two (2) weeks and after the first month every thirty (30) days thereafter. If retaliation should occur, the assigned staff would complete a "Narrative

Report" form whether it is a staff or detainee retaliation monitoring. There were no incidents of retaliation at the facility in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-7 (Detainee Response to a Report)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Narrative Report form
- OCSO Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM interview
- Olmsted County WRF Work Release Sergeant interview

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

### 115.271 (j)

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

### 115.271 (k)

- Auditor is not required to audit this provision.

### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-8 (PREA Investigation Evidentiary Standards) revised 4/11/16 requires all staff to refer all alleged incidents of sexual abuse or harassment to Olmsted County Sheriff's Office for criminal investigations. Staff refers all allegations of sexual abuse and harassment to the OCSO Chief Deputy/PREA Coordinator to review the complaint and determine if the facility staff will conduct the investigation. If the allegation appears to be criminal in nature the OCSO Chief Deputy/PREA Coordinator will consult with the Investigations Division for assignment to one (1) of the investigators. If referred to the facility, the OCSO Chief Deputy/PREA Coordinator will contact Olmsted County WRF Administrative Captain/PCM to assign the administrative investigation for completion. Requires each facility to cooperate with the assigned investigator and shall remain informed as to the progress of the investigation. The report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Also, the policies require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complaint's alleged victim or perpetration from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as an detainee or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings.

Requires the credibility of any person shall be assessed on an individual basis. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires all allegations of criminal conduct be referred for prosecution. Requires an investigation not stop should the alleged abuser or victim depart from the employment or control of the facility or agency. Requires all case records associated with claims of sexual abuse or sexual harassment including all documentation be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Requires all investigators shall receive special training in sexual abuse investigations before conducting PREA investigations, and all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews and prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

Documentation review and an interview with the OCSO Investigator confirmed he completed the required specialized investigator training as well as the annual PREA education. The investigator indicated all allegations are investigated, regardless of how the information is initially obtained and reported that investigations begin immediately upon notification. All allegations of sexual abuse or sexual harassment receive an administrative investigation whether it was through the facility, victim, third party or law enforcement, depending on the type of allegation. An investigation begins with information regarding the allegation, a review of the incident report, interview with the victim, alleged perpetrator, witnesses and evidence gathering. The evidence collected is not limited to videos, statements, and prior complaints. Also, if an allegation is determined to contain criminal elements, the investigation would be referred to Olmsted County Sheriff's Office Investigations Division.

The OCSO Investigator interview confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Also, the investigator indicated an investigation does not cease until completed, regardless if the alleged perpetrator is released or resigns employment, or if the victim leaves the facility prior to the completion of the investigation.

A review of one (1) investigation file of an alleged staff's sexual misconduct that occurred in the facility in the past twelve (12) months contained the required information in accordance to Olmsted County ADC/WRF's policy and procedure. Also, Olmsted County WRF Administrative Captain/PCM's memorandum dated 8/14/19 indicated the investigation was unfounded for the allegation of conduct

and did not appear to be criminal therefore it was not referred for prosecution in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-8 (PREA Investigation Evidentiary Standards)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- OCSO Investigator interview
- Olmsted County WRF Administrative Captain/PCM memorandum

**Standard 115.272: Evidentiary standard for administrative investigations**

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

**115.272 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-8 (PREA Investigation Evidentiary Standards) revised 4/11/16 requires a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The OCSO's Investigator and/or the facility's investigator investigates the

allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.

Interviews with both OCSO Chief Deputy/PREA Coordinator and OCSO Investigator indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to OCSO for consultation with legal and Human Resources to determine disciplinary actions to be imposed and the standard they would use is the preponderance of evidence..

