

# PREA Facility Audit Report: Final

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

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 10/17/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Walter J Krauss, Psy.D.	<b>Date of Signature:</b> 10/17/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Krauss, Walter
<b>Email:</b>	waltjk@aol.com
<b>Start Date of On-Site Audit:</b>	08/20/2025
<b>End Date of On-Site Audit:</b>	08/21/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Olmsted County Work Release Facility
<b>Facility physical address:</b>	101 4th Street Southeast, Rochester, Minnesota - 55904
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Dave Adams
<b>Email Address:</b>	dave.adams@olmstedcounty.gov
<b>Telephone Number:</b>	5074059771

<b>Facility Director</b>	
<b>Name:</b>	Samantha Reps
<b>Email Address:</b>	samantha.reps@olmstedcounty.gov
<b>Telephone Number:</b>	5074059841

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	David Adams
<b>Email Address:</b>	david.adams@olmstedcounty.gov
<b>Telephone Number:</b>	(507) 328-6835
<b>Name:</b>	Keith Gottschalk
<b>Email Address:</b>	gottschalk.keith@olmstedcounty.gov
<b>Telephone Number:</b>	(507) 328-6791

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Seretse Miller
<b>Email Address:</b>	Seretse.miller@olmstedcounty.gov
<b>Telephone Number:</b>	5073286854

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	90
<b>Current population of facility:</b>	20
<b>Average daily population for the past 12 months:</b>	14

<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-90
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	14
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	14
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Olmsted County Sheriff's Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	141 4th Street, Rochester, Minnesota - 55904
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Samantha Reps	<b>Email Address:</b>	reps.samantha@olmstedcounty.gov

## **Facility AUDIT FINDINGS**

### **Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	
1	<ul style="list-style-type: none"> <li>115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> </ul>
<b>Number of standards met:</b>	
40	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-08-20
2. End date of the onsite portion of the audit:	2025-08-21

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Janet Finley / St Mary's ED Clinical Nurse Specialist / Chairman of the Sexual Assault Nurse Examiner Program Michelle Olson / Program Manager / Olmsted County Victim Services

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	90
15. Average daily population for the past 12 months:	14
16. Number of inmate/resident/detainee housing units:	2

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<p><b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>15</p>
<p><b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>

<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. No targeted interviews were conducted as there were no detainees that met those criteria at the time of the on-site audit.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>14</p>
<p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>14</p>
<p><b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No additional comments are needed at this time.</p>

# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
<b>If "Other," describe:</b>	On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. No targeted interviews were conducted as there were no detainees that met those criteria at the time of the on-site audit.

<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. No targeted interviews were conducted as there were no detainees that met those criteria at the time of the on-site audit.</p>
<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. No targeted interviews were conducted as there were no detainees that met those criteria at the time of the on-site audit.</p>
<p><b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. No targeted interviews were conducted as there were no detainees that met those criteria at the time of the on-site audit.</p>

<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those detainees with physical disabilities, can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those detainees with cognitive or functional disability, can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those who are blind or have low vision, can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those detainees who are deaf or hard of hearing, can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those detainees who are Limited English Proficient, can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those detainees who identify as lesbian, gay, or bisexual, can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those detainees who identify as transgender or intersex, can be found at this facility, but not within the census on the date of the on-site audit. This auditor did review documentation of a transgender female who had been a detainee at the facility.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those detainees who reported sexual abuse in this facility, can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population, in this case those who disclosed prior sexual victimization, can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This is N/A as there is no segregated housing at the Work Release Facility.</p>

<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>On the first day of the on-site audit, there were only fifteen detainees housed at the facility. All fifteen were requested to be interviewed by the auditor, but five refused to participate, thus there were no 'random' detainee interviews per se although the detainees interviewed were asked the "random" questions. As a result, only ten detainees were interviewed during this process. None were identified as targeted detainees for the purposes of this audit. This auditor reviewed prior intake screens, documentation, spoke to staff informally as well as the detainees, and reviewed policy to support the facility's claims that the targeted population can be found at this facility, but not within the census on the date of the on-site audit.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>7</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input type="checkbox"/> Shift assignment  <input type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<p><b>If "Other," describe:</b></p>	<p>All staff assigned to the facility both days were interviewed.</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>All staff assigned to the Work Release Facility were interviewed, so there was nothing random about it</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>65. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>66. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Because the Work Release Facility and the Adult Detention Center work collaboratively, many of the interviews conducted at the ADC also applied for the Work Release Facility, including the Agency Head, Director of Detention Services / PREA Coordinator, Administrative Staff, and Medical Staff, etc.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>Any and all areas to which this auditor requested access was authorized and permitted. Administration responded to questions from and requests by this auditor quickly and were very supportive in the process. Surveillance camera monitoring was reviewed as was the use of the Turnkey kiosks. This auditor used the Language Line Interpretive Service with a Spanish-speaking detainee. Informal conversations with staff and detainees occurred throughout the on-site audit.</p>
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**Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>All documentation requested was received quickly and without complaint, whether it was risk screenings, evidence of training, background checks, Narrative Reports, etc. With any random staff or detainees interviewed, this auditor asked to see the PREA training and criminal background checks for staff and PREA education and risk screenings for detainees in addition to any other relevant documentation.</p>
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# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

### 79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There have been no reports of sexual abuse in the previous twelve months within the facility.

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There have been no reports of sexual harassment in the previous twelve months within the facility.</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No additional comments at this time.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

### Non-certified Support Staff

**103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Olmsted County Detention Procedures 606 'Prison Rape Elimination Act', 606.1 'PREA Definitions', 606.2 "PREA Prevention Planning', the Administrative and Platoon Rosters, updated Zero Tolerance PREA posters and PREA "End the Silence' brochures in both English and Spanish were reviewed. The Olmsted County Sheriff, Director of Detention Services/PREA Coordinator, and Captain/PREA Compliance Manager were interviewed in an effort to determine compliance with this standard.</p> <p>The Olmsted County Work Release Facility (WRF) has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outline the prevention, detecting, reporting, and response to sexual abuse and sexual harassment allegations. Definitions that mirror the PREA Standards are included in procedure 606.1 'PREA Definitions', as well as sanctions for those who violated policy. All interviewed shared their knowledge of the strategies and responses towards PREA allegations. The PREA Compliance Manager/Captain reported sufficient time to attend to PREA duties. This person reports directly to the</p>

	<p>Director of Detention Services who is also the Agency PREA Coordinator. The PREA Coordinator also reported sufficient time to attend to PREA duties.</p> <p>The Work Release Facility is committed to maintaining an environment free from sexual abuse and sexual harassment of detainees. Zero tolerance regarding inmate sexual assault and harassment is mandated. Sexual abuse and sexual harassment of detainees is prohibited by State and Federal law. (28 CFR 115.11). All staff will have access to and be familiar with the Prison Rape Elimination Act Standards.</p> <p>All random staff and detainees interviewed were aware of who they would need to report any PREA-related concerns, and who are designated as both the PREA Coordinator and the PREA Compliance Manager. Administration was asked to update the PREA brochures, in both English and Spanish, to make sure the staff identified are accurate. At the request of this auditor, this information should also be included in the PREA information distributed to new residents admitted to the facility. The fact that the facility has both a PREA Compliance Manager and a PREA Coordinator dedicated to meeting the PREA standards when only a PREA Coordinator is required is impressive and exceeds the standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All contracts with entities to house Olmsted County detainees will include the requirement that the entity be PREA compliant. This requirement is addressed in Procedure 606.2 (b) 'PREA Prevention Planning', which was requested to be uploaded by this auditor. Contract management and compliance will be the responsibility of Olmsted County Purchasing. In addition, the PREA Coordinator will make a site visit annually during the first quarter, of all contracted agencies, interview any/all Olmsted County detainees that are housed there and request aggregate data on sexual abuse incidents.</p> <p>In a memo dated August 1, 2025, Administration states, "The Olmsted County Work Release Facility is under the jurisdiction of the MN Department of Corrections (DOC). both the Adult Detention Center and Work Release Facility are audited annually. Odd years, we submit documentation to the inspector and a paper audit is conducted. even years the inspector is on-site and reviews documents, observes operational practice and releases a final report (attached). While we still maintain a contract and relationship with both the Bureau of Prisons and US Marshal Service, the work release facility has not had a random site visit since July of 2022-post COVID."</p> <p>At the end of the 45-day Interim Phase, Procedure 606.2 'PREA Prevention Planning' was uploaded as requested as was a Minnesota Department of Corrections inspection report from 2024. As indicated in the memo referenced above, although the facility maintains contracts with the Bureau of Prisons and US Marshal Service</p>

	<p>and is under the jurisdiction with the Minnesota Department of Corrections, they have not conducted audits annually to verify compliance. This deficiency, however, is not the fault of the facility that those agencies are not conducting them. As a result, this standard is considered to be compliant.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Procedures 224.2 'Staffing Requirements', Policy 201.7 'Staffing Plan', Policy 224 'Staffing', Policy 224.4 'Staffing Analysis', Policy 606.3 'PREA Coordinator', Procedure 606.2 'PREA Prevention Planning' and annual PREA Monitoring Reviews were reviewed. Additionally, interviews with the Director of Detention Services/PREA Coordinator and Captain/PREA Compliance Manager were conducted to determine compliance.</p> <p>Whenever necessary but no less frequently than once each year in the third quarter, for each facility and in consultation with the PREA Coordinator, the director will assess, determine, and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems or other technologies, and resources the facility has available to commit to ensure adherence to the staffing plan. This was confirmed with the three annual PREA Monitoring Reviews dated May 16, 2023, May 14, 2024, and April 15, 2025.</p> <p>In a memo dated August 1, 2025, "The Olmsted County Work Release Facility is not required to conduct unannounced PREA rounds per Community Confinement Standards. However, it is the WRF practice to conduct unannounced rounds at a minimum of three per week."</p> <p>Corrective action also included uploading Policy 606.3 'PREA Coordinator' and updated staffing plan minutes that addresses all elements of 115.213 (a) and (c)-1. Administration was asked to have a meeting to discuss each of the individual elements listed in 115.13 (a) and (c)-1 and provide the minutes from it. Staff were advised that what was done for this staffing plan would then serve as the facility's format moving forward for the annual required PREA staffing plan meetings. 'PREA Monitoring Annual Review'. The updated annual staffing plan minutes, in the format of a memo dated October 3, 2025, were submitted as requested.</p> <p>Administration also requested that Policy 201.7 'Staffing Plan', Policy 224 'Staffing', and Policy 224.4 'Staffing Analysis' be uploaded, with which the facility complied. As a result, this facility is now determined to be compliant with this standard.</p>

