**PREA AUDIT REPORT** ☐ **Interim** ☒ **Final**

**ADULT PRISONS & JAILS**

**Date of report:** July 17, 2017

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|---|---|---|---|
| **Auditor Information** | | | |
| **Auditor name:** Timothy Pippo | | | |
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| **Telephone number:** 763-684-2380 | | | |
| **Date of facility visit:** 6/5/2017-6/6/2017 | | | |
| **Facility Information** | | | |
| **Facility name:** Steele County Detention Center | | | |
| **Facility physical address:** 2500 Alexander St Owatona, MN 55060 | | | |
| **Facility mailing address:** *(if different from above)* Click here to enter text. | | | |
| **Facility telephone number:** 507-446-7000 | | | |
| **The facility is:** | ☐ Federal | ☐ State | ☒ County |
| | ☐ Military | ☐ Municipal | ☐ Private for profit |
| | ☐ Private not for profit | | |
| **Facility type:** | ☐ Prison | ☒ Jail | |
| **Name of facility's Chief Executive Officer:** Jodi Bushey | | | |
| **Number of staff assigned to the facility in the last 12 months:** 43 | | | |
| **Designed facility capacity:** 154 | | | |
| **Current population of facility:** 96 | | | |
| **Facility security levels/inmate custody levels:** Minnimum Medium Maximum | | | |
| **Age range of the population:** 18-76 | | | |
| **Name of PREA Compliance Manager:** N/A | | **Title:** Click here to enter text. | |
| **Email address:** Click here to enter text. | | **Telephone number:** Click here to enter text. | |
| **Agency Information** | | | |
| **Name of agency:** Steele County Detention Center | | | |
| **Governing authority or parent agency:** *(if applicable)* Steele County Sheriff's Office | | | |
| **Physical address:** 204 East Pearl St Owatona, MN 55060 | | | |
| **Mailing address:** *(if different from above)* Click here to enter text. | | | |
| **Telephone number:** 507-444-3800 | | | |
| **Agency Chief Executive Officer** | | | |
| **Name:** Lon Thiele | | **Title:** Sheriff | |
| **Email address:** lon.thiele@co.steele.mn.us | | **Telephone number:** 507-444-3800 | |
| **Agency-Wide PREA Coordinator** | | | |
| **Name:** Anthony Buttera | | **Title:** Training/Compliance Officer | |
| **Email address:** anthony.buttera@co.steele.mn.us | | **Telephone number:** 507-446-7080 | |

## AUDIT FINDINGS

### NARRATIVE

The Steele County Detention Center is a medium sized jail located in an industrial park area on the west side of Owatonna, MN. Owatonna is a small industry/farming community located in South Central Minnesota. The facility houses adult male and female sentenced and pre-trial offenders. The Detention Center has a capacity of 154 inmates with an operational capacity of 138.There were 11 females and 85 males incarcerated on the day of the audit. The facility operates under a conditional license from the Minnesota Department of Corrections and abides by an frames its polices from Minnesota Rules Chapter 911 Governing the Operations of Adult Detention Facilities. The jail holds local detainees that are awaiting trial or serving time under a conviction, they also house detainees from neighboring counties and inmates from the Minnesota Department of Corrections. Qualified inmates may be on a Work Release Program or a Sentence to Serve Program. On June 5 and 6 2017 Timothy Pippo a Certified PREA Auditor conducted an audit of the facility. This was the second audit of the Detention Center; the facility passed a PREA audit and met the standards of the Act on December 29, 2014. I began the audit with an initial meeting with the Chief Deputy, the Jail Administrator, the Assistant Jail Administrator and the PREA Coordinator. I was then given a complete tour of the facility and was given access to examine and view all and any areas of the building. I was given a private room to interview 17 random inmates and 1 inmate that met certain criteria. I also interviewed 8 random custody staff members along with 17 specialized staff members throughout the two days of the audit. I conducted two subsequent phone interviews with representatives from outside agencies. I was able to view all and any electronic and paper documents pertaining to compliance with the standards. I concluded that audit with an exit meeting with the Jail Administrator, the Assistant Jail Administrator and the PREA Coordinator.
DETENTION CENTER MISSION STATEMENT:
*The mission of the Steele County Detention Center is to provide for the safe and humane housing of individuals committed to our custody.*

*Management and staff priorities include employee development, strategic planning, training, safety of our staff and the public we serve while maintaining fiscal responsibility and accountability.*

*The Detention Center takes a Program based approach to incarceration with the end goal to reduce recidivism and return subjects to the community with better skills to cope with everyday challenges.*