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-8 (PREA Investigation Evidentiary Standards)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility’s PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- OCSO Chief Deputy/PREA Coordinator interview
- OCSO Investigator interview

**Standard 115.273: Reporting to residents**

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

**115.273 (a)**

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

**115.273 (b)**

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

**115.273 (c)**

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?  Yes  No

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of Olmsted County Adult Detention Center/Work Release Facility Policy #11-9 (Reporting to Detainees) revised 7/28/16 requires any detainee who makes an allegation he or she suffered sexual abuse is informed in writing, contains the process for notifying detainees and whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. The policy further requires following a detainee's allegation if a staff member has committed sexual abuse against the detainee, the facility informs the detainee unless the allegations are "unfounded" whenever the staff member is no longer posted within the detainee's unit; the staff member is no longer employed at the facility; Olmsted County ADC/WRF learns the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. Investigations involving detainee-on-detainee allegations of sexual abuse, OCSO Chief Deputy/PREA Coordinator notifies the Olmsted County WRF Administrative Captain/PCM who will then inform the detainee whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Interviews with the Olmsted County WRF Administrative Captain/PCM and OCSO Investigator confirmed all investigation outcomes whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation, are completed and the documentation is maintained with the investigation. The staff utilizes a "Narrative Report" form to advise the detainee of the investigation outcome. The investigation reviewed was unfounded and therefore no notification was required to the detainee according to policy and procedure. However, Olmsted County WRF Administrative Captain/PCM's memorandum dated 8/14/19 indicated the allegation was not PREA related and unfounded but did advise the alleged victim of the outcome verbally.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-9 (Reporting to Detainees)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - The number of criminal and/or administrative investigations of alleged detainee sexual abuse that were completed by the agency/facility in the past 12 months was zero
- Pre-Audit Questionnaire review - Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of detainees who were notified, verbally or in writing, of the results of the investigation was zero
- Pre-Audit Questionnaire review - The number of investigations of alleged detainee sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero
- Pre-Audit Questionnaire review - Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of detainees alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero

- Pre-Audit Questionnaire review - In the past 12 months, the number of notifications to detainees that were provided pursuant to this standard was zero
- Olmsted County WRF Administrative Captain/PCM interview
- OCSO Investigator interview

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

#### 115.276 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-10 (Staff Discipline) revised 4/11/16 required staff who are terminated or who resign for a violation of the sexual abuse or sexual harassment policies shall be informed of the Olmsted County ADC/WRF's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires that staff shall be subjected to the disciplinary sanctions up to and including termination for violation of Olmsted County ADC/WRF sexual abuse or sexual harassment policies. Requires that termination shall be the presumptive disciplinary sanction for staff who had engaged in sexual abuse. Requires violations of the Olmsted County ADC/WRF policies relating to sexual misconduct or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The policy also mandates the violation be reported to the OCSO Chief Deputy/PREA Coordinator and law enforcement if criminal in nature. Additionally, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the Olmsted County Sheriff's Office, unless the activities were not clearly criminal.

Interview with the OCSO Chief Deputy/PREA Coordinator, Olmsted County WRF Administrative Captain/PCM's memorandum dated 8/25/19 and documentation review confirmed there had been no employee disciplined, terminated or resigned in the past twelve (12) months for violation of the facility's sexual abuse or sexual harassment policies. All disciplinary sanctions are maintained in the employee's HR file in accordance with Olmsted County ADC/WRF policy and procedures.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-10 (Staff Discipline)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or

resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was zero

- OCSO Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM memorandum

## Standard 115.277: Corrective action for contractors and volunteers

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

#### 115.277 (a)

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

#### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-10 (Staff Discipline) revised 4/11/16 requires that any contractor or volunteer who engages in sexual abuse of detainees shall be prohibited from contact with detainees and shall be reported to the OCSO Chief Deputy/PREA Coordinator, any relevant licensing bodies and to law enforcement agencies, unless the

activity was clearly not criminal. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with detainees, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

Interview with the OCSO Chief Deputy/PREA Coordinator and Olmsted County WRF Administrative Captain/PCM's memorandum dated 8/25/19 confirmed there were no instances or reports whereby a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment Olmsted County ADC/WRF policies and procedures in the past twelve (12) months. All volunteers and contractors must sign the PREA Acknowledgment form upon completion of the PREA training they received. This was verified with the documentation review of the volunteer information. The facility did not have any contractors working at the facility in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-10 (Staff Discipline)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of detainee was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a detainee was zero
- PREA Acknowledgment form
- OCSO Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM's memorandum