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 875">Olmsted County Detention Procedure 606.2 'PREA Prevention Planning', Procedure 513.1 'Searches', Procedure 513.1 'Searches and Contraband Control', Procedure 224.2 'Staffing Requirements', Procedure 504.3 'Body Worn Cameras', Policy 807 'Inmate Hygiene' and PREA Cross-Gender Searches Training for Field Training Program; Field Training Program Module 2-4A: 'Strip Search', Field Training Program Module 2-3 'Custodial Search', Field Training Program 1-23 'Pat Search', and Procedure 202.1 'Supervision of Detainees' were all reviewed. Interviews with the PREA Compliance Manager/Captain, random staff, and detainees were also conducted to assist with the determination of compliance with this standard. In addition, this auditor also observed announcements made when opposite gender staff entered a unit and spoke with the Deputy in the Control Room who pointed out key areas of the facility and the range of vision where strip searches would be completed, which was appropriate.</p> <p data-bbox="280 916 1398 987">Staff will not physically search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee's genital status.</p> <p data-bbox="280 1028 1474 1189">Staff of the opposite gender are trained to announce their presence when entering a housing unit when there is not another staff member of opposite gender already assigned to the post. The announcement must be loud enough that detainees can hear the announcement.</p> <p data-bbox="280 1229 1382 1301">Training documents reviewed indicated that staff have completed appropriate training.</p> <p data-bbox="280 1341 1410 1458">All staff reported the need to and were observed during the on-site audit to announce their presence when entering a detainee housing unit of the opposite gender as part of common practice. Nine of ten detainees supported that claim.</p> <p data-bbox="280 1498 1458 1700">Both male and female units have private showers that allow for privacy, which is significantly improved from this auditor's initial on-site tour of the men's showers back in 2016. Whereas the female showers have been appropriate, three partitions and shower curtains were added to the men's shower area in 2016 where it had previously been an open shower area.</p> <p data-bbox="280 1740 1474 2063">In general, female staff can conduct cross-gender searches of male detainees, but male staff cannot conduct cross gender searches unless called upon to assist with a non-compliant female and safety of a deputy or detainee is of concern. All seven of seven random staff interviewed were aware of the requirement indicated in 115.15 (b) whereby the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities when female staff are not available to conduct pat-down searches of female inmates, absent exigent circumstances.</p>

	<p>Administration was asked to provide evidence of the procedure used to ensure privacy while showering and performing bodily functions as stated in Standard 115.15 (d)-2, which they did when Procedures 202 'Supervision of Inmates-Minimum Requirements' / 202.1 'Supervision of Detainees' were uploaded.</p> <p>In addition, Administration was asked to provide the training curricula used to educate staff on pat down searches and/or to provide the link to the PREA Resource Training on 'Guidance in Cross-Gender and Pat Searches Guidance in Cross-Gender and Transgender Pat Searches", which was provided: <a href="https://www.prearesourcecenter.org/resource/guidance-cross-gender-and-transgender-pat-searches">PREA Resource Center Guidance on Cross-Gender and Transgender Pat Searches</a>. More specifically, the address is more specifically as follows: <a href="https://www.prearesourcecenter.org/resource/guidance-cross-gender-and-transgender-pat-searches">https://www.prearesourcecenter.org/resource/guidance-cross-gender-and-transgender-pat-searches</a>.</p> <p>As a result of Procedure 504.3 'Body Worn Cameras', Policy 807 'Inmate Hygiene' Procedures', Procedure 202 'Supervision of Inmates-Minimum Requirements' / 202.1 'Supervision of Detainees' having been uploaded as requested and the training curriculum link provided, Olmsted County Work Release Facility is compliant with this standard.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Olmsted County Detention Procedure 602 'Inmates with Disabilities', 602.1 'PREA Disabled and ESL Detainees', Procedure 503 'Inmate Handbook and Orientation', Procedure 606.4 PREA Detainee Education'; 503.7 'Orientation for Non-Readers, Visually Impaired, and Deaf or Hard-of-Hearing Inmates' were reviewed as was a reference guide for staff on how to use the Language Line Services. Interviews with the Olmsted County Sheriff, Director of Detention Services / PREA Coordinator, random staff, and detainees were also conducted.</p> <p>When detainees arrive at the facility, they are immediately provided with a comprehensive PREA brochure entitled, "End the Silence", which clearly states that 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. English and Spanish posters and PREA-related announcements on the Closed-Circuit Television Network (CCTV) were found throughout the facility as well.</p> <p>The agency has established policy to provide for educational services for inmates with disabilities to be provided information at intake and assistance on PREA</p>

	<p>allegations, including reporting. Staff arrange for education in formats for those inmates identified as disabled. Agency policy also addresses the provision of interpreters to those inmates with a non-English primary language.</p> <p>In an attached memo dated September 10, 2025 and as requested, Administration explains that the Work Release Facility has multiple means by which to address the needs of detainees with disabilities, including Language Line Interpretive Services and the ubi-duo system, the latter which is a two way communication device designed to facilitate face-to-face communication between deaf or hard-of-hearing individuals for those that are deaf or hard of hearing. The Work Release Facility also utilizes a Z5 Desktop, which is the industry's premier VRS (video relay service) app. Deaf and hard of hearing detainees can make and receive videophone calls directly from a laptop or desktop computer and is a direct bill pay per use service.</p> <p>All seven random staff interviewed were aware that inmate interpreters, etc., are not to be used, except in exigent circumstances. In addition, they were aware of the Language Line Interpretive Services available and how to access it.</p> <p>Of note, the CCTV was reviewed during the on-site audit, but this auditor observed the PREA-related slides were difficult to read due to the dark grainy background used on those slides and the speed with which the slides changed from one to another were able to be viewed. Staff changed the slides so that they were more reader friendly with a 20 second delay before one slide would transition to another, and the before and after slides were uploaded as evidence of the change as requested.</p> <p>Corrective action included updating the CCTV PREA slides, uploading 503.7 'Orientation for Non-Readers, Visually Impaired, and Deaf or Hard-of-Hearing Inmates', and a memo on the use of Language Line Interpretive Services as well as the ubi-duo system. With the information provided above as well as the requested corrective action documentation uploaded for review, this facility is now considered to be compliant with this standard.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Olmsted County Detention Procedure 107.1 'PREA Employment and Promotion', Policy 304 'Recruitment and Selection', Policy 606 'Prison Rape Elimination Act', Policy 606.3 'PREA Coordinator', and seven criminal background checks were reviewed. Interviews with the Administrative/Human Resources staff person and the PREA Compliance Manager were also conducted to assist with determining compliance.</p> <p>The Olmsted County Work Release Facility shall not hire or promote anyone who</p>

may have contact with detainees and shall not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. An applicant shall not be considered for hire if they have 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 refuse; or has been civilly or administratively adjudicated to have engaged in the activity.

The agency will ask all applicants and employees who may have contact with detainees directly about previous misconduct in the pre-employment background investigation document and during performance evaluation discussions as part of individual job standards ratings. Determining compliance with this standard involved reviewing a Background Investigation Package, which includes a PREA section addressing the questions required in 115.117 (a)-1 that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)-2 of this section. Verifications that the background checks had been completed and reviewed by Administration was provided, but no examples of the PREA section asking the three questions in 207 (a)-1 were included for review by this auditor.

All staff have an ongoing affirmative duty to disclose any such misconduct to their supervisor who will report to their respective captain. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Unless prohibited by law the agency will provide information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request and a signed authorization of release from an institutional employer for whom such an employee has applied to work. Criminal history checks are conducted on every employee and contractor every five years. Background checks are accompanied by a PREA background consent form and are maintained in a locked area.

Corrective Action:

Corrective action included uploading Policy 304 'Recruitment and Selection'; Policy 606.3 'PREA Coordinator'; and examples of a contractor, new hire, and promotional staff answering the PREA-related questions in 115.217 (a), and criminal background checks.

Policy 107.1 'PREA Employment and Promotion' was uploaded upon request to address the agency policy requiring the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the

	<p>services of any contractor, who may have contact with inmates. This was completed as requested.</p> <p>Corrective action for this standard also included providing examples of completed PREA background checks for a contractor, new hire, and promotional staff to meet standard 117.217 (a) and (f) including the questions answered from PREA question #39 in the Background Information Packet. Seven additional background checks were completed as requested for all of the random staff interviewed.</p> <p>At the end of the 45-day Interim Phase, the required corrective actions were completed. Examples of staff signing off on the three questions in (a)-1 had been provided initially, but one of them was not dated. This correction was made and uploaded as requested. In consideration of the aforementioned factors and the corrective action taken by the Administration, the facility is compliant with this standard.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>When installing or updating monitoring technology, electronic surveillance systems, or other monitoring technology the agency will consider how such technology may enhance the agency's ability to protect detainees from sexual abuse. Procedure 606.2 'PREA Prevention Planning', Procedure 504.3 'Body Worn Cameras', and one memo were reviewed, one indicating all the changes made in response to the prior PREA audit in 2022 and the other indicating that the Body Worn Cameras (BWC) were first introduced to the Work Release Facility in January 2018.</p> <p>In a memo dated August 1, 2025, and uploaded upon request, Administration stated, "The Olmsted County Work Release Facility made the following changes in response to because of our previous PREA audit in 2022: 1.) 2 new stationary cameras: (a) One in the kitchen to ensure visual coverage and safety/security. (b) One in the secure hallway (where STS puts on their work boots and seasonal gear) providing a viewing angle for safety/security."</p> <p>Procedure 606.2 'Prison Rape Elimination Act / PREA Prevention Planning' states that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse.</p> <p>There were no physical plant modifications since PREA audit in 2019, but a wall separating the front lobby from the locker room was added to ensure privacy during</p>

