# Prison Rape Elimination Act (PREA) Audit Report
## Adult Prisons & Jails

☐ **Interim** ☒ **Final**

**Date of Interim Audit Report:** 07/21/2020 ☐ **N/A**
*If no Interim Audit Report, select N/A*
**Date of Final Audit Report:** 01/18/2021

## Auditor Information

| | |
|---|---|
| **Name:** Darnel Carlson | **Email:** dmcarlson16@gmail.com |
| **Company Name:** Click or tap here to enter text. | |
| **Mailing Address:** P.O. Box 1201 | **City, State, Zip:** Brainerd, MN 56401 |
| **Telephone:** 218-831-9636 | **Date of Facility Visit:** June 8-9, 2020 |

## Agency Information

| | | | |
|---|---|---|---|
| **Name of Agency:** Steele County Detention Center | | | |
| **Governing Authority or Parent Agency** *(If Applicable)*: Steele County Sheriff's Office | | | |
| **Physical Address:** 2500 Alexander Street | | **City, State, Zip:** Owatonna, MN 55060 | |
| **Mailing Address:** Click or tap here to enter text. | | **City, State, Zip:** Click or tap here to enter text. | |
| **The Agency Is:** | ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☒ County | ☐ State | ☐ Federal |
| **Agency Website with PREA Information:** https://www.co.steele.mn.us/divisions/detention_center/prea.php | | | |

### Agency Chief Executive Officer

| | |
|---|---|
| **Name:** Sheriff Lon Thiele | |
| **Email:** lon.thiele@co.steele.mn.us | **Telephone:** 507-444-3815 |

### Agency-Wide PREA Coordinator

| | |
|---|---|
| **Name:** Chad Schlueter | |
| **Email:** chad.schlueter@co.steele.mn.us | **Telephone:** 507-446-7020 |
| **PREA Coordinator Reports to:** Jail Administrator | **Number of Compliance Managers who report to the PREA Coordinator:** 0 |

## Facility Information

| | | | |
|---|---|---|---|
| **Name of Facility:** Steele County Detention Center | | | |
| **Physical Address:** 2500 Alexander Street | | **City, State, Zip:** Owatonna, MN 55060 | |
| **Mailing Address (if different from above):** Click or tap here to enter text. | | **City, State, Zip:** Click or tap here to enter text. | |
| **The Facility Is:** | ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☒ County | ☐ State | ☐ Federal |
| **Facility Type:** | ☐ Prison | ☒ Jail | |

**Facility Website with PREA Information:** https://www.co.steele.mn.us/divisions/detention_center/prea.php

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

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**
Minnesota Department of Corrections Inspection and Enforcement Unit

| **Warden/Jail Administrator/Sheriff/Director** | |
|---|---|
| **Name:** Anthony Buttera – Jail Administrator | |
| **Email:** Anthony.buttera@co.steele.mn.us | **Telephone:** 507-446-7080 |

| **Facility PREA Compliance Manager** | |
|---|---|
| **Name:** Click or tap here to enter text. | |
| **Email:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |

| **Facility Health Service Administrator** ☐ N/A | |
|---|---|
| **Name:** Jessica Weegman | |
| **Email:** Jessica.weegman@co.steele.mn.us | **Telephone:** 5074467037 |

| **Facility Characteristics** | |
|---|---|
| **Designated Facility Capacity:** | 154 |
| **Current Population of Facility:** | 41 |
| **Average daily population for the past 12 months:** | 79 |

| | |
|---|---|
| **Has the facility been over capacity at any point in the past 12 months?** | ☐ Yes ☒ No |
| **Which population(s) does the facility hold?** | ☐ Females ☐ Males ☒ Both Females and Males |
| **Age range of population:** | 18-99 |
| **Average length of stay or time under supervision:** | 1.082 days |
| **Facility security levels/inmate custody levels:** | Minimum; Huber; Medium |
| **Number of inmates admitted to facility during the past 12 months:** | 1536 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:** | 566 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*** | 193 |
| **Does the facility hold youthful inmates?** | ☒ Yes ☐ No |
| **Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)** | Click or tap here to enter text.<br>☐ N/A |
| **Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?** | ☒ Yes ☐ No |
| **Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):** | ☐ Federal Bureau of Prisons<br>☐ U.S. Marshals Service<br>☐ U.S. Immigration and Customs Enforcement<br>☐ Bureau of Indian Affairs<br>☐ U.S. Military branch<br>☒ State or Territorial correctional agency<br>☒ County correctional or detention agency<br>☐ Judicial district correctional or detention facility<br>☒ City or municipal correctional or detention facility (e.g. police lockup or city jail)<br>☐ Private corrections or detention provider<br>☐ Other - please name or describe:<br>☐ N/A |
| **Number of staff currently employed by the facility who may have contact with inmates:** | 40 |
| **Number of staff hired by the facility during the past 12 months who may have contact with inmates:** | 4 |
| **Number of contracts in the past 12 months for services with contractors who may have contact with inmates:** | 2 |
| **Number of individual contractors who have contact with inmates, currently authorized to enter the facility:** | 6 |
| **Number of volunteers who have contact with inmates, currently authorized to enter the facility:** | 25 |

