

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** January 13, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Timothy Pippo			
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<b>Telephone number:</b> 763-684-2380			
<b>Date of facility visit:</b> December 14, 15, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Meeker County Detention Center			
<b>Facility physical address:</b> 326 Ramsey Av Litchfield, MN 55355			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> Click here to enter text.			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Joshua Berg			
<b>Number of staff assigned to the facility in the last 12 months:</b> 29			
<b>Designed facility capacity:</b> 69			
<b>Current population of facility:</b> 48			
<b>Facility security levels/inmate custody levels:</b> Minimum, General Population (Medium), Special Management (Maximum)			
<b>Age range of the population:</b> 19-59			
<b>Name of PREA Compliance Manager:</b> Shanna Kresbach		<b>Title:</b> Programmer	
<b>Email address:</b> shanna.krebsbach@co.meeker.mn.us		<b>Telephone number:</b> 320-693-5415	
<b>Agency Information</b>			
<b>Name of agency:</b> Meeker County Sheriff's Office			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Meeker County Board of Commisioners			
<b>Physical address:</b> 326 Ramsey Av Litchfield, MN 55355			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 320-693-5400			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Brian Cruze		<b>Title:</b> Sheriff	
<b>Email address:</b> brian.cruze@co.meeker.mn.us		<b>Telephone number:</b> 320-693-5400	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Sue Carlson		<b>Title:</b> Corrections Sergeant	
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## **AUDIT FINDINGS**

### **NARRATIVE**

The Meeker County Detention Center (Jail) is a medium size facility located in the city of Litchfield, MN. The Jail is in the same building as the Law Enforcement Center and the County Courthouse. The Jail operates under a conditional license from the Minnesota Department of Corrections. The Jail uses Minnesota Chapter 2911 Rules Governing Adult Correctional Facilities as a guideline for their Policy and Procedures. Meeker County Minnesota is a rural county located in central Minnesota. The Jail houses Adult Male and Female Offenders both Pre-Trial and Sentenced. The facility is only licensed to detain Juvenile Offenders for a maximum of 24 hours. The Jail also boards inmates for some neighboring counties and for the Minnesota Department of Corrections.

On December 14, 15, 2015 Timothy Pippo a Certified PREA Auditor conducted an audit of the Jail. I arrived at the Jail and met with the Jail Administrator. I was given a complete tour of the facility. After the tour, I proceeded to interview 14 inmates 11 chosen at random and 3 inmates that met specific criteria. There were 48 inmates housed in the facility on this date. I then interviewed a total of 16 staff members throughout the day on the 14<sup>th</sup> and I returned on the 15<sup>th</sup> to conclude interviews.

### **MISSION STATEMENT**

The mission is to provide for the incarceration of adult and juvenile offenders with the highest degree of security in a cost effective manner for the citizens of the County and to ensure the safety and well-being of both the jail staff and the inmates. The County Staff and Management are committed to the delivery of a humane and constitutional level of services to those in need, and the opportunity for program participation intended to reduce the likelihood of re-offending and reincarceration.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Meeker County Detention Center is a 69 bed facility which has an Indirect Podular design. The facility has 8 housing units designated from minimum to maximum security. Two of the Housing Units are of dormitory design. There are three Holding Cells for temporary use. All of the units are located on one level. There is a Control Room in the center of the facility which is normally staffed full time. The Control Officer has the capability to operate door controls and monitor 28 different cameras that are strategically positioned around the jail to maximize surveillance of inmate activity. Corrections staff enter housing units and do well-being checks every thirty minutes and every 15 minutes for special watches. The Jail Administrator's Office is located within the secure area of the facility. The Jail has a Library/Program room, a Medical Room a Kitchen and a recreation room. There is also a Work Release entry/release area and a Vehicle Sally port.

## **SUMMARY OF AUDIT FINDINGS**

[Click here to enter text.](#)

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Agency Policy 612 defines zero tolerance towards sexual abuse or harassment within the jail and outlines specific procedures to prevent, detect, deter and react to sexual abuse or harassment incidents. Policy 612.3 defines the responsibilities of the facility PREA Coordinator. Interviews with the PREA Coordinator, the Jail Administrator and the Sheriff’s Office Chief Deputy confirm that the PREA Coordinator has ample time to implement and oversee compliance with PREA Standards.

**Standard 115.12 Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The Meeker County Detention Center does not contract with any other entities for supervision of their inmates. Therefore this Standard is Not Applicable for this facility.

**Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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- a). The facility has a Staffing Plan that is consistent with what is required by the Minnesota Department of Corrections. The plan includes video monitoring and adheres to all of the components of this Standard. Policy 202.7 provides guidelines for the Staffing Plan.
- b). The Staffing Plan is never deviated from. Staff are required remain on duty until relieved.
- c). The Jail Administrator confirmed during interviews that PREA considerations are addressed when re-evaluating the Staffing Plan.

d). The Meeker County Jail has a policy and procedure in place to ensure that supervisors make unannounced random checks on staff to deter and detect staff sexual abuse or harassment and to document these checks. The Jail Administrator has access to view and monitor the facility video system from his personal computer.

#### **Standard 115.14 Youthful inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The Jail can only hold a Juvenile Inmate for a maximum of 24 hours. Interviews with staff confirmed that Youthful inmates are kept separate by sight and sound from Adult inmates. There were no Youthful inmates confined on the days of the audit.

#### **Standard 115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

- a). The Jail does not perform cross-gender strip searches of any kind.
- b). The Jail does not perform cross-gender pat searches of any kind. Interviews with inmates revealed that they were never withheld from programs because of gender specific searches.
- c). The facility would not perform cross-gender searches but would document such searches.
- d). All of the housing units have individual showers that have privacy curtains. Interviews with both inmates and staff indicate that staff of the opposite gender announce themselves when entering a housing unit and that inmates are never naked in front of opposite sex staff members. Policy 507 addresses this Standard.
- e). Staff indicated that they would take the inmate's own view on gender to determine who would perform searches on Transgenders.
- f). Staff interviews determined that staff are trained on how to conduct searches on Transgender and Intersex inmates.

#### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Facility Policy 604.4 covers this Standard. The Jail has a policy and a practice of providing interpreters if needed to assist Inmates with disabilities or limited English Skills with understanding the Facility zero tolerance policy towards sexual abuse and harassment. The facility has several resources available for staff to utilize when dealing with this inmate group. The Sheriff’s Office Chaplain is a capable interpreter. The facility may use “Language Line” an interpreter service and may contact the “St Peter Regional Service Center for Deaf and Hard of Hearing Persons”. An interview during the audit with a Limited English Speaking inmate confirmed that they had received training and understood the Jail’s policy concerning PREA.

### **Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 308 spells out disqualification for any employee that has been engaged in or civilly or administratively been adjudicated of sexual abuse or harassment. The agency performs criminal background checks on every employee including contract staff that work within the Jail before hiring them or promoting them. The facility performs criminal background checks at least every 5 years. The facility has in place a procedure for employees to self-report previous misconduct during yearly performance reviews. Policy spells out discipline up to termination for false reports by staff. An interview with a person in the hiring process for the agency ensured that the facility complies with all aspects of this standard including reporting to other agencies upon request.

### **Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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There have been no major upgrades to the facility within the last year, however the Jail Administrator assured me in an interview that adherence to the PREA Standards would be considered in any facility upgrade.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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a). b). Policy 612 outlines evidence collections protocols for sexual abuse incidents.

c). Any sexual abuse victims would be transported to “Meeker Memorial Hospital” for Forensic Medical Examinations. The hospital has 24/7 emergency services available per their web-site <http://meekermemorial.org/services/emergency-services/>

The facility would utilize the Meeker County Victim’s Advocate and or “Safe Avenues” web-site <http://www.willmarshelter.com/> to comply with the remainder of this Standard. An interview with the County Victim Advocate confirmed that a person would be available to provide support for any sexual assault victim.

**Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 320.5 pertains to this Standard. The Meeker County Detention Center will utilize Licensed Investigators from the Meeker County Sheriff’s Office to perform criminal investigations of incidents that occurred in the Jail. This is referenced on the Sheriff’s Office web-site <http://www.co.meeker.mn.us/274/Investigations> The Detention Center has published on it’s web-site that they will investigate any and all allegations of sexual misconduct <http://www.co.meeker.mn.us/312/Prison-Rape-Elimination-Act-PREA>

**Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 320.3 outlines training for employees of the facility. Training curriculum covers all areas of this standard. The Jail has  
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documentation of employee training . Interviews with Corrections Officers confirmed they had received training and understand the significance of the training and how it pertains zero tolerance of sexual abuse and harassment and how to avoid, respond to and or detect such incidents. Staff receive annual review training of PREA considerations. The Sheriff's Office contracts with "Lexipol" for its policy manual. "Lexipol" has mandatory Daily Training Bulletins, some of which pertain to the Custody Manual PREA Policy and staff are required to read and complete these training bulletins. I was provided with documentation of bulletins pertaining to PREA Policy and Procedures.

### **Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 612.8.1 refers to Volunteer and Contractor Training. The Jail has documentation of training for these persons. The facility contracts with "A'viands" for its food service, A'viands provides PREA training for its employees in addition to what the Jail provides. Interviews with a volunteer and contract employees affirmed that they were trained on their responsibilities concerning the PREA Standards.