	<p>the booking process and installing privacy doors in the male unit showers between 2016 and 2019. As the budget has allowed, and in addition to the changes indicated above, the facility has now added six cameras in order to address previously identified blind spots, including one in the locker room, the secure hallway, fingerprint room, two in the lower-level hallways, and another in the medical office with audio for strip searches.</p> <p>There are currently 48 Panasonic/i-PRO Global WV-52231L surveillance cameras providing coverage in the Work Release Facility and integrated into a network through a network video recorder that retains data for up to 30 days. Furthermore, all staff use, as of January 2018, Body Worn Cameras to further enhance safety as well as staff accountability. Interviews with the Olmsted County Sheriff and Director of Detention Services/PREA Coordinator confirmed this approach and these findings.</p> <p>Corrective action included uploading Procedure 606.2 'PREA Prevention Planning' and Procedure 504.3 'Body Worn Cameras' as well as PREA Staffing Plan minutes dated October 3, 2025, which was completed as requested. As a result, the Olmsted County Work Release Facility is determined to be compliant with this standard.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Olmsted County Detention Procedure 606.3 'PREA Responsive Planning', Policy 606.7 'Sexual Assault Investigations', a 'PREA Administrative Investigation Report' form, a Memorandum of Understanding with Olmsted County Victim Services for advocacy services dated June 12, 2025, and a memo addressing PREA evidence collection and investigative standards dated August 1, 2025, were reviewed. Interviews with the Director of Detention Services/PREA Coordinator, the Captain/PREA Compliance Manager, random staff, and the Clinical Practice Adviser for the St Mary's Hospital SANE Program were reviewed in determining compliance with this standard. There were no incidents of sexual assault reported during this audit period 2022 through August 2025, thus no detainee was interviewed or records reviewed to assist in determining compliance from that perspective.</p> <p>In a memo dated August 1, 2025, and uploaded to Supplemental Files, Administration states, "The Olmsted County Work Release Facility staff will not be responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. If it appears there has been an incident of sexual abuse the Olmsted County Sheriff's Office detective division will be notified, and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no</p>

memorandum of understanding is necessary. If the alleged abuser is an employee, the evidence would still be collected by our detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation. Evidence that needs to be obtained from a victim's person will be acquired by the hospital emergency department. The contracted medical care company at the detention center will not perform any exams in the event of a sexual abuse case. They will only provide emergency care in the event of an external trauma injury."

The agency follows a uniform evidence protocol when investigating allegations of sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol has been 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.

The agency offers all victims of sexual abuse a forensic medical examination at St Mary's Hospital without cost where evidentiary or medically appropriate. Sexual Assault Nurse Examiners (SANEs) are available at St Mary's Hospital and will be requested. If SANEs are not available for any reason, the examination may be conducted by other qualified medical practitioners and the agency will document its efforts to provide SANEs; however, a telephone conversation with the Chairman of the Sexual Assault Nurse Examiner Program for the St Mary's Hospital SANE Program indicated there are 14 staff trained, but not certified, as SANEs. If one of these 14 staff are not on duty at the time he or she is needed, then somebody is designated as being on call and they are required to arrive within 30 minutes of a call for their services. For this reason, there would be no instances where detainees would not be evaluated by a SANE trained staff and thus there would be no need to document efforts to secure SAFE or SANE trained individuals. In the past year, there have been no incidents requiring such services.

Corrective action included uploading Policy 606.7 'Sexual Assault Investigations', a 'PREA Administrative Investigation Report' form, a Memorandum of Understanding with Olmsted County Victim Services for advocacy services dated June 12, 2025, and a memo addressing PREA evidence collection and investigative standards. The requested documentation was uploaded as requested and, in conjunction with the information provided during the Pre-Audit Questionnaire, the Olmsted County Work Release Facility is considered compliant with this standard.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Procedure 606.3 'PREA Responsive Planning', and a memo addressing PREA evidence collection and investigative standards dated August 1, 2025, were reviewed, and interviews with the Olmsted County Sheriff and Investigative Staff were conducted in order to determine compliance. In addition, the Olmsted County website was reviewed, which states that Olmsted County Work Release Facility has a zero-tolerance policy for sexual abuse and harassment and emphasizes third party reporting for any knowledge of sexual assault and harassment with multiple contact numbers provided in-house or outside the agency.</p> <p>In a memo dated August 1, 2025, and uploaded to Supplemental Files, Administration states, "The Olmsted County Work Release Facility staff will not be responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. If it appears there has been an incident of sexual abuse the Olmsted County Sheriff's Office detective division will be notified, and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no memorandum of understanding is necessary. If the alleged abuser is an employee, the evidence would still be collected by our detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation. Evidence that needs to be obtained from a victim's person will be acquired by the hospital emergency department. The contracted medical care company at the detention center will not perform any exams in the event of a sexual abuse case. They will only provide emergency care in the event of an external trauma injury."</p> <p>In another memo dated August 1, 2025, "During the last audit period 2022-August 2025, there have been no incidents of sexual abuse or assault in the Olmsted County Work Release Facility." As a result, there have been no examples to demonstrate compliance with the investigative process. For this reason and in conjunction with the information described and provided above, this facility is considered compliant with this standard.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Procedure 305.1 'Training Requirements', Policy 309.1 'Prison Rape Elimination Act Training', Policy 309.3 'Member Training' and the PREA Training Curriculum were reviewed. An interview with the Captain/ PREA Compliance Manager was also conducted in order to determine compliance with this standard.</p> <p>The agency policy requires annual training for all staff in all areas identified within the standard. The staff receive a refresher training every two years. Interviews with</p>

	<p>staff confirmed they completed training and understand the material presented.</p> <p>Employee training documentation found that all staff had completed their training (PREA: Sexual Abuse and Sexual Harassment 101). Staff were able to articulate the training they had received, and training logs were provided for evidence of compliance.</p> <p>All staff are trained on the Prison Rape Elimination Act (PREA) within the first year of employment and receive a refresher every two years to include the following:</p> <ol style="list-style-type: none"> <li>1. The zero-tolerance policy for sexual abuse and sexual harassment</li> <li>2. How to fulfill their responsibilities under the PREA policies</li> <li>3. Detainee's rights to be free from sexual harassment or sexual abuse</li> <li>4. The rights of detainees and employees to be free of retaliation for reporting sexual abuse or sexual harassment</li> <li>5. The dynamics of sexual abuse and sexual harassment in confinement</li> <li>6. The common reactions of sexual abuse and sexual harassment victims</li> <li>7. How to detect and respond to signs of threatened or actual sexual abuse</li> <li>8. How to avoid inappropriate relationships with inmates</li> <li>9. How to communicate effectively and professionally with detainees, including those that identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming</li> <li>10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ol> <p>Administration was asked to modify their training curriculum to include element #10 to the basic PREA training PowerPoint: (#10) "How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."` Apparently it had been addressed within the PowerPoint, but it was not clear to this auditor where. For future audits and to ensure the training addresses all of the ten required elements listed within 115.31 (a), this auditor recommended each of the ten items have the item used as a label at the top of the slides to which they apply. Instead, Administration wrote a memo dated September 11, 2025, breaking down the ten items and then indicated the corresponding slide number to which that required item applies.</p> <p>Administration was asked to upload the aforementioned memo that indicated which slide(s) each of the ten required items were addressed. These changes were addressed and uploaded as requested and this auditor confirmed compliance with this standard.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Procedure 305.1 'Training Requirements', the 'PREA Contractor and Volunteer Training,' the 'Prison Rape Elimination Act (PREA) Civilian Acknowledgement of Policy and Guidelines' form, and Volunteer/Contractor Training on 'Inappropriate Relationships and Sexual Misconduct' with signed acknowledgement were all reviewed. Interviews with a volunteer and the PREA Compliance Manager also confirmed training. The agency requires all volunteers to complete the same training as staff. Interviews showed that there was an understanding on how and who to report any instances of sexual abuse and harassment, if needed. The file did not contain completed signed Acknowledgement forms but were requested by this auditor.</p> <p>All support staff with regular or daily contact with detainees receive 40 hours of training in addition to orientation training during their first year of employment. This includes Non-Security Staff Training, Direct Supervision, PREA, and 40 hours of training each year thereafter.</p> <p>Administration provided evidence of Contractor and Volunteer training per 115.232 (b)-1, which the volunteer signed off that it was received and understood.</p> <p>Corrective action included Administration uploading three completed examples of the 'Prison Rape Elimination Act (PREA) Civilian Acknowledgement of Policy and Guidelines' form, not just the templates. The aforementioned documentation was uploaded as requested and, as a result of the information described above, the Olmsted County Work Release Facility is compliant with this standard.</p>
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<b>115.233</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Procedure 606 'Prison Rape Elimination Act' and Procedure 606.4, 'PREA Detainee Education', 'Work Release Facility Contract', Procedure 503.7 'Orientation for Non-Readers, Visually Impaired, and Deaf or Hard-of Hearing Inmates', the Detainee Handbook, the Turnkey PREA Acknowledgement form, and the updated PREA 'End the Silence' Brochure and Zero Tolerance posters in English and Spanish were reviewed. Furthermore, multiple interviews and informal conversations with detainees and staff, including Intake Staff, who reviewed the process with this auditor, were all considered in determining compliance with this standard.</p> <p>Interviews with detainees confirmed the receipt of facility specific information at intake. Informational posters in both English and Spanish were observed around the facility on the PREA boards in the housing areas. During the Booking process, detainees receive information explaining the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions. A comprehensive education session will be provided to detainees within 30 days of their admittance. This education session may be in person or through</p>

video. The education session will cover their rights to be free from sexual abuse and sexual harassment and cover agency policy and procedure on response to reported incidents. The agency provides education in formats accessible to all detainees, including those who are limited in English proficiency, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. The Programs Division will maintain 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, PREA brochures, on the kiosk, and on the CCTV.