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Steele County Detention Center is in a building that has the Jail, Administrative Offices, Visitation/Public lobby and a Secure Courtroom. The Jail is comprised of One Direct Supervision double bunked with 4 single cells, this unit can house up to 60 inmates with 1 staff work station and an outdoor recreation area. There are 2 Indirect Podular Designed housing units with one work station in between them that may house up to 20 males on one side and 24 females on the other side, these units have single cells which may be used for administrative segregation and each unit has an outdoor recreation area. Each of these housing units has a main floor and an upper level tiered cell floor. There is also a 48 bunk male dormitory type housing unit with a work station and an outdoor recreation area. All of the housing units have private shower/bathroom areas to provide for inmate privacy. The Jail has a Booking/Intake elevated work station that has 4 holding intake cells used on a temporary basis. There are also 2 Medical cells in this area along with a disciplinary dry cell. The Detention Center has a Master Control Room that staff members operate the secure doors of the building an monitor 96 cameras that are strategically positioned throughout the building to provide security monitoring. There is a Library, an Indoor Recreation, 3 classrooms, an interview room, a kitchen, a male and a female work release locker-room and a secure corridor to the Courtroom. The Medical Room has 2 exam rooms, a med-wait reception area, an office and a private bathroom. There is a supervisor office near the booking area that is always staffed by a Sergeant or a Corporal or both. Officers work 12 hour shifts, the jail is staffed with a minimum of 6 custody officers and 1 supervisor on every shift.

## 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.**

The facility follows its policy 9.1 to adhere to the standards. This policy is a comprehensive document that defines the agencies zero tolerance towards sexual abuse or sexual harassment. The policy also outlines the responsibilities of the PREA Coordinator to attain this zero tolerance. The facility has selected an experienced and well qualified officer to be the PREA Coordinator and given this individual ample time to coordinate efforts to comply with the 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 Detention Center does not contract with any outside agency to perform custody or security operations and therefore this standard is Not Applicable to them.

**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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The facility follows MN Rule 2911.0900 and policy 1.5 to comply with this standard. The staffing plan is never varied from, officers must remain on duty until relieve by another person. The staffing plan is reviewed at least yearly. There is always a supervisor on duty. The organizational chart includes administrative staff, supervisors such as Sergeants or Corporals, intake officers, custody staff and program staff. The jail has a practice of supervisors performing unannounced checks in the housing units and all areas of the facility. I was provided

with video documentation with proof of these rounds taking place, these rounds are also documented when they occur following policy 9.4. Supervisors also have access to digital video recordings of 96 cameras within the building that augment security rounds. Policy 3.1.26 provides an outline to who may have access to the recordings.

### 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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Policy 9.8 spells out that any Juvenile Youthful Offenders need to be housed by sight and sound separation from the adult population of the jail. However the facility does not house inmates under the age of 18 and has not housed these offenders in this audit period. The Sheriff's Office utilizes nearby juvenile detention centers instead.

### 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)

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The facility follows policy 9.2 in reference to this standard. All of the shower and toilet areas of the jail are private. The showers have saloon type doors and curtains to maintain privacy. The Detention Center has procedures in place for staff members to announce their presence when entering a housing unit with inmates of the opposite gender. Interviews with staff members and with inmates confirm that officers announce themselves. Security cameras that may view toilet areas have the view of those areas blocked out. The facility documents all strip searches and has not performed any cross-gender searches of any transgender person, in fact the facility has a practice of only same sex pat searches on all inmates (interviews with officers and inmates confirmed this fact). Staff members have received extensive training on this standard such as "Guidance in Cross-Gender and Transgender Pat Searches" webinar and power point hosted by the "Moss Group" along with power point training on "Law Enforcement and the Transgender Community". The jail also utilizes a custom form that is a self-declaration for transgender persons as to whom they prefer to perform searches of them. Staff members also demonstrated through interviews that they were knowledgeable on this subject.

### 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.**

The Detention Center has procedures in place to assist in informing inmates with disabilities and language barriers on their right to be free from sexual abuse and harassment while incarcerated and how to report such incidents or allegations. The facility contracts with "Language Line" https://www.languageline.com/ for interpretive services. I witnessed an example on how this service works. The facility has posters in housing units in Spanish that contain PREA materials.