### **Standard 115.33 Inmate education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

- a). Each inmate receives training during the intake process and signs receipt of this training. Interviews with inmates confirmed they had received the training upon intake.
- b). Inmates are given the same information every thirty days through the facility's canteen kiosk when logging into the kiosk. Program staff also perform training sessions for the inmates.
- c). All the inmates confined on the day of the audit had received training.
- d). The Detention Center has procedures to provide the training to all inmates regardless of any impairments or language barriers. An interview with a limited English speaking inmate confirmed that they had received and understood the facility training.
- e). The facility maintains documentation of all training.
- f). There are numerous postings throughout the Jail and the Inmate Handbook contains information for inmates on the policy and how to report sexual abuse or harassment, the handbook is printed in both English and Spanish.

### **Standard 115.34 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 320.5 pertains to this Standard. The agency has two licensed sworn Deputies assigned to do investigations. The Deputies have documented receipt of specialized training sponsored by the American Jail Association.. An interview with one of the investigators assured that they had received the training and that they were an experienced investigator of criminal acts.

### **Standard 115.35 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 320.4 covers this Standard. The agency contracts with “Advanced Correctional Health Care”. An interview with the nurse of the facility certified that they were trained on the specifics of this Standard. The facility would utilize Meeker Memorial Hospital for any forensic examinations.

### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The Detention Center has Policy 516.11 to follow to comply with this Standard.

- a). Officers use a screening tool and a classification worksheet on each inmate during intake.
- b). Interviews with staff and inmates confirmed that the screening takes place within a few hours of intake.
- c). The facility has developed and utilizes a comprehensive screening tool.
- d). The screening tool considers numerous risk factors along with indicators of potential abusers.
- e). The screening tool has questions pertaining to an inmate’s previous history of institutional abuse incidents.
- f). Re-classification of inmates takes place at least every thirty days and considers risk of sexual abuse or victimization. The Jail uses a Re-classification worksheet.

- g). Interviews with staff show that an inmate’s risk assessment would be completed following any information that indicated a need.
- h). Interviews with staff and inmates assured that they were not disciplined for refusing to answer questions of a personal nature.
- i). Information contained on the screening tool is kept as confidential as possible, most staff are on a as need to know basis.

**Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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- a). Information from the screening tool is used to determine housing assignments.
- b). Each inmate’s own safety is considered in housing assignments. Supervisors review all classification designations.
- c)d)e)f). The facility has not housed a Transgender or Intersex inmate within the last year, however procedures and interviews with staff indicate that persons meeting this criteria would be allowed programming and carefully considered housing . All the shower areas in the Jail are private.
- g). Any inmate identified as LGBTI would not receive dedicated housing assignments only because of such identification.

**Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 612.11 outlines the Detention Center’s approach to protecting inmates from victimization. There have been no inmates placed into protective custody within the last year for potential victimization. Interviews with staff indicate that all measures would be taken to give protective custody inmates opportunities to participate in programs and that the status of this classification would be reviewed at least every thirty days but more likely much sooner. The facility screening tool requires documentation of Protective Custody Housing Assignments.

**Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Inmates are provided with different ways to make reports privately. Phone numbers of outside contacts, including victim advocates are posted and contained in the Inmate Handbook, the canteen kiosk e-mail to staff function may be used to make private reports. Staff and Inmate interviews confirm that they are aware of avenues to report sexual abuse or harassment. Staff indicated that they would document any reports immediately.

#### **Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility has a policy 620 for a grievance procedure for inmates and the inmates are informed of such in the Inmate Handbook. However the facility has a procedure that any grievance that is of sexual abuse or sexual harassment in nature would be treated as an Emergency Grievance and acted upon immediately.

#### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The Jail will utilize the Meeker County Attorney Victim’s Advocate, web-site <http://www.co.meeker.mn.us/166/Attorney> or “Safe Avenues” web-site <http://www.willmarshelter.com/>. The Detention Center has a signed memorandum of understanding with “Safe Avenues” to provide 24 hour free confidential support.

#### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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Interviews with staff confirmed that they would accept and act upon Third-Party reports and interviews with inmates indicated that they knew a third-party could make a report on their behalf. The Detention Center has third-party reporting information and phone numbers included on their web-site <http://www.co.meeker.mn.us/312/Prison-Rape-Elimination-Act-PREA>

#### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility follows Policy 612.4 to satisfy compliance with this Standard.