Eight of the ten detainees interviewed at the facility received their PREA education on the day of admission. The other two were provided their PREA education seven days and 40 days after their respective admission dates, which means only one of the ten detainees was late receiving their PREA education. During the on-site visit, staff showed this auditor evidence for all ten detainees that they had received the required PREA education. Corrective action included Administration re-educating staff on the importance of providing the PREA education within 30 days of a detainee's admission. A 'Staff PREA Education' sheet was uploaded and signed off by all staff as requested.

Of note, the Closed Captioning Television Network (CCTV) was reviewed during the on-site audit, but this auditor observed the PREA-related slides were difficult to read due to the dark grainy background used on those slides and the speed with which the slides transitioned from one to another were able to be viewed. Staff changed the slides so that they were more reader friendly with a 20 second delay between each slide. The before and after slides were uploaded as evidence of the change as requested.

Procedure 503.1 'Inmate Handbook and Orientation / New Detainee Orientation', Procedure 503.7 'Orientation for Non-Readers, Visually Impaired and Deaf or Hard-of-Hearing Inmates', Procedure 602 'Inmates with Disabilities' the Detainee Handbook, the Turnkey PREA Acknowledgement form, and the updated CCTV slides, PREA 'End the Silence' Brochure and Zero Tolerance posters in English and Spanish were all requested to be uploaded, which they were. For the aforementioned reasons, including evidence that the 'Staff PREA Education' was provided as requested Olmsted County Work Release Facility is determined to be compliant with this standard.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Procedure 606.7 'PREA Investigation-Evidentiary Standards' and Policy 606.7 'Sexual Assault Investigations' were reviewed. The auditor reviewed training documentation

of the identified investigator (Sheriff's Office / Captain of Investigations) although staff involvement in investigations is limited as indicated below.

In a memo dated August 1, 2025, and uploaded to Supplemental Files, Administration states, "The Olmsted County Work Release Facility staff will not be responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. If it appears there has been an incident of sexual abuse the Olmsted County Sheriff's Office detective division will be notified, and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no memorandum of understanding is necessary. If the alleged abuser is an employee, the evidence would still be collected by our detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation. Evidence that needs to be obtained from a victim's person will be acquired by the hospital emergency department. The contracted medical care company at the detention center will not perform any exams in the event of a sexual abuse case. They will only provide emergency care in the event of an external trauma injury."

Investigations will be conducted promptly, thoroughly, and objectively for all allegations, including third party reports. Where sexual abuse is alleged, the agency will use investigators who have received special training in sexual abuse investigations pursuant to 115.34 and 115.234. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with the County Attorney's Office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as a detainee or staff. The agency will not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

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. Criminal investigations will be done by the Olmsted County Sheriff's Office Investigations Division and 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. The investigation may be referred to an outside agency if staff are alleged to be involved. The agency will retain all written reports for as long as the alleged abuser is incarcerated or

	<p>employed by the agency, plus seven years. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. The agency will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. (CFR 115.72 and 115.272).</p> <p>Administration was asked to have evidence for the completed National Institute of Corrections web-based training: "PREA: Investigating Sexual Abuse in a Confinement Setting" uploaded for the Captain of Investigations at the Sheriff's Office.</p> <p>The link for the training is provided as follows: <a href="#">Specialized Training: Investigating Sexual Abuse in Confinement Settings   PREA</a>.</p> <p>At the end of the 45-day Interim Phase, the requested policy and evidence for Investigator training were uploaded to the Online Auditing System. As a result, and in conjunction with the information provided above, Olmsted County Work Release Facility is considered compliant with this standard.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 309 'Prison Rape Elimination Act Training', 606.10 'PREA Medical and Mental Health', and the 'Introduction to the Prison Rape Elimination Act (PREA)' PowerPoint were reviewed and interviews with a medical and mental health staff person as well as training records for one of the contracted staff members were provided for review as well. All of these factors were considered in determining compliance with this standard. It shall be noted that Jay Kay M3medical Staffing, Inc. became the new medical and mental health provider on May 31, 2025, and the agency is still working to hire the necessary staff to provide the required services.</p> <p>The Olmsted County Work Release Facility staff will not be responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. If it appears there has been an incident of sexual abuse the Sheriff's Office detective division will be notified and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no memorandum of understanding is necessary. In the event that the alleged abuser is an employee, the evidence would still be collected by our detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation.</p>

Evidence that needs to be obtained from a victim's person will be acquired by the emergency department. The contracted medical care company at the detention center will not perform any exams in the event of a sexual abuse case. They will only provide emergency care in the event of an external trauma injury.

The agency offers all victims of sexual abuse a forensic medical examination at St Mary's Hospital without cost where evidentiary or medically appropriate. Sexual Assault Nurse Examiners (SANEs) are available at St Mary's Hospital and will be requested. If SANEs are not available for any reason, the examination may be conducted by other qualified medical practitioners and the agency will document its efforts to provide SANEs; however, a telephone conversation with the Clinical Practice Adviser for the St Mary's Hospital SANE Program indicated there are 14 staff trained, but not certified, as SANEs. If one of these 14 staff are not on duty at the time he or she is needed, then somebody is designated as being on call and they are required to arrive within 30 minutes of a call for their services. For this reason, there would be no instances where detainees would not be evaluated by a SANE trained staff and thus there would be no need to document efforts to secure SAFE or SANE trained individuals. In the past year, there have been no incidents requiring such services.

Regarding corrective action, Administration was asked to have all medical staff complete the NIC web-based trainings, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" and all Mental Health staff complete the "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". Administration was then asked to upload the roster of medical and mental health staff and verification that the training has been completed for compliance. By the end of the 45-day Interim Phase, Administration had uploaded the medical and mental health staff's certificates of completion for the behavioral health training as requested and the standard was determined to be compliant.

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Procedure 507.2 'PREA Risk Screening', Procedure 507.3 'Inmate Classification', Procedure 512.1 'Detainee Classification', and a risk screening sample were reviewed initially. A selection of detainee files was also reviewed, and discussions and interviews conducted with the PREA Compliance Manager, Intake staff, those staff who screen for risk, and random staff and detainees in the effort to ensure compliance.</p> <p>Policy requires that screening for risk of victimization and abusiveness is conducted during the initial Booking process. This does not include book and release detainees. Within 30 days of a detainee's arrival the detainees are reassessed for risk of</p>

victimization or abusiveness based upon any additional, relevant information received since the intake screening. Detainees transferred to another Olmsted County facility are assessed for risk of being sexually abused or sexually abusive. Results of the screening are sent to the receiving facility. A detainee's initial risk screening results, if they were determined as high risk and if they were involved in any PREA relate incident, are forwarded to facilities outside Olmsted County. This information will be on/and attached to the transfer form.

Standards require that both High Risk Abusers and Victimizers are identified in order to provide appropriate protections. A spreadsheet identifying such detainees which includes relevant comments regarding their placement as a result if necessary was reviewed during the on-site visit and subsequently uploaded upon request.

Consistent with policy, in a memo dated September 15, 2025, Administration confirms that screening for risk of victimization and abusiveness is completed during the Booking Process, which is upon admission to the facility. Staff are required to screen a detainee's risk for sexual victimization or risk of sexually abusing other residents within 72 hours of their arrival and again 30 days later. While the policy does not state it is completed within 72 hours, by default one can infer that it will be completed within the 72-hour requirement. Policy requires that conducted during the initial Booking process. This does not include book and release detainees. Only one of ten detainees interviewed did not recall being asked if they'd been in jail or prison before, whether they had ever been sexually abused, and whether the detainee identified as straight, gay, lesbian, bisexual, transgender, or intersex, and/or whether they think they might be in danger of sexual abuse in the facility. The one detainee that said they did not, has documentation to suggest otherwise.

Seven of ten detainees interviewed received the risk assessment intake screen within 72 hours of arrival to the facility, all of them screened within the date of admission: however, three of those ten did not have a risk screening completed within 72 hours as required. A review of records indicated that five of the ten random detainees interviewed that had been housed at the facility for more than thirty days were required to be re-screened; however, only one of those detainees that were required to be rescreened were met with as required. As a result, staff were re-educated on the requirement to not only screen new admissions within 72 hours, but the requirement to rescreen those detainees within 30 days of their arrival. Staff were asked to sign that they received and understood the training provided, which was completed and uploaded to Supplemental Files as requested.

Within 30 days of a detainee's arrival the detainees are reassessed for risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. Consistent with the information reported above, all five of the random detainees interviewed did not recall being asked related questions a second time thirty days later. Documentation and the PREA Compliance Manager support this claim, although one of those five had refused the opportunity to meet. This emphasizes the point that staff need to verbally review and ask the risk assessment questions aloud rather than have them read the form themselves.