| Physical Plant | |
|---|---|
| **Number of buildings:**<br><br>**Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.** | 1 |
| **Number of inmate housing units:**<br><br>**Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.** | 4 |
| **Number of single cell housing units:** | 0 |
| **Number of multiple occupancy cell housing units:** | 3 |
| **Number of open bay/dorm housing units:** | 1 |
| **Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):** | 24 |
| **In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)** | ☐ Yes ☐ No ☒ N/A |
| **Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?** | ☒ Yes ☐ No |
| **Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?** | ☐ Yes ☒ No |

| Medical and Mental Health Services and Forensic Medical Exams | |
|---|---|
| **Are medical services provided on-site?** | ☒ Yes ☐ No |
| **Are mental health services provided on-site?** | ☒ Yes ☐ No |

| | |
|---|---|
| **Where are sexual assault forensic medical exams provided? Select all that apply.** | ☐ On-site<br>☒ Local hospital/clinic<br>☐ Rape Crisis Center<br>☐ Other (please name or describe: Click or tap here to enter text.) |

## Investigations

### Criminal Investigations

| | |
|---|---|
| **Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:** | 2 |
| **When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.** | ☐ Facility investigators<br>☒ Agency investigators<br>☐ An external investigative entity |
| **Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)** | ☐ Local police department<br>☒ Local sheriff's department<br>☐ State police<br>☐ A U.S. Department of Justice component<br>☐ Other (please name or describe: Click or tap here to enter text.)<br>☐ N/A |

### Administrative Investigations

| | |
|---|---|
| **Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?** | 1 |
| **When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply** | ☒ Facility investigators<br>☐ Agency investigators<br>☐ An external investigative entity |
| **Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)** | ☐ Local police department<br>☐ Local sheriff's department<br>☐ State police<br>☐ A U.S. Department of Justice component<br>☐ Other (please name or describe: Click or tap here to enter text.)<br>☒ N/A |

# Audit Findings

## Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) on-site audit of the Steele County Detention Center (SCDC) located in Owatonna Minnesota was conducted June 8-9, 2020. Pre-Audit preparation included a thorough review of the Pre-Audit Questionnaire and all documentation and materials submitted by the facility. The documentation reviewed included, agency policies, procedures, forms, staff training record and curriculum, sample of inmate files, and inmate education materials. A copy of the staff schedule and inmate roster were provided on the first day of the on-site audit. There were 41 inmates in-custody on the first day of the on-site audit. Concerns over the spread of the Coronavirus has reduced the number of inmates in-custody.

The audit notices were posted in visible areas throughout the facility 6 weeks before the audit and were still posted during the on-site audit. I did not receive any inmate correspondence throughout the audit process.

During the two days of the on-site audit, the auditor was provided a conference room to work and conduct confidential interviews with staff. Fifteen formal personal interviews were conducted with facility staff representing all shifts. Five random staff members, two staff members who perform risk screenings, one intake staff, two intermediate-or-higher level facility staff, one member charged with monitoring for retaliation, and one incident review team member, one medical provider, one contractor, and one investigator were interviewed. Personal interviews were also conducted with the Chief Deputy, Jail Administrator, and PREA Coordinator.

Samples of personnel records were reviewed to determine compliance with training mandates, background check procedures, and on-going background checks every 5 years of staff and contractors.

Confidential interviews with inmates were conducted in a program room. Ten random inmates were interviewed which meets the minimum requirement for a detention center population of 41. There were zero targeted inmates identified to interview during the on-site audit.

Samples of inmate files were reviewed to evaluate screening and intake procedures. Also, reviewed was inmate education documentation and acknowledgments.