- a). Staff interviews confirmed that they would report any and all allegations of sexual abuse, harassment or retaliation immediately to supervisors.
- b). Policy and Minnesota State Statutes are followed by facility staff regarding data privacy.
- c). An interview with a nurse of the facility assured that they would inform facility supervisors of any sexual abuse reported to them.
- d). Minnesota has a Mandatory Reporting Law for persons under the age of 18 and Vulnerable Adults which the Agency abides by.
- e). Policy and practice require staff to report to designated investigators of any and all sexual abuse and harassment incidents.

#### **Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 612.6 adheres to this Standard. Staff members all stressed safety of victims or potential victims as their highest priority.

#### **Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The Detention Center has not had any inmate report to them abuse in another facility in the last year. Staff would follow Policy 612.4.1 and would report to supervisors who would report to other agencies any allegations reported to them.

#### **Standard 115.64 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility has first responder duties spelled out in Policy 612.6. Staff members are trained on how to respond to any sexual abuse incident and interviews show that safety of the victim including separation from the abuser and crime scene preservation is of utmost importance.

#### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The Detention Center has specific procedures spelled out in Policy 612.6 for staff to follow when responding to incidents. Interviews show staff are knowledgeable of how to respond properly.

#### **Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

relevant review period)

- Does Not Meet Standard (requires corrective action)

**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.**

Meeker County Corrections Officers are part of a Collective Bargaining Unit. The Sheriff’s Office Chief Deputy confirmed that investigations and disciplinary measures would not be hindered by contract language and every effort would be made to remove staff offenders from the facility when necessary.

**Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

- a). Policy 612.5 defines protections for staff and inmates from retaliation.
- b). Housing assignments and safety concerns are a daily process in the facility of this size and would certainly be considered for protection from retaliation.
- c). The PREA Compliance Manager and the Jail Administrator both determined that potential or active retaliation would be monitored for the entire duration of incarceration of any inmate.
- d)e)f). The facility would perform status checks and protect all and any individuals involved in an incident from retaliation.

**Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The facility would make every effort to not isolate victims and provide them with alternative housing and programming.

**Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 602 and 320.5 refer to this Standard. The Meeker County Sheriff’s Office has two designated criminal investigators. Both investigators have received specialized training. Results of an interview with one of the investigators indicated adherence to investigative protocols required by the standard. Criminal charges will be determined by the Meeker County Attorney’s Office for prosecution. The Detention Center has four designated administrative incident review team members that have received specialized training also. There have been no investigations of sexual abuse within the audit period.

**Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Interviews substantiated the fact that investigations follow the required evidentiary standard.

**Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The facility will follow Policy 612.7.2 to maintain compliance with this standard. Supervisory staff confirmed that they would keep inmates apprised of any investigative findings that would be relevant to them and document such notifications.

**Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Agency Policy 108 (Rules of Conduct) spells out disciplinary procedures and sanctions for employees up to termination. Termination would be presumptive for criminal sexual abuse and or sexual harrasment.

**Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The facility would refer any criminal incident for prosecution and would remove any volunteer or contract employee and terminate their services in accordance with Policy 612.8.1.

**Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 600 covers the requirements of this standard and the Inmate Handbook define inmate disciplinary sanctions. The facility has a due process procedure for inmate discipline.

**Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 612.9 complies with this Standard. Intake staff indicated that they would refer victims of sexual abuse and sexual abusers to medical staff for follow-meetings. Medical staff confirmed that they would set up sessions with a mental health provider.

### **Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The facility has Policy 612.10 to follow to provides services outlined in this Standard. Inmates would be transported to Meeker Memorial Hospital for medical and mental health emergency services. Facility Medical Staff would provide services for inmates while in the facility at no cost to the inmate.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The Detention Center contracts with a correctional medical sevice provider. The contract nurse I interviewed assured compliance with all aspects of this Standard.

### **Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 612.12 outlines the procedures and responsibilities of an Incident Review Team. The facility has four staff designated as team members. The facility has created an incident review form and has trained its members on the requirements of this Standard.

### **Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The facility has a process for collecting incident-based data and an incident review log to document incidents. The Jail Administrator is responsible for reviewing and maintaining this data.

### **Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

Policy 612.13 pertains to all aspects of this Standard. The Jail Administrator prepares an annual report that is approved by the Sheriff that includes comprehensive reviews of data collected concerning sexual abuse detection and prevention. The report with redacted information is posted at <http://www.co.meeker.mn.us/303/Detention-Center>

### **Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

The agency and the facility both have policies concerning data retention and decimation Policy 214. 218. 612.14. The Detention Center also abides by MN State Rules 2911.2100, 2200, 2300 dealing with inmate records. Data with redacted personal information is posted on the agency web-site.

**AUDITOR CERTIFICATION**

I certify that:

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

Timothy Pippo

January 13, 2016

Auditor Signature

Date