	<p>Corrective action included having Intake Staff sign off that they will read the risk assessment questions aloud at intake within 72 hours and the Program Staff again within 30 days with each detainee. Administration was asked to provide the training sheet(s) with signatures as verification for each staff person and upload them to the Online Auditing System to ensure compliance. This information was provided on a 'Staff PREA Education' sheet with evidence of training completed and uploaded as requested.</p> <p>During the auditor review, and consistent with 115.241 (d) &amp; 115.241 (f), one of the nine elements was not seemingly on the 'Initial Classification (Risk) Screening' but is required: (1) Whether the inmate has a mental, physical, or developmental disability. Two of the nine elements are not addressed on the 'PREA Rescreening' but are required: (1) Whether the inmate has a mental, physical, or developmental disability (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. In a letter to file dated September 15, 2025 and uploaded to the Online Auditing System, Administration provided support that those items are actually included in the initial risk assessment and re-assessment screens.</p> <p>Corrective action also included uploading Policy 507.3 'Classification Plan', Policy 507.6.1 'Periodic Classification Reviews' to Supplemental Files, 'New PREA Risk Screening Tool Explanation &amp; Scoring', and the 'Initial Classification Scoring Explanation'. Initial Risk Screenings and Re-Screenings (when applicable) for all detainees interviewed were requested and provided.</p> <p>As a result of the changes made by the facility, compliance with this standard was achieved.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Procedure 507 'Inmate Classification', Policy 507.10 'Prison Rape Elimination Act (PREA) Considerations', Procedure 512.1 'Detainee Classification', the "Consideration for Placement of Transgender or Intersex Inmates" form, and an example of a completed initial and 30-day risk screening were reviewed. Interviews with the Director of Detention Services/PREA Coordinator, Captain/PREA Compliance Manager, Intake staff, and those staff responsible for screening for risk were conducted. The policy addresses clear guidelines, including limits, for housing and work assignments based on the safety of all inmates. The policy requires a bi-annual review of housing for transgender and intersex inmates. The policy also</p>

	<p>provides for all transgender and intersex inmates to shower separately from all other inmates and are assessed for their own perception of risk at the facility.</p> <p>The Program Sergeant will be responsible to ensure that males and females are provided equal opportunities for participation in programs and services. The Program Staff will develop schedules and turn them into the Program Sergeant for review and approval. Males and females will be provided separate sleeping quarters but equal access to all available services and programs. Neither sex is denied opportunities solely on the basis of their smaller number in the population. At the Work Release Facility, during the Booking process, detainees displaying special needs, are high risk of victimization, and are transgender or intersex may be moved to the detention center and housed as dictated above until they can be evaluated by the Classification Committee. The duty sergeant or corporal will write a report documenting the reasons for the special housing and forward it to administration.</p> <p>Corrective action involved Administration uploading examples of a completed "Consideration for Placement of Transgender or Intersex Inmates" form and how the risk screening has been used to inform decisions related to housing, bed, work, education and/or programming.</p> <p>At the end of the 45-day Interim Phase, Policy 507.10 'Inmate Classification' was uploaded to address the policy aspect of this standard as were the high-risk spreadsheets and requested examples of completed 'PREA Re-screenings'. As requested, Administration uploaded a 'Consideration for Placement of Transgender or Intersex Inmates' and two risk screenings completed 7 days apart from each other. As a result, this facility is considered to be in compliance with this standard.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Procedure 606 'Prison Rape Elimination Act', 606.5 'PREA Reporting', the PREA training PowerPoint, the PREA Refresher Training, Turnkey PREA Acknowledgement / PREA Notification, the updated Detainee Handbook, updated PREA 'Zero Tolerance' posters and 'End the Silence' brochures in both English and Spanish were all reviewed. A tour of the facility was completed noting PREA 'Zero Tolerance' posters and discussions and interviews with random staff and detainees were also reviewed or conducted in determining compliance with this standard.</p> <p>A tour of the facility was completed noting PREA 'Zero Tolerance' posters and discussions and interviews with random staff and detainees were also reviewed or</p>

conducted in determining compliance with this standard. The agency will provide multiple ways for detainees to privately report 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. At least one method will include the ability to report to an entity that is not part of the agency.

1. Request via the kiosk to captain of operations
2. Request via the kiosk to nursing
3. Phone call to the Olmsted County Victim Services crisis line that is programmed to be free of charge in person to any staff at any time
4. Staff accepts reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports
5. Staff may report sexual abuse and sexual harassment of detainees at any time to any member of the command staff that they are comfortable with.

The agency provides detainees with access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll free hot line numbers and immigration service agencies for person(s) detained for the sole purpose of civil immigration. The organization will enable reasonable communication between detainees and these agencies, in as confidential a manner as possible, and will inform detainees to the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded in accordance with mandatory reporting laws.

The following language is located on the Olmsted County Sheriff's Office website and on the lobby kiosk in the detention center: The Olmsted County Work Release Facility has a zero-tolerance policy regarding sexual abuse and sexual harassment. If you are aware of any detainee, volunteer or staff person that is experiencing or has experienced sexual abuse or harassment, please use any of the following methods to report:

1. Contact the director of detention services during business hours at 507-328-6837.
2. Contact the on-duty supervisor any time at 507-328-6791.
3. Contact law enforcement dispatch any time at 507-328-6800.
4. Contact Olmsted County Victim Services crisis line any time at 507-289-0636.

In a Memorandum of Understanding dated June 12, 2025, establishes an agreement for Olmsted County Victim Services to provide crisis counseling services for detainees at the Olmsted County Adult Detention Center, which includes the Work Release Facility. At this auditor's request, Administration updated the Detainee Handbook, PREA brochure, and Zero Tolerance posters to provide at least one mailing address and phone number for counseling services, which was complete and uploaded.

Detainees can call the Olmsted County Victim Services crisis line for emotional

support services at any time. In a telephone discussion with the Victims Services' Program Manager, Olmsted County Victim Services also provide victim advocates for detainees if they are requested, in the event an Adult Detention Center/Work Release Facility victim advocate is not available, or if the detainee would prefer an advocate from outside the facility. Actually, and according to the Program Manager, St Mary's Hospital contacts Olmsted County Victims' Services whenever anyone arrives at their Emergency Department in response to a sexual assault. Subsequently, Olmsted County Victims Services reportedly sends one of their 11 victim advocate staff or 45 victim advocate volunteers trained to provide such services. Any victim, detainee or citizen, will meet with a victim advocate and have the right to refuse or accept such service. The Program Manager denied any knowledge of any phone calls regarding sexual assaults during this audit period, with the exception of at least two detainees that reported having been sexually assaulted in the past at a different facility and continued to struggle with it.

Corrective Action:

As requested, the PREA training PowerPoint, the updated Detainee Handbook, updated PREA 'Zero Tolerance' posters and 'End the Silence' brochures in both English and Spanish were all uploaded to Supplemental Files.

Any phone calls to Olmsted County Victims Services made to the designated number automatically provide the same level of privacy afforded those detainees contacting their attorneys. This means those conversations are confidential and not monitored. Three of ten random detainees interviewed were uncertain or unaware of this and required re-education as part of the required corrective action.

Administration was also asked to provide refresher training for residents that reports of sexual abuse and/or sexual harassment can be made anonymously as two of ten random detainees interviewed were not certain of this. Corrective action included providing key points on a sheet and having detainees sign off that the training had been received and was understood. The training sheets were uploaded with signatures as verification for each resident to ensure compliance.

At the end of the 45-day Interim Phase, all of the required corrections had been addressed and uploaded to the Online Auditing System as requested. As a result of the information reviewed and provided, the Olmsted County Work Release Facility is considered to be compliant with this standard.

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 609.1 'Detainee Grievance' and the 'Turnkey PREA Acknowledgement' were reviewed. Interviews were also conducted with the PREA Compliance Manager, random staff, and detainees in the interest of determining compliance with this

standard.

A detainee may file a grievance at any time to bring a problem to staff's attention or to appeal a specific action such as a disciplinary sanction. A detainee may file a grievance only for him or herself, although a detainee may assist another detainee in filing a grievance if they are unable to do so themselves. Third parties including detainees, staff members, family members, attorneys or others shall be permitted to assist a detainee in filing requests for administrative remedies relating to sexual abuse and will also be permitted to file such requests on the detainee's behalf. A detainee may withdraw a previously filed grievance anytime. If a detainee declines to have a request processed on their behalf in situations of alleged sexual abuse, the administration will document the detainee's decision.

The Work Release Facility may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the detainee filed the grievance in bad faith. A detainee may file a formal grievance any time within 15 days of an event, unless it is an allegation of sexual abuse. There is no time limit on submitting a grievance regarding an allegation of sexual abuse. The grievance will be submitted electronically and should include date, time and all persons involved in the incident, as well as the date and time of the filing of the formal grievance. If the kiosk is not working or a detainee is on lock down status; they may submit a paper request form. All grievances are sent electronically to the Captain and then forwarded to the corresponding Duty Supervisor or PREA Compliance Manager for investigation, unless the grievance is against the Duty Supervisor or PREA Compliance Manager. Emergency grievances are those involving an immediate threat to the welfare or safety of a detainee or if the detainee is subject to a substantial risk of imminent sexual abuse. Receiving staff will forward the grievance directly to the Duty Supervisor.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Turnkey Acknowledgement memo provided had yellow highlights that actually prevented the viewer from seeing the highlighted area. Corrective action involved Administration to modify and resend the document without the area highlighted. This was completed and uploaded as requested.

In a memo dated August 1, 2025, "During the last audit period 2022-August 2025, there have been no incidents of sexual abuse or assault in the Olmsted County Work Release Facility." As a result, there have been no examples to demonstrate compliance with the investigative process.