A facility tour was conducted by the PREA Coordinator. All areas of the facility were toured which included (intake, laundry, medical, kitchen, inmate program areas, inmate library, master control, and 4 housing areas.). During the audit, work was being completed on the exterior roof of the intake area. For safety reasons the intake area was closed when work was in progress on the roof. The intake area was toured after work was completed for the day. The auditor observed location of cameras, staff supervision of inmates, placement of posters, PREA information resources, and security monitoring. The auditor observed toilets and sinks in each cell and private showers located in each housing area. In the dormitory housing unit, there was private individual toilets and showers adjacent to the dayroom. The auditor was given access to all areas of the facility and talked to staff and inmates informally during walk-throughs of the facility during the visit.

The SCDC employs 54 employees which include the Jail Administrator, Assistant Jail Administrator, Training Compliance Officer/PREA Coordinator, 4 Sergeants, 4 Corporals, Program Coordinator, 2 Program Assistants, 39 Correctional Officers, 1 finance and 1 records assistant.

The Steele County Detention Center Leadership has implemented a zero-tolerance policy for sexual abuse and sexual harassment and take every allegation seriously.

Staff and inmates report feeling safe working and living in the SCDC. Staff were friendly and readily available for interviews and open to answering questions. Staff understood their responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment in the facility. Leadership of the Steele County Detention Center are dedicated to continuous improvement, empowering staff, managing staffing levels and fostering a culture of zero-tolerance of sexual abuse and harassment of inmates. The Jail Administrator, Assistant Jail Administrator and PREA Coordinator were readily available during the on-site audit.

On December 29, 2014 and July 17, 2017, the SCDC was found in compliance with the PREA standards.

During the past 12 months, the SCDC reported six allegations of substantiated, unsubstantiated, or unfounded reports of sexual abuse and sexual harassment. There was one unsubstantiated allegation of staff on inmate, two unsubstantiated allegations of inmate-on-inmate, two unfounded allegations of inmate-on-inmate, and one unfounded allegation of volunteer on inmate sexual abuse or harassment. Investigative reports provided by the SCDC documented the thorough administrative investigations that were completed for each allegation.
The SCDC received zero reports from inmates that they were sexually abused or sexually harassed in another facility and received zero reports from another facility that an inmate was sexually abused or harassed at the SCDC.

Interviews with inmates confirmed they are provided PREA education and understood the agency's zero-tolerance policy. During the admission process inmates watch an orientation video, are given a PREA brochure, and information on the agency's zero tolerance policy and how to report sexual abuse and harassment. Inmates are asked to sign a PREA form after watching the video. Once an inmate is assigned to a housing unit and initially logs into the electronic kiosk the inmate is required to acknowledge they read and understand the PREA training. Inmates are required to acknowledge the PREA training every 30 days. Each housing unit has PREA information posted, PREA information on the kiosk, and handbook available to the inmates. Sergeants complete the classification and review the booking report. A reclassification is completed every 30 days. Inmates interviewed reported feeling safe in the facility and believed that staff would respond to any report of sexual abuse or harassment.

Interviews with staff verified initial and ongoing PREA training. The responses to the questions confirmed their knowledge of their responsibilities in detecting, preventing, reporting, and responding to sexual abuse and sexual harassment. Staff was able to articulate the different ways inmates and staff could report sexual abuse or sexual harassment and steps to follow if he/she were the first to respond to an incident. Staff expressed confidence that their administration takes all reports of sexual abuse and sexual harassment seriously and would investigate every allegation and would not tolerate any form of retaliation against staff or inmates. Staff reported feeling safe at work.

The SCDC has a signed Memorandum of Understanding (MOU) with the Crisis Resource Center of Steele County. http://www.helpinghandsofsteele.com/crisisrecourcecenter.html to provide emotional support and be a third-party reporter. The SCDC would transport alleged victims of sexual abuse to the Allina Health – Owatonna Hospital Emergency Department to provide community level of care and treatment to inmate victims of sexual abuse. https://www.allinahealth.org/owatonna-hospital. SANE certified medical personnel are available to conduct forensic medical examinations.
The contact information for the Crisis Resource Center of Steele County is posted throughout the facility and states the calls are free and private.

After a review of documentation, information gathered during the on-site audit, and staff and inmate interviews, this auditor found the SCDC leadership to be organized and promote a culture of zero-tolerance for sexual abuse and sexual harassment.