### 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)

**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.**

All employees, contractors and volunteers that are allowed into this correctional facility have passed criminal background checks and criminal history checks, also all such persons have signed a Self-Declaration of Sexual Abuse/Sexual Harassment form that contains questions from portion (a) 1 2 3 of this standard. This self-declaration is also required during performance reviews. Policy 1.3.1.A requires extensive background checks of employees. The Sheriff's Office Chief Deputy and a Human Resource staff member affirmed that they would report incidents or allegations of misconduct by former employees if requested from another agency.

### 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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The Detention Center has in this audited period repositioned a few of its security cameras to attain more video cover some blind spots. They also added audio recording devices in certain areas of the facility. The Chief Deputy and the Jail Administrator both agreed that compliance with the PREA Standards was considered in these enhancements and that any future updates would take into consideration the ability to help deter and detect sexual abuse or harassment incidents.

**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)

**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 9.7 gives direction to staff members to arrange for emergency medical treatment of any sexual abuse victim. Victims would be transported to "Allina Health Owatonna Hospital" https://www.allinahealth.org/Owatonna-Hospital/Services/Emergency-Department/ for emergency medical treatment and forensic exams. A representative from the Hospital's Administration department confirmed that they would provide SANE certified medical personal for any victim transported from the Steele County Detention Center. The facility also has an agreement with "Steele County Crisis Center" http://www.helpinghandsofsteele.com/crisisrecourcecenter.html to provide advocacy services to victims.

**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.**

All staff are to follow policy 9.3 which directs them to refer any and all allegations or incidents of sexual abuse or harassment to appropriate investigators. The Detention Center will use investigators from the Steele County Sheriff's Office to perform criminal investigations as stated on their web-site http://www.co.steele.mn.us/divisions/detention_center/prea.php Administrative investigations would occur on all incidents and allegations.

**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.**

Training requirements are spelled out in policy 9.1. The facility has developed two comprehensive power point sessions that staff have signed acknowledgement of understanding on all the aspects of this standard. 100% of the staff members have received this training. One of the training sessions covers definitions and procedures for detecting, deterring, responding to, reporting any and all allegations or incidents of sexual abuse or harassment. Another session teaches on how to avoid inappropriate relationships with inmates and explains the possible consequences of misconduct. Interviews with staff members show that they have received the training, plus that they fully understand and comprehend the material that they have received.

### 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.**

All volunteers and contract staff receive training on the facility policy of zero tolerance to sexual abuse and harassment. The facility has signed documentation that all of these persons have received this training. Interviews with volunteers and kitchen staff confirm that they are aware of the policy and that they know how to and to whom they should report incidents or allegations immediately. The facility contracts with "A'viands" http://aviands.com/ for its food services.

### 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.**

Inmates are given information about the zero tolerance policy upon arrival or when booked into the jail. Inmates sign acknowledgment of receiving and understanding the materials. Policy 9.6 covers inmate education. The facility has the information in the Inmate Handbook and on posters throughout the building, the facility canteen supplier "Turnkey Correctional" http://www.turnkeycorrections.com/ has kiosks in the housing units that provide this information on an inmate's first login into the system and thereafter every 30 days, these materials are also in Spanish. The jail has a brochure available to the inmates that contains information on "What is Sexual Abuse, How to Avoid Sexual Abuse and What to do" if you are sexually abused or harassed, including how to report incidents. Interviews with inmates and Intake Officers indicated that they received information on the facility PREA topics within a few hours of admittance. The facility has a practice of doing a 30 day reclassification of inmates, information regarding PREA topics is given to the inmates at this time also.

### 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)

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Policy 9.3 requires that investigators receive training on how to conduct investigations in a confinement setting. The two investigators from the Steele County Sheriff's Office have certificates of completion of the National Institute of Corrections on-line training. The two investigators are qualified, experienced licensed police officers.

### 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)

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The Detention Center contracts with "Advanced Correctional Healthcare Inc" https://www.advancedch.com/training/ for medical and mental health services. The Registered Nurses that work in the facility are employeed by Steele County and work under the policies of both the county and the medical provider. The medical staff have received training on the zero tolerance policy along with specialized traning "SANE-SART Online Clinical". Forensic exams would be done at Allina Hospital in Owatonna, MN. An interview with the Registered Nurse gave confirmation of being trained on the requirements of this standard.

### 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)

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The facility utilizes a PREA screening tool during intake to asses each inmate's vulnerability or aggressiveness. This tool is in paper form and only supervisors or intake officers have access to view it. Inmates are also screened again during the reclassification process every 30 days or when circumstances dictate that the screening be done sooner. Policy 9.6 gives the officers guidance on screening. Interviews with both intake officers and inmates show that this screening is completed.