For this reason and in conjunction with the information described and provided above, the Olmsted County Work Release Facility is considered to be compliant with this standard.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 622">Policy 606 'Prison Rape Elimination Act', 606.5 'PREA Reporting', the 'PREA Turnkey Acknowledgement' form, and a Memorandum of Understanding (MOU) with Olmsted County Victim Services for advocacy services dated June 12, 2025, were all reviewed in determining compliance with this standard. Furthermore, this auditor contacted the Olmsted County Victim Services number as well as interviewed random staff and detainees and had discussions regarding the process and procedure with the PREA Compliance Manager.</p> <p data-bbox="280 663 1474 1196">The agency provides detainees with access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll free hot line numbers and immigration service agencies for person(s) detained for the sole purpose of civil immigration. The organization enables reasonable communication between detainees and these agencies, in as confidential a manner as possible, and will inform detainees to the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded in accordance with mandatory reporting laws. Administration clarified that detainees could make calls to such services, except during lockdowns, unless it is an emergency. All ten detainees interviewed were aware of this policy and knew they could call whenever they needed to do so. Administration was asked to include this in the PREA education for detainees, which was completed as requested.</p> <p data-bbox="280 1236 1474 1769">Detainees can call the Olmsted County Victim Services crisis line for emotional support services at any time. In a telephone discussion with the Victims Services' Program Manager, Olmsted County Victim Services also provide victim advocates for detainees if they are requested, in the event an Adult Detention Center victim advocate is not available, or if the detainee would prefer an advocate from outside the facility. Actually, and according to the Program Manager, St Mary's Hospital contacts Olmsted County Victims' Services whenever anyone arrives at their Emergency Department in response to a sexual assault. Subsequently, Olmsted County Victims' Services reportedly sends one of their 11 victim advocate staff or 45 victim advocate volunteers trained to provide such services and generally meet them at the hospital within 30 minutes of the notification. Any victim, detainee or citizen, will meet with a victim advocate and have the right to refuse or accept such service.</p> <p data-bbox="280 1809 1474 2056">The Program Manager for Victims' Services denied any knowledge of any phone calls regarding sexual assaults during this audit period, with the exception of at least two detainees that reported having been sexually assaulted in the past at a different facility and continued to struggle with it. Any phone calls to Olmsted County Victims Services made to the designated number automatically provide the same level of privacy afforded those detainees contacting their attorneys. This</p>

	<p>means those conversations are confidential and not monitored. Seven of ten detainees interviewed were aware of this, but re-education for the detainees was requested as part of corrective action.</p> <p>In addition to the above request for education regarding calls to crisis centers and emotional support services being confidential and not monitored, Administration was also asked to provide refresher training for detainees that there are services available outside of the facility for dealing with sexual abuse and what they are, if it was needed. Two of ten random detainees were not certain that there are services available, and five of ten random detainees was not aware of what services are available outside of the facility for dealing with sexual abuse or they would answer without confidence. Administration was asked to provide key points on a sheet and have residents sign off that the training has been received and is understood. Training sheets were provided with signatures as verification for each resident staff to ensure compliance.</p> <p>The Turnkey Acknowledgement memo provided had yellow highlights that actually prevented the viewer from seeing the highlighted area. Corrective action involved Administration to modify and resend the document without the area highlighted. This was completed and uploaded as requested.</p> <p>In a memo dated August 1, 2025, "During the last audit period 2022-August 2025, there have been no incidents of sexual abuse or assault in the Olmsted County Work Release Facility." As a result, there have been no examples to demonstrate compliance with the investigative process. For this reason and in conjunction with the information described and provided above, the Olmsted County Work Release Facility is considered to be compliant with this standard.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Procedure 606 'Prison Rape Elimination Act', 606.5 'PREA Reporting', the Olmsted County Sheriff's Office website, the updated Detainee Handbook, updated PREA / 'End the Silence' brochures and Zero Tolerance posters in both English and Spanish were reviewed. Interviews were conducted with the PREA Compliance Manager, random staff, and detainees in the interest of determining compliance with this standard.</p> <p>The Olmsted County Sherriff's Office offers opportunities for third party reporting and accepts third party reports. Information on how to report sexual abuse or harassment is provided on their agency website. <u>Prison Rape Elimination Act (PREA)   Olmsted County, MN</u> This information is also available at the facility for visitors</p>

	<p>via Closed Circuit Television (CCTV) images in the lobby of the Olmsted County Sheriff's Office.</p> <p>A conversation a Victim Advocate and the Program Manager for Olmsted County Victims Services, indicated that third party reports are accepted and reported.</p> <p>The following language is on the Olmsted County Sheriff's Office website and on the lobby kiosk in the detention center: The Olmsted County Work Release Facility has a zero-tolerance policy regarding sexual abuse and sexual harassment. If you are aware of any detainee, volunteer or staff person that is experiencing or has experienced sexual abuse or harassment, please use any of the following methods to report</p> <ol style="list-style-type: none"> <li>1. Contact the director of detention services during business hours at 507-328-6837.</li> <li>2. Contact the on-duty supervisor any time at 507-328-6791.</li> <li>3. Contact law enforcement dispatch any time at 507-328-6800.</li> <li>4. Contact Olmsted County Victim Services crisis line any time at 507-289-0636.</li> </ol> <p>Of note, the Closed Captioning Television Network (CCTV) was reviewed during the on-site audit, but this auditor observed the PREA-related slides were difficult to read due to the dark grainy background used on those slides and the speed with which the slides transitioned from one to another were able to be viewed. Staff changed the slides so that they were more reader friendly with a 20 second delay for each slide before one slide transitions to the next. Before and after slides were uploaded as evidence of the change as requested.</p> <p>In a memo dated August 1, 2025, "During the last audit period 2022-August 2025, there have been no incidents of sexual abuse or assault in the Olmsted County Work Release Facility." For this reason, there have been no examples to demonstrate compliance with the investigative process.</p> <p>Corrective action included uploading the updated the updated Detainee Handbook, updated PREA / 'End the Silence' brochures and Zero Tolerance posters in both English and Spanish. As a result of the aforementioned factors and in conjunction with the information described and provided above, the Olmsted County Work Release Facility is considered to be compliant with this standard.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Procedure 606 'Prison Rape Elimination Act' and Procedure 606.6 'PREA Response to Detainee Report' were reviewed. Staff interviews with the PREA Compliance Manager, medical and mental health staff, and random staff were conducted and

used to determine compliance with this standard.

The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, and any violation or neglect of responsibility, to administration. Policy and interviews confirmed that staff are not allowed to share information with anyone who does not have a need to know. Agency staff training details the notification to the state agency regarding vulnerable adults.

All staff are required to immediately report 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; 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. Apart from reporting to supervisors, staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Medical and mental health practitioners are required to report sexual abuse and to inform detainees of the practitioners' duty to report, and the limitations of confidentiality, at the initiation of service. Staff interviewed were not clear on this requirement. If the alleged victim is under 18 or considered a vulnerable adult under Minnesota Statute 626.557, the agency will report the allegation to Adult Protection Services. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports will be reported to the Investigations supervisor for the Rochester Police Department or the Sheriff's Office.

As part of corrective action, Administration was asked to provide refresher training to medical and mental health that they are required to inform detainees of the practitioners' duty to report, and the limitations of confidentiality, at the initiation of service. Administration was asked to provide training points on a sheet/PowerPoint and have staff sign off that each medical/mental health staff received and understood the training provided. The requested training and signature sheets were completed and uploaded.

Administration was also asked to have all medical staff complete the NIC web-based trainings, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" and all Mental Health staff complete the "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". Administration was then asked to upload the roster of medical and mental health staff and verification that the training has been completed for compliance. At the end of the 45-day Interim Phase, the required corrections had been completed and uploaded as requested, and the facility is now determined to be compliant with this standard.

	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Procedure 605.1 'Inmate Rights-Protection From Abuse / Protection From Harm' was reviewed. Interviews with the Olmsted County Sheriff, Director of Detention Services/PREA Coordinator, Captain/PREA Compliance Manager, and random staff confirmed findings.</p> <p>The agency requires immediate action to protect inmates who report sexual abuse. All staff, contractors, and volunteers are required to take immediate action to protect detainees from imminent sexual abuse and report to administration who will assist with taking appropriate steps for protection. Staff were able to articulate this requirement during the interviews. As a result of the aforementioned factors, this standard was determined to be compliant.</p>

<p><b>115.263</b></p>	<p><b>Reporting to other confinement facilities</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Procedure 606 'Prison Rape Elimination Act', 606.6 Procedure 'PREA Response to Detainee Report', and a memo indicating that there have been no reported allegations of sexual assault or abuse during this audit period were reviewed. Staff interviews with the Olmsted County Sheriff, Director of Detention Services/PREA Coordinator, and Captain/PREA Compliance Manager confirmed findings and were all used in determining compliance with this standard.</p> <p>Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the director or designee will notify the head of the facility or the agency where the alleged abused occurred as soon as possible but no later than 72 hours after receiving the allegation. If the allegation is reported on a weekend or a holiday, the duty supervisor will notify the chief deputy by phone during day hours or by email during the overnight hours. If the director is not available, the operations captain will be notified. The director or designee will document such notification. When the Work Release Facility receives such notification, the Director will ensure that the allegation is investigated in accordance with these standards. If notification is made to the Work Release Facility from another agency, it will be investigated in accordance with PREA standards.</p> <p>In a memo dated August 1, 2025, and uploaded to the Online Auditing System, Administration stated, "During the last audit period 2022-August 2025, the Olmsted County Work Release Facility has not received an allegation of sexual abuse from any detainee confined in a different facility."</p> <p>As a result of the aforementioned factors, the Olmsted County Work Release Facility is considered to be compliant with this standard.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Procedure 606 'Prison Rape Elimination Act', Procedure 606.13 'PREA First Responder Duties', and the 'First Responder Sexual Assault Response Checklist' were reviewed and considered in determining compliance with this standard. Random staff and Security Staff First Responder interviews also confirmed findings.</p> <p>Upon learning of an allegation of sexual abuse, the first responding security staff member will:</p> <ul style="list-style-type: none"> <li>• Separate the alleged victim and abuser</li> <li>• Preserve and protect the crime scene until appropriate steps can be taken to collect evidence.</li> <li>• Request that the alleged victim not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</li> <li>• Ensure the alleged abuser does not take any actions that could destroy physical evidence, as above.</li> <li>• If the first staff responder is not security staff, the responder will request that the victim not take any action that could destroy physical evidence and then notify security staff.</li> </ul> <p>In a memo dated August 1, 2025, and uploaded to the Online Auditing System, Administration stated, "During the last audit period 2022-August 2025, there have been no incidents of sexual abuse or assault that required a first responder response from any staff or volunteers in the Olmsted County Work Release Facility."</p> <p>As a result of the aforementioned factors, the Olmsted County Work Release Facility is considered to be compliant with this standard.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Procedure 606 'Prison Rape Elimination Act', Procedure 606.6 'PREA Response to Detainee Report', Policy 606.3 'PREA Coordinator', and the 'First Responder Sexual Assault Response Checklist' were reviewed. Furthermore, interviews with the Olmsted County Sheriff and the Director of Detention Services/PREA Coordinator were conducted and used in determining compliance with this standard. The Director of Detention Services or designee will act as the incident commander to coordinate the response to an incident of sexual abuse. The Director or designee will</p>