### **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

##### **115.278 (a)**

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

##### **115.278 (b)**

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

### 115.278 (c)

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

### 115.278 (d)

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

### 115.278 (e)

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

### 115.278 (f)

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

### 115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-17 (Detainee Discipline) revised 4/23/16 requires a detainee who makes a report of detainee-on-detainee sexual violence or employee sexual abuse or sexual harassment that is determined to be false, may be charged with a disciplinary offense if it is determined the report was made in bad faith following consultation. Requires sanctions to be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories.

Requires consideration whether an detainee's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Requires the consideration whether to require the offending detainee to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available. Detainees shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

An interview with Olmsted County WRF Administrative Captain/PCM indicated sanctions are addressed at a formal disciplinary hearing and mental health staff is conferred with before sanctions are determined. He stated disciplinary action can include a change in custody level, segregation time, loss of good time and law enforcement charges which may be referred for prosecution if the allegations were criminal, if applicable. The staff provides each detainee with an Olmsted County ADC/WRF PREA pamphlet entitled "End the Silence" and Institutional Rules that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Olmsted County WRF Administrative Captain/PCM's memorandum dated 8/14/19 and documentation review indicated there had been no administrative findings of guilt for detainee-on-detainee sexual abuse that have occurred at the facility in the past twelve (12) months that resulted in disciplinary action.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-17 (Detainee Discipline)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Pre-Audit Questionnaire review - In the past 12 months, the number of administrative findings of Detainee-on-Detainee sexual abuse that have occurred at the facility was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of criminal findings of guilt for Detainee-on-Detainee sexual abuse that have occurred at the facility was zero
- End the Silence brochure and Institutional Rules
- Olmsted County WRF Administrative Captain/PCM interview and memorandum

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

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

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-11 (PREA Medical and Mental Health Care) revised 1/04/19 requires the timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facility's designated medical and mental health practitioner. Requires victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. Requires treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation.

The Olmsted County ADC's medical staff had a protocol in place to assist in expediting a detainee to the emergency room with specific documentation for the detention staff. Documentation and interviews with Olmsted County ADC's medical staff confirmed St. Mary's Hospital (SANE/SAFE certified) provides the emergency and forensic examinations at no financial cost to the victim. Olmsted County Victim Services is identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the detainees at the facility. The facility has available the PREA pamphlet "End the Silence" and identifies for the detainees to call or write the OCSO's PREA Coordinator or Olmsted County Adult Detention Center/Work Release Facility PREA Compliance Manager.

Interviews with the Olmsted County ADC's medical and mental health staff confirmed detainees (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The Olmsted County ADC's medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications would be completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders will be documented in the detainee's medical/mental health record.

Also, the Olmsted County ADC's medical staff's interviews indicated a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Medical staff interviews indicated mental health staff would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care. Documentation in the reports indicated services are provided immediately upon notification. In the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

## Policy and Supporting Documents Reviewed, Interviews and Observation:

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-11 (PREA Medical and Mental Health Care)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- End the Silence brochure
- Olmsted County Victim Services representative interview
- Olmsted County ADC's medical and mental health staff interviews

## Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

#### 115.283 (a)

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

#### 115.283 (b)

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

#### 115.283 (c)

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

#### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)  Yes  No  NA

#### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-11 (PREA Medical and Mental Health Care) revised 1/04/19 requires ongoing medical and mental health care for sexual abuse victims and abusers. This will include medical and mental health evaluation and treatment, follow-up services, treatment plans and referrals. Requires pregnancy tests, as necessary and timely access to all lawful pregnancy-related medical services. Requires offered tests for STD's as medically appropriate. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility is required to provide such victims with medical and mental health services consistent with the community level of care. Both facilities are required to attempt to conduct a mental health evaluation of all known

detainee-on-detainee abusers within fourteen (14) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Olmsted County ADC's medical and mental health staff interviews confirmed victims are offered a sexual assault assessment, individual counseling, referral to the psychiatrist, medications as ordered by the physician, laboratory testing for STD and HIV and follow-up. The Olmsted County ADC's medical and mental health staff interviews indicated the mental health plan for services would include individual or group treatment, including trauma resolution and PTSD, as well as follow-up. Also, the mental health staff would conduct mental health evaluations of all known detainee-on-detainee abusers and offer treatment services within fourteen (14) days. Also, mental health staff would have all detainees receive a mental health evaluation during their first few weeks at the facility.