## Facility Characteristics

The Steele County Detention Center (SCDC) is a class III facility under the Minnesota Department of Corrections (MNDOC) 2911 rules governing adult detention facilities in Minnesota. The SCDC is provisionally licensed and inspected by the MNDOC to determine continued compliance with Minnesota Chapter 2911 rules governing adult detention facilities in Minnesota. The SCDC uses a combination of direct and indirect supervision of inmates. Custody staff complete inmate well-being checks every 30 minutes.

The SCDC is a well-maintained one-story building that opened in 2003. The facility is licensed by the Minnesota Department of Corrections to hold a maximum of 154 inmate. There were 36 adult male inmates, 5 adult female inmates, and zero juvenile inmates in custody on the first day of the PREA audit. The SCDC houses adult pre-trial and pre-sentence inmates and sentenced inmates for a time not to exceed any limits set by Minnesota Statutes. The SCDC is licensed to hold juvenile offenders for 24 hours excluding weekends and holidays. The SCDC has housing contracts with Rice County Minnesota, Dodge County Minnesota, MNDOC Institution Community Work Crew (ICWC), MNDOC Housed out Offender (HOF), and MNDOC Work Release Offender programs.

There is one main corridor in the facility that all areas are located off. There are four inmate housing units that consist of one – 60 bed two-tier direct supervision unit with 18 double bunked cells on the upper tier and 14 cells (4 of the cells are single bunked) on the lower tier. The dayroom is on the lower tier and has a raised officer workstation, 2 inmate kiosks, commissary room, and an outdoor recreation area. There is a central tower overlooking two housing units. The officer posted in the central tower conducts inmate well-being checks in both units every thirty minutes. One housing unit has 8 cells (4 cells are double bunked and 4 cells are single bunked) on the upper tier and 8 single bunked cells on the lower tier. The dayroom is on the lower tier and has an inmate kiosk, and an outdoor recreation area. The second housing unit is occupied by female inmates, has 8 cells (4 cells are double bunked, and 4 cells are single bunked) on the upper tier and 8 cells (4 cells are double bunked, and 4 cells are single bunked) on the lower tier. The dayroom is on the lower tier and has an inmate kiosk and an outdoor recreation area. There is a hallway adjacent to the unit into the female work release locker room. The fourth housing unit is a 32-bed dormitory style unit sectioned into 7 areas. Off the dayroom are private restrooms and showers. A commissary room and two adjacent locker rooms for male inmates leaving the facility for inmate labor, work release, and MNDOC release programs. There is an inmate release area inmates use to leave and return to the detention center.

The intake area includes an elevated staff work station, supervisors office, staff breakroom, group waiting area where inmates view the PREA video, 4 temporary holding cells, and 1 transfer cell with a door on the booking side and secured vehicle sally-port side used for uncooperative intakes. Additionally, there is a non-contact interview room, locked storage area, 2 inmate change areas with privacy curtains, and an inmate property storage room. Between the vehicle sally port and intake is a pre-intake room, officer workspace, interview room, staff restroom, and a room for officers to perform alcohol breath tests. Adjacent to the intake area is a small flex unit that has 2 cells off a small dayroom. The flex unit is used to hold juvenile offenders.

Inmate programs includes 3 classrooms, library, and indoor recreation area.

The kitchen consists of a food preparation area, dishwashing area, walk-in cooler and freezer, storage room for dry goods, kitchen supervisor’s office, and an inmate restroom.

The laundry room includes a main area where the washer and dryers are located, a clothing storage room, and an inmate restroom.

Master control is responsible for monitoring the perimeter of the detention center and granting access into and out of the facility. The officer posted in the control room 24/7 also monitors the cameras located throughout the facility.

The administration area located outside the secured perimeter of the jail includes a public lobby, offices for the Jail Administrator, Assistant Jail Administrator, Training Compliance Officer/PREA Coordinator, program office, and support staff. Additionally, there is a conference room, public visitation area, and a court room. There is a separate entrance located inside the secure perimeter of the facility for inmates to enter the court room.

The kitchen is managed by staff provided though a contract with Summit Food Service https://summitfoodservice.com/ to prepare inmate meals. Inmate workers are supervised by trained Summit Food Service staff to help fill food trays, wash dishes, and clean the kitchen. Inmate meals are delivered from the kitchen to the housing units.

Inmate workers used in the laundry room are responsible for cleaning linens, towels, and clothing for the facility. Inmate workers are supervised by correctional officers and the video monitoring system.