	<p>direct first responders, medical and mental health practitioners and contractors, investigators, and facility leadership. Corrective Action requested that Administration upload the policy that addresses this standard and, in response, Policy 606.3 'PREA Coordinator' was uploaded to meet this requirement. As a result, Olmsted County Work Release Facility is considered to be compliant with this standard.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>In determining compliance with this standard, the Procedure 606.6 'PREA Response to Detainee Report' was reviewed as were the labor agreements between the County of Olmsted, Minnesota and the Olmsted County Deputy Sheriff's Association as well as the labor agreement between the County of Olmsted, Minnesota and the Law Enforcement Labor Services, Inc for Captains and another for Sergeants. The agency is not entered into any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual assault abusers from contact with any detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. As a result, the Olmsted County Work Release Facility is compliant with this standard.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Procedure 606.6 'PREA Response to Detainee Report' and Procedure 606 'Prison Rape Elimination Act' were reviewed as was Policy 606.5 'Retaliation'. Interviews with the Olmsted County Sheriff, Director of Detention Services/PREA Coordinator, Captain/PREA Compliance Manager, and staff monitoring retaliation confirmed findings. In a memo dated August 1, 2025, and uploaded to the Online Auditing System, Administration stated, "During the last audit period 2022-August 2025, there have been no incidents of sexual abuse or assault that required a criminal or investigative investigation."</p> <p>The agency protects all detainees and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other detainees or staff. The Director or designee is charged with monitoring retaliation. The agency will employ any necessary protection measures, such as housing changes, transfers</p>

	<p>for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff that fear retaliation for reporting or cooperating with investigations.</p> <p>For at least 90 days following a report of sexual abuse, the agency will monitor the conduct and treatment of detainees or staff who reported the sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest retaliation. The program sergeant or work release sergeant will monitor retaliation against detainees, and the respective captains will monitor retaliation against staff. They will monitor detainee disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff. The monitoring will continue beyond 90 days if the initial monitoring indicates a continued need. Such monitoring will include status checks with detainees. If other individuals who cooperate with an investigation express fear of retaliation, the agency will take appropriate measures to protect them. The obligation to monitor will terminate if the allegation is unfounded. As a result of the aforementioned factors, the Olmsted County Work Release Facility is compliant with this standard.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Procedure 606.7 'PREA Investigation-Evidentiary Standards', Policy 606 'Prison Rape Elimination Act', Policy 606.3 'PREA Coordinator', Policy 606.7 'Sexual Abuse and Sexual Harassment Investigations', and Policy 606.12 'Records' were reviewed. Interviews with the Olmsted County Sheriff, Director of Detention Services/PREA Coordinator, Captain/PREA Compliance Manager, and Investigator all used to determine compliance with this standard.</p> <p>The Olmsted County Work Release Facility staff is not responsible for conducting investigations, or evidence collection in the event of a sexual abuse incident. Therefore, this standard is considered not applicable for this facility. If it appears there has been an incident of sexual abuse, the Sheriff's Office detective division will be notified, and they will do all the evidence collection as well as the investigation. As a result of the fact that the detectives and the detention staff are all employed by the Sheriff, no memorandum of understanding is necessary. In the event that the alleged abuser is an employee, the evidence would still be collected by the detectives, but the investigation would be handled by another jurisdiction. The jurisdiction that would handle the investigation is dependent on which jurisdiction has the time to conduct the investigation.</p> <p>Investigations are conducted promptly, thoroughly, and objectively for all allegations, including third party reports. Where sexual abuse is alleged, the agency will use investigators who have received special training in sexual abuse</p>

	<p>investigations pursuant to 115.34. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with the County Attorney's Office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p>The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a detainee or staff. The agency will not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.</p> <p>Corrective action involved uploading the following policies to provide support for compliance with this standard: Policy 606 'Prison Rape Elimination Act', Policy 606.3 'PREA Coordinator', and Policy 606.12 'Records'. This request was completed by Administration.</p> <p>Furthermore, this auditor was unable to provide evidence of policy 115.271 (I), which states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Policy 606.7 'Sexual Abuse and Sexual Harassment Investigations' was uploaded as supporting evidence that this is consistent with the facility policy."</p> <p>In a memo dated August 1, 2025, and uploaded to Supplemental Files, Administration states that there have been no reported incidents resulting in disciplinary sanctions at the Olmsted County Work Release Facility during this audit period August 2022 to August 2025. As a result of the information reviewed and provided, the facility was determined to be compliant with this standard.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Procedure 606.7 'PREA Investigation-Evidentiary Standards', Policy 606.3 'PREA Coordinator' and Policy 606.7 'Sexual Abuse and Sexual Harassment Investigations' were reviewed, and interviews conducted with the Sheriff, Director of Detention Services/PREA Coordinator, Captain/PREA Compliance Manager, and Investigator to determine compliance with this standard. The agency policy imposes no standard greater than a preponderance of the evidence in determining the outcome of an investigation.</p>

	<p>Administrative investigations 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. Criminal investigations are done by the Olmsted County Sheriff's Office Investigations Division and 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.</p> <p>Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. The investigation may be referred to an outside agency if staff are alleged to be involved. The agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus seven years. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation.</p> <p>Policy 606.3 'PREA Coordinator' and Policy 606.7 'Sexual Abuse and Sexual Harassment Investigations' were uploaded as requested to provide additional support for this standard. As a result, and with the information shared above, this facility is considered to be compliant with this standard.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Procedure 606.8 'PREA Reporting to Detainees' and Policy 606.7.2 'Reporting to Inmates' were reviewed in determining compliance with this standard. Interviews with the Director of Detention Services/PREA Coordinator and Captain/PREA Compliance Manager were considered as well.</p> <p>Following an investigation into a detainee's allegation that he or she suffered sexual abuse in one of the facilities, the agency informs the detainee as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, the agency will subsequently inform the detainee (unless the agency has determined the allegation to be unfounded) whenever;</p> <ol style="list-style-type: none"> <li>1. The staff member is no longer assigned to the detainee's unit;</li> <li>2. The staff member is no longer employed at the facility;</li> <li>3. The agency learns from the prosecuting authority that the staff member has been indicted on a charge related to sexual abuse within the facility.</li> </ol>

	<p>Following a detainee's allegation that he or she had been sexually abused by another detainee, the agency will subsequently inform the alleged victim whenever the prosecuting authority has notified the agency that:</p> <ul style="list-style-type: none"> <li>• The alleged abuser has been indicted on a charge related to sexual abuse within the facility or;</li> <li>• The alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> <li>• All such notification or attempted notifications will be documented.</li> <li>• An agency's obligation to report under this standard terminates if the detainee is released from the agency's custody.</li> </ul> <p>As part of the corrective action, Administration was asked to upload Policy 606.7.2 'Reporting to Inmates', which they did to further support this standard. As a result, and in consideration of the information provided above, this facility is considered to be compliant with this standard.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Procedure 606.9 'PREA Staff Discipline' and Policy 606.7.1 'Investigative Findings' were reviewed. Interviews with the Olmsted County Sheriff, Director of Detention Services/ PREA Coordinator, and Captain/PREA Compliance Manager were conducted in an effort to determine compliance with this standard. In a memo dated August 1, 2025, Administration indicated that there had been no PREA related incidents requiring discipline between 2022 and August 2025 involving staff, contractors, or volunteers.</p> <p>Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of policies other than actually engaging in sexual abuse are commensurate with the nature and circumstances of the acts committed, the staff members' history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with detainees and are reported to law enforcement agencies, unless the</p>

	<p>activity was clearly not criminal, and to relevant licensing bodies. The facility takes appropriate remedial measures, and considers whether to prohibit further contact with detainees, in the case of any other violation of agency policies by a contractor or volunteer.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Procedure 606.9 'PREA Staff Discipline' and Policy 606.8.1 'Sexual Abuse by Contractor or Volunteer' were reviewed. In a memo dated August 1, 2025, Administration indicated that there had been no PREA-related incidents requiring discipline between 2022 and August 2025 involving staff, contractors, or volunteers. In addition, interviews with the Director of Detention Services/PREA Coordinator and Captain/PREA Compliance Manager were conducted and collectively the information reviewed was used to determine compliance with this standard.</p> <p>Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with detainees is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility takes appropriate remedial measures, and considers whether to prohibit further contact with detainees, in the case of any other violation of agency policies by a contractor or volunteer.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Procedure 600 'Inmate Discipline' and 600.5 'PREA Detainee Discipline' were reviewed and interviews and discussions with the Director of Detention Services/PREA Coordinator, Captain/PREA Compliance Manager, and the medical and mental health staff were all considered in the determination of compliance with this standard.</p> <p>Detainees are subject to disciplinary sanctions pursuant to chapter 8 disciplinary policies for interfering with facility operations following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse. Sanctions are 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. The disciplinary process considers whether</p>

	<p>the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. Therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse are considered as well as whether to require the offending detainee to participate in such interventions as a condition of access to programming or other benefits.</p> <p>The agency can discipline a detainee for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. All sexual activity involving more than one person is prohibited.</p> <p>In an uploaded memo dated August 1, 2025, Administration indicated that there had been no PREA-related incidents between 2022 and August 2025.</p> <p>At the end of the 45-day Interim Phase, the required corrections had been completed as requested. Standard 115.278 (g)-2 needed to be addressed in policy in order to achieve compliance with this standard. It states, "All sexual activity between detainees is prohibited. As it relates to PREA, sexual abuse applies if the victim does not consent, is coerced by threats of violence or harm, or is unable to consent or refuse." This policy modification was made to 600.5 'PREA Detainee Discipline', was uploaded, and the standard is determined to be compliant.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Procedure 606.10 'PREA Medical and Mental Health', Policy 606.6 'First Responders', and Policy 606.14 'Sexual Abuse Victims' were reviewed and interviews with medical and mental health staff and security staff first responders were conducted during this process for the purpose of determining compliance with this standard.</p> <p>Detainee 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. Victims are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards or case, where medically appropriate.</p> <p>In a memo dated August 1, 2025, Administration stated, "During the last audit period 2022-August 2025, there have been no incidents of sexual abuse or assault</p>