Victims of sexual abuse will be transported to the St. Mary's Hospital, a victim advocate will be provided, receive treatment and physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused and medical staff track the follow-up medical visits. Mental health staff completes an evaluation and follow-up for mental health visits. There have been no investigations of alleged detainee's sexual abuse that occurred in the facility in the past twelve (12) months. The medical and mental health staff have a protocol in place to assist detainees upon discharge from the facility to continue services if needed.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-11 (PREA Medical and Mental Health Care)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- End the Silence brochure
- Olmsted County Victim Services representative interview
- Olmsted County ADC's medical and mental health staff interviews

## **DATA COLLECTION AND REVIEW**

### **Standard 115.286: Sexual abuse incident reviews**

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

#### **115.286 (a)**

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.286 (e)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-12 (Sexual Abuse Incident Review) revised 4/11/16 requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires the sexual abuse incident review to be conducted within thirty (30) days of the conclusion of the investigation. Requires the review team to include upper-management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Requires the review of the allegation for: the need for policy or practice change, motivation for the incident, check of the physical area for barriers, staffing levels at the time of the incident, and information regarding any enhancement of current monitoring technology. Requires a written report completed that includes any recommendations and corrective action, as well as documentation showing implementation of the recommendations or the reason for not implementing the recommendations.

An interview with the OCSO Chief Deputy/PREA Coordinator, Olmsted County WRF Administrative Captain/PCM and documentation review confirmed a report (Sexual Abuse Incident Review Report) is prepared upon completion of sexual abuse incident reviews. The report would include: brief chronological summary, acknowledgment of what went well during the incident, whether the incident response/action was in compliance with relevant OCSO rules, policies, and procedures, corrective actions taken or still needed to improve outcomes in future similar incidents, policy changes, motivation of the incident, motivated or caused by group dynamic, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and detainee notification of investigation outcome.

Olmsted County WRF's Sexual Abuse Incident Review Team consisted of the OCSO Chief Deputy/PREA Coordinator, Olmsted County WRF Administrative Captain/PCM, Work Release Sergeant, Olmsted County ADC's medical and mental health staff. The facility has reported one (1) administrative investigation of alleged sexual misconduct that occurred in this facility in the past twelve (12) months. The facility did not have any allegations resulting in a criminal investigation. Random staff interviews confirmed their knowledge of the process and would document their review on the "Sexual Abuse Incident Review" form that captures all aspects of an incident.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-12 (Sexual Abuse Incident Review)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- Sexual Abuse Incident Review Report form
- OCSO Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM interview
- Random staff interviews

## Standard 115.287: Data collection

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

### 115.287 (a)

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

### 115.287 (b)

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

### 115.287 (c)

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

### 115.287 (d)

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

### 115.287 (e)

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

### 115.287 (f)

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

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-18 (Data Collection, Review and Storage) revised 4/11/16 requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Also, the policy and procedure require an annual aggregate of the sexual abuse data, the collection of necessary data to respond to the DOJ – Survey of Sexual Violence and the data provided to the DOJ no later than June 30 of each year. Requires data will be collected from any private facility with which it contracts for the confinement of offenders.