**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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Policy 4.2.2 pertains to classification of all inmates. The Program Coordinator assured that transgender or vulnerable inmates would have access to jail programs. There were no inmates meeting the LGBTI definition in custody during the audit. All the showers in the jail are private. All PREA screenings are reviewed by medical staff. All staff members indicated that they would consider an inmate's own perception of safety when making housing assignments.

**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)

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The facilty has administrative segregation cells that may be used for Protective Custody. Supervisors confirmed that this classification would only be used on a limited basis and that alternative housing would be considered on an individual basis. Supervisors assist in classification of all inmates. Supervisors review all inmates in a segregation status every 7 days.

**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)

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The facility follows policy 9.6 concerning inmate reporting. Inmates are given several ways of reporting. Phone numbers are posted in the housing units, the inmates may make a report on the canteen kiosk. Interviews with both staff members and inmates indicated that they were aware of how to make reports and that they knew of a way to make a report privately if the so wished. The facility provided me with

examples of documented reports.

### 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)

**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 Steele County Detention Center has a grievance process in place for inmates to use. The facility has a procedure that any grievance that pertained to sexual abuse or sexual harassment would be treated as an emergency grievance and acted upon immediately. Inmates are made aware of this procedure in their handbooks.

### 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)

**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 documented signed memorandum of understanding with "Steele County Crisis Resource Center" http://www.helpinghandsofsteele.com/crisisrecourcecenter.html to provide advocacy services to any inmate. An interview with an administrator from this center showed that they would accept phone calls and provide free services to inmates in need. The toll-free phone number for this crisis center is posted conspicuously throughout the jail.

### 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)

**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 would accept and act upon immediately per policy 9.6. The Detention Center has third-party reporting information posted on its web-site http://www.co.steele.mn.us/divisions/detention_center/prea.php Staff interviews affirmed that they would accept and act upon third-party reports immediately and inmates indicated that they were aware that third-parties could make reports for them on their behalf.

### 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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Policy 9.6 and 9.7 cover this standard. All employees are trained on their obligation to report incidents or allegations of sexual abuse, sexual harassment or retaliation to supervisors immediately. Minnesota law requires mandatory reporting of incidents that occurred to persons under the age of 18.

### 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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Every employee that I interviewed indicated to me that the safety of the victim was of upmost importance and that they would take every effort to protect the victim and provide emergency medical attention if required.

### 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)

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**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The jail has in policy 9.6 that they would notify another facility of any incident or allegation reported to them that happened in another confinement facility. Also the Jail Administrator would notify the facility head of the other agency. Staff members have a "Report to other Agencies" form to document such incidents.

### 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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Interviews with staff members indicated that they were all trained on how to respond to an allegation or incident of sexual abuse, ensuring the safety and security of the victim while maintaining the integrity of a crime scene and were well aware of the facility policy 9.7 and procedures in such cases. The facility has a "First Responder Checklist' as an aid for officers to refer to in order to follow correct procedures when responding to an incident.

### 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.**

Policy 9.7 and the First Responder Checklist also provide guidance for staff members on who to contact to provide emergency medical attention and to initiate a criminal investigation. Interview with Administrative, custody staff and medical persons all confirmed that these persons were aware of their responsibilities on how to respond to an incident.

### 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)

☐ 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.**

Custody staff are part of a Collective Bargaining Unit. There is language in the contract that allows up to termination for sustained incidents of misconduct. Policy 9.3 also outlines discipline for staff members up to termination for misconduct. Interviews with the Jail Administrator and the Chief Deputy show that they would take all necessary steps to discipline staff and keep them separated from victims or alleged victims.

### 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.**

Policy .3 and 9.6 refer to retaliation. An interview with the Assistant Jail Administrator showed that the facility would not tolerate retaliation. The Lieutenant demonstrated that he had knowledge on what to look for such as: (behavior changes, personality conflicts documents to review) The facility would monitor for retaliation for at least 90 days and most probably for the entire stay of the inmate. I was assured that all measures would be taken to protect victims or witnesses from any type of 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 Detention Center will only segregate victims of sexual abuse for a short a time as possible. Interviews with staff members indicated that they would use any sage alternative housing assignments before utilizing segregated housing. The Program Director assured that programing would be offered to any victims housed in segregation.