	<p>that required a first responder response from any staff or volunteers in the Olmsted County Work Release Facility."</p> <p>Corrective action involved Administration uploading upon request 'Policy 606.6 'First Responders', and Policy 606.14 'Sexual Abuse Victims' to provide evidence in supporting this standard. Policy 606.6 addresses 115.262 (b), which states, "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners." At the end of the 45-day Interim Phase, the required documentation was provided, and the facility is considered to be compliant with this standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Procedure 606.10 'PREA Medical and Mental Health' and Policy 11-11 'PREA Medical and Mental Health', updated upon request, was reviewed and interviews with medical and mental health staff confirmed findings, resulting in the determination of compliance with this standard.</p> <p>The agency offers medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse. The evaluation and treatment of victims includes, as appropriate, follow up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities, or their release from custody. Victims are provided medical and mental health services consistent with the community level of care. Detainee victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from this conduct, the agency provides the victim with timely and comprehensive information about and timely access to all lawful pregnancy related services. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are 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.</p> <p>Administration was asked to have all medical staff complete the NIC web-based trainings, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" and all Mental Health staff complete the "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". Administration was then asked to</p>

	<p>upload the roster of medical and mental health staff and verification that the training has been completed for compliance.</p> <p>Corrective action included providing the policy that states that the facility attempts 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. Policy 11-11 'PREA Medical and Mental Health' was uploaded to meet this requirement and the facility indicated there were no detainees that required such treatment during this audit period, thus this standard was considered to be compliant. Furthermore, Certificates of Completion for the medical and mental health staff training was completed and uploaded as requested, and the facility is now determined to be compliant with this standard.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 606.11 'PREA Sexual Abuse Incident Review', three PREA Monitoring Reviews (annually from 2023-2025), and the 'PREA Sexual Abuse Incident Review' form were reviewed. A completed and unfounded Sexual Abuse Incident Review form dated August 24, 2022, was provided as evidence and interviews with the Director of Detention Services/PREA Coordinator, Captain/PREA Compliance Manager, and a member of the Incident Review Team were conducted in determining compliance with this standard.</p> <p>Annual PREA Monitoring Reviews and updated Staffing Plan meeting minutes dated October 3, 2025, documented discussions which resulted in multiple cameras being added. In a memo dated August 1, 2025, in 2025, Administration states that cameras were added in the Kitchen, in the fingerprint hallway, and the Sentence to Serve (STS) hallway where staff put on their gear. The rationale for adding these cameras was not stated directly, but the PREA Compliance Manager stated that this was related to the prior PREA audits and an overall facility perspective of enhancing safety for detainees as well as staff.</p> <p>The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation is unfounded. This review will occur within 30 days of the conclusion of the investigation. The review team will include the Director of Detention Services/PREA Coordinator, and PREA Compliance Managers with input from line supervisors, investigators, and medical and or mental health practitioners.</p> <p>The review team:</p>

	<ul style="list-style-type: none"> <li>• Considers whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.</li> <li>• Considers 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, was motivated or otherwise caused by group dynamics at the facility.</li> <li>• Examines the area in the facility where the incident allegedly occurred to access whether physical barriers in the area may enable abuse.</li> <li>• Assesses the adequacy of staffing levels during different shifts.</li> <li>• Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</li> <li>• Prepares a report of its findings, including but not limited to determinations made pursuant to the above points, and any recommendations for improvement, and submit the report to the Sheriff and the PREA Compliance Manager.</li> <li>• The facility implements the recommendations for improvement or documents its reasons for not doing so.</li> </ul> <p>At the end of the 45-day Interim Phase, the requested documentation had been received. As a result, the facility achieved compliance with this standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 606.3 'PREA Coordinator', Procedure 606.14 'PREA Data Collection, Review and Storage', and the 'PREA Data Collection Forms' from 2016 to 2024 were reviewed. In addition, interviews conducted with the Olmsted County Sheriff, Director of Detention Services/PREA Coordinator, and the Captain/PREA Compliance Manager were all used to determine compliance with this standard.</p> <p>The agency collects accurate, uniform data for every allegation of sexual abuse at all facilities using a standardized instrument and set of definitions and aggregate the incident-based sexual abuse data at least annually at the end of the calendar year. The data includes at a minimum the data necessary to answer all the questions for the most recent version of the Survey of Sexual Violence. The agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30th.</p> <p>Administration was asked to not only upload Policy 606.3 'PREA Coordinator' and the</p>

	<p>PREA Data Collection Spreadsheet but provide the link for the Olmsted County PREA webpage where the PREA Data Collection Spreadsheet could be found as well. The spreadsheet was uploaded as requested and the following website link was provided:</p> <p><a href="https://www.olmstedcounty.gov/government/county-departments/sheriffs-office-/adult-detention-center-adc/prison-rape-elimination-act-prea">https://www.olmstedcounty.gov/government/county-departments/sheriffs-office-/adult-detention-center-adc/prison-rape-elimination-act-prea</a></p> <p>As a result of the aforementioned factors, this program is considered to be compliant with this standard.</p>
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115.288	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Procedure 606.14 'PREA Data Collection, Review and Storage', Policy 606.11 'Data Reviews', three PREA Monitoring Reviews (annually from 2023-2025), the 'PREA Data Collection Forms' from 2016 to 2024, and the agency website: <a href="https://www.olmstedcounty.gov/prison-rape-elimination-act-prea">Prison Rape Elimination Act (PREA)   Olmsted County, MN</a> were reviewed. Interviews with the Olmsted County Sheriff and the Director of Detention Services/PREA Coordinator were also conducted in determining compliance with this standard.</p> <p>The agency reviews 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:</p> <ol style="list-style-type: none"> <li>1. Identifying problem areas;</li> <li>2. Taking corrective action on an on-going basis; and</li> <li>3. Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole.</li> </ol> <p>The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse; however, the data from prior years was not included on the website as required.</p> <p>The report is approved by the Olmsted County Sheriff and made readily available to the public through the website provided above.</p> <p>Specific material is redacted from the report when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.</p> <p>Administration was asked to not only upload Policy 606.11 'Data Reviews' and the PREA Data Collection Spreadsheet but provide the link for the Olmsted County PREA webpage where the PREA Data Collection Spreadsheet could be found as well. The</p>

	<p>spreadsheet was uploaded as requested and the following website link was provided:</p> <p><a href="https://www.olmstedcounty.gov/government/county-departments/sheriffs-office-/adult-detention-center-adc/prison-rape-elimination-act-prea">https://www.olmstedcounty.gov/government/county-departments/sheriffs-office-/adult-detention-center-adc/prison-rape-elimination-act-prea</a></p> <p>As a result of the aforementioned factors, this program is considered to be compliant with this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Procedure 606.14 'PREA Data Collection, Review and Storage / Data Storage, Publication, and Destruction', Policy 606.11 'Data Reviews', and the agency website were reviewed.</p> <p>Interviews with the Olmsted County Sheriff and the Director of Inpatient Social Services/PREA Coordinator were also conducted in determining compliance with this standard.</p> <p>The agency reviews 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:</p> <ol style="list-style-type: none"> <li>1. Identifying problem areas;</li> <li>2. Taking corrective action on an on-going basis; and</li> <li>3. Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole.</li> </ol> <p>The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse; however, the data from prior years is not included on the website as required.</p> <p>The report is approved by the Olmsted County Sheriff and made readily available to the public through the website provided above.</p> <p>Specific material is redacted from the report when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.</p> <p>The PREA Coordinator ensures that data collected pursuant to 115.87 is securely</p>

retained. The agency makes all aggregated sexual abuse data, from all facilities under its control and all facilities with which it contracts, readily available to the public at least annually through the website. Before making the data available, all personal identifiers will be removed. Sexual abuse data collected pursuant to 115.87 and 115.287 will be retained for at least 10 years after the date of the initial collection.

Corrective action involved providing details as to how the data is protected and secured. According to an uploaded memo dated August 1, 2025, "PREA data is compiled and stored on an internal server with security access granted only to the Compliance Managers, PREA Coordinator, and Administrative Assistant. Access is granted by login credentials."

Administration was asked to not only upload Policy 606.11 'Data Reviews' and the PREA Data Collection Spreadsheet but provide the link for the Olmsted County PREA webpage where the PREA Data Collection Spreadsheet could be found as well. The spreadsheet was uploaded as requested and the following website link was provided:

<https://www.olmstedcounty.gov/government/county-departments/sheriffs-office-/adult-detention-center-adc/prison-rape-elimination-act-prea>

As a result of the aforementioned factors, this program is considered to be compliant with this standard.

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Olmsted County Work Release Facility currently is one of two facilities in Olmsted County that requires PREA compliance: Olmsted County Adult Detention Center is the other. Prior to this audit, the Work Release Facility was audited initially in 2016, in 2019, and again in 2022, with all three times Olmsted County Work Release Facility determined to be compliant with the PREA standards. During the on-site visit, this auditor had access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documentation. All resident and staff interviews were conducted in private rooms. No correspondence was received by the auditor prior to the on-site audit or within the interim prior to completing this report.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Olmsted County Work Release Facility has published on its website the prior PREA Audit Report completed on November 22, 2022, although this auditor had to request it be posted. Administration reports that it had been posted as required within 90 days of the completion of the last report, but that due to a computer glitch it had been deleted. As soon as this was noted by this auditor, Administration was asked to post it again and they did it within the day. They have been instructed to post this Final PREA Report within ninety days of issuance by this auditor.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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 adopt and 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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</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.)	no
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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	yes

	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.)	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</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 inmates.)	yes
	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 inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	If the 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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</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
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	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
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

	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
	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
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	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
	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
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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

	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
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	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 judgement.)	yes
	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 judgement.)	yes
	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 judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
<b>115.251 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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 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
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
	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
	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
	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
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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,	yes

	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?	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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

	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
	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
	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
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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

<b>115.288 (b)</b>	<b>Data review for corrective action</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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS 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, there has never been a Final Audit Report issued.)	yes