Olmsted County WRF Administrative Captain/PCM completes the collected data related to PREA forwards the report to the OCSO Chief Deputy/PREA Coordinator. Olmsted County Adult Detention Center/Work Release Facility has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. The OCSO Chief Deputy/PREA Coordinator is responsible for monitoring the PREA data and alerting the Olmsted County Sheriff of any notable trends. An interview with the OCSO Chief Deputy/PREA Coordinator indicated he maintains all related data and document information as required by policy and procedure from each facility on a monthly basis. This information is used to identify trends and create corrective actions for an individual facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-18 (Data Collection, Review and Storage)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- OCSO Chief Deputy/PREA Coordinator interview
- Olmsted County WRF Administrative Captain/PCM interview

### **Standard 115.288: Data review for corrective action**

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

### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.288 (b)

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

### 115.288 (c)

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

### 115.288 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-18 (Data Collection, Review and Storage) revised 4/11/16 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Also, the policy and procedure requires the report to include comparison data and corrective actions from prior years, approved by the Olmsted County Sheriff, made public and allows the redaction of specific material and an indication of the material redacted.

An interview with the OCSO Chief Deputy/PREA Coordinator reports information is gathered and submitted to the public through the 2018 PREA Collection Data information available on the website, and includes comparison data and any facility modifications or agency policy changes. Also, he indicated the information is security retained and on-going corrective action is tracked. Olmsted County WRF Administrative Captain/PCM monitors collected data to determine and assess the need for any corrective actions and forwards the information to the OCSO Chief Deputy/PREA Coordinator.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-18 (Data Collection, Review and Storage)
- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- 2018 PREA Collection Data
- OCSO Chief Deputy/PREA Coordinator interview

### **Standard 115.289: Data storage, publication, and destruction**

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

##### **115.289 (a)**

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

##### **115.289 (b)**

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

### 115.289 (c)

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

### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Olmsted County Adult Detention Center/Work Release Facility Policy #11-18 (Data Collection, Review and Storage) revised 4/11/16 requires the OCSO shall ensure data collected of allegations of sexual abuse is securely retained and makes information readily available to the public through an annual report on its website. Also, the policy and procedure required before making the report public, the OCSO shall remove all personal identifies and to maintain this information for at least ten (10) years after the date of initial collection unless Federal, State or local law requires otherwise.

An interview with OCSO Chief Deputy/PREA Coordinator confirmed data is collected and securely retained for a minimum of ten (10) years. A review of the 2018 PREA Collection Data confirmed there were no personal identifiers within the document, and it is posted on the OCSO Website and readily available for public review.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-18 (Data Collection, Review and Storage)

- PREA Standards Compliance Checklist
- Olmsted County Work Release Facility's PREA Audit: Pre-Audit Questionnaire (Community Confinement)
- 2018 PREA Collection Data
- OCSO Chief Deputy/PREA Coordinator interview

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Olmsted County Official website at <https://www.co.olmsted.mn.us/sheriff/divisions/ADC/AboutUs/Pages/default.aspx> contained two (2) audit reports for PREA audits completed from October 3, 2016 through October 6, 2016. Both facilities operated by this Agency were completed during the second PREA review cycle in accordance with the standard. Both facilities have been scheduled for the third PREA review cycle. Olmsted County WRF is one (1) of the facilities scheduled for the first year of the third PREA review cycle. The auditor had access to the entire facility and was able to conduct staff and detainee interviews in a private room and provided with documentation in accordance to the standard. Detainees were permitted to send confidential information or correspondence to this auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the facility.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-18 (Data Collection, Review and Storage)
- PREA Standards Compliance Checklist
- OCSO website
- OCSO Chief Deputy/PREA Coordinator interview

## Standard 115.403: Audit contents and findings

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

## 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Olmsted County Official website at <https://www.co.olmsted.mn.us/sheriff/divisions/ADC/AboutUs/Pages/default.aspx> contained two (2) PREA Final Reports audited during the second PREA review cycle and published within 90 days after the final report was issued by the auditor.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Olmsted County Adult Detention Center/Work Release Facility Policy #11-18 (Data Collection, Review and Storage)
- PREA Standards Compliance Checklist
- OCSO website
- OCSO Chief Deputy/PREA Coordinator interview

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Dorothy Xanos

11/25/19

**Auditor Signature**

**Date**

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

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