### 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 9.3 adhere to this standard. The facility would use 2 detectives from the Steele County Sheriff's Office to conduct criminal investigations. The detectives have a Sheriff's Office Policy 6.2 that provides guidance for sexual abuse investigations while maintain the victim's rights. These investigators would refer criminal prosecution to the Steele County Attorney's Office http://www.co.steele.mn.us/divisions/attorney_office.php An interview with an investigator from the Sheriff's Office confirmed that they would follow correct protocols during an investigation. The facility has 7 supervisors designated as administrative investigators. The administrative investigators have a Correction Plan form to make recommendations after completion of an investigation. I was provided examples of an actual investigation.

### 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.**

Policy 9.3 defines the evidentiary standard and through an interview with an investigator it was determined that the Detention Center follows this standard when considering the standard for investigations.

### 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 follows policy 9.3 and has a means of notifying an inmate of the status of an investigation. They utilize a custom form called "Inmate PREA Allegation Status Notification". Both the policy and the form follow steps required by this standard.

### 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.**

The Collective Bargaining Agreement section on member discipline along with policy 1.3.12 and 9.3 all spell out disciplinary actions for employees up to and including termination for sustained allegations or incidents of sexual abuse and or harassment. Interviews with administrative staff confirmed that staff misconduct would be referred to investigations and investigator would refer such incidents for prosecution. There have been no staff disciplined for such actions during this audit period.

### 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.**

Steele County Detention Center administration concluded through interviews that they would follow policy 9.3 and remove any volunteers and or contractors from the facility immediately and would be excluded from the facility until an investigation determined otherwise. These persons would be referred for criminal investigation if deemed necessary. There have been no persons removed from the jail for misconduct reasons within this audit period.

### 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.**

Inmates are made aware of disciplinary actions that they may be subject to through the inmate handbook. Policy 9.3 also spells out disciplinary sanctions for inmates involved in sexual abuse or harassment and also for inmates that make false reports pertaining to such misconduct. Medical staff affirmed through interviews that they would provide opportunities for mental health services to abusive inmates if

requested.

### 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.**

The Jail Nurses review each and every PREA Screening that has been done on every inmate that is booked into the jail and maintain a PREA Compliance Log to document such reviews. The medical staff retains their own records and only medical staff members and facility supervisors have access to these records. Interviews with the jail nurses confirmed that they review the screenings and refer inmates to mental health practitioners when requested. The medical staff has inmates that request mental health services sign a Mental Health Services Agreement form that outlines the patient's rights and responsibilities.

### 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.**

All of the facility staff members are trained in emergency medical care. Victims of sexual abuse would be transported to the "Allina" hospital as soon as possible. A hospital administrative representative assured that they would provide emergency medical care to any victim of sexual violence from the detention center. The jail nurses confirmed that they would provide emergency contraception and infectious disease medical services if needed and that all medical treatment for victims would be 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.**

Policy 9.7 outlines ongoing care for victims in the jail. Jail nurses and the Jail Administrator assured that victims would receive appropriate medical care free of charge for the entire time they are in custody. Nurses also confirmed that pregnancy-related medical services would be provided if necessary. The facility would utilize its own medical staff and would also use outside medical treatment agencies for any specialized treatments. The level of care that would be provided would be consistent with the community level of care and most likely exceed that level.

### 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.**

The Steele County Detention Center has 7 upper level staff members that have received training on how to conduct an investigation in a confinement setting designated as its review team. Policy 9.4 outlines the review team's duties and responsibilities, including accessing staffing levels, physical barriers, video surveillance, plus any other factors that may have attributed to an incident of sexual abuse. Administrative investigations are documented and contain recommendations for deterring any incidents.

### 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.**

Policy 9.4 pertains to data collection. The facility maintains incident-based data on all incidents of sexual abuse and sexual harassment. The Jail Administrator is prepared to complete the "Survey of Sexual Violence" from the U.S. Department of Justice if requested to do so.

### 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.**

The Steele County Detention Center follows policy 9.4 and reviews collected data to take corrective action on an ongoing basis. The facility has an Annual Corrective Action Plan and documents this plan on a designated form. The facility posts its findings from investigations on its web-site http://www.co.steele.mn.us/PREA%20Statistical%20Reporting%20by%20Year.pdf

**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 facility has policy 9.4 to refer to when dealing with data retention. The jail also uses MN Rule 2911.2100 and MN State Statute 609.344 as guidelines for data storage. The detention center posts data on its web-site http://www.co.steele.mn.us/PREA%20Statistical%20Reporting%20by%20Year.pdf The Jail Administrator assures that personal identifiers are redacted in the public reports.

**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 _____ July 17, 2017 _____

Auditor Signature Date