The SCDC contracts with Steele County Public Health to provide a Registered Nurse and Licensed Practical Nurse and Advanced Correctional Healthcare (ACH) https://www.advancedch.com/ to provide licensed medical and mental health professionals to administer medications and deliver healthcare to inmates.
Inmates are transported to the emergency department or specialty appointments for advanced or specialized medical treatment not available in the SCDC Clinic.

The SCDC has an excellent Program Department that offers a variety of programs for inmates who want to get their GED, learn new skills, begin a recovery program, or explore their faith.
The Work Release Program allows inmates who are sentenced, meet the criteria, and are approved to leave the facility the opportunity to continue working for their employer during their incarceration.
Inmate workers to clean the facility and jobs for inmates in the kitchen and laundry.
Programs provides adult basic education programs in reading, writing, math, and GED Prep and classes on money management, personal development, life skills, parenting classes, domestic violence, and a mentoring program.
Library offers new and used books for inmates to read.
Religious services are offered, bible study classes, and one-on-one counseling is available to all inmates.
Recovery programs include Alcoholics Anonymous, and an in-house treatment program for inmates dealing with alcohol and drug addictions. The Minnesota Adult and Teen Challenge Rehab and Recovery Center meets with inmates monthly to answer questions and explain their rehab and recovery programs.

The SCDC uses a video visitation system to accommodate visits between inmates and their friends and family which are recorded.

To be considered to volunteer in the facility the interested person is required to complete an application, review the volunteer handbook, and meet with programs staff for an orientation that includes PREA training. A criminal background check through NCIC (Federal, State, and Predatory Offender data bases are checked) is completed.

To reduce the chance of spreading the Coronavirus, the SCDC suspended inmate visitation, inmate programs and volunteers entering the building. The Program Coordinator has been working with community partners to provide inmate program opportunities using zoom software.

## Summary of Audit Findings

115.13 - Facility will have to develop a written staffing plan that considers the components in paragraph “a”

**Corrective Action:**

On December 8, 2020 the facility provided a copy of its staffing plan that considers the components in paragraph “a” of this standard

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

### Standards Exceeded

**Number of Standards Exceeded:** 0
**List of Standards Exceeded:** 0

### Standards Met

**Number of Standards Met:** 45

### Standards Not Met

**Number of Standards Not Met:** 0
**List of Standards Not Met:**

# PREVENTION PLANNING

## Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

**115.11 (a)**

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

**115.11 (b)**

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

**115.11 (c)**

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility has implemented a zero-tolerance policy as detailed in policies 9.1 and 9.7 which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. Facility policy 9.3 outlines disciplinary

sanctions for those found to have participated in prohibited behavior. Facility policy 9.1 establishes the foundation for the agency's training efforts with staff, volunteers, contractors, and inmates.

**B.** The facility has designated the Training Compliance Officer as the PREA Coordinator who reports to the Jail Administrator. The Jail Administrator had been the designated PREA Coordinator until 2020. The PREA Coordinator reports having sufficient time and authority to develop, implement, and oversee the agency's efforts toward PREA compliance at the facility. Policy 1.5 includes an organizational chart identifying the PREA Coordinator's position in the organization.

**C.** Steele County operates one facility.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.1
- Facility policy 9.3
- Facility policy 9.7
- Facility policy 1.5
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chad Schlueter (PREA Coordinator)

## Standard 115.12: Contracting with other entities for the confinement of inmates

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

**115.12 (a)**

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

**115.12 (b)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility does not contract for the confinement of their inmates with any entities. Steele County has housing contracts with Rice County, Dodge County, Minnesota Department of Corrections (MN DOC) Institution Community Work Crew (MN ICWC), Housed Out Offender (MN HOF), and Offender Work Release Program.

**B.** This paragraph is not applicable.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Rice County Housing Contract
- Dodge County Housing Contract
- MN DOC ICWC Housing Contract
- MN DOC HOF Housing Contract
- MN DOC Offender Work Release Housing Contract
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Jail Administrator Anthony Buttera

## Standard 115.13: Supervision and monitoring

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

**115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
- ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

**115.13 (b)**

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

**115.13 (c)**

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

**115.13 (d)**

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The facility reports that the average daily population is 79. On the first day of the on-site audit there were 41 inmates in custody, the staffing plan is based on 154 inmates, the licensed capacity approved by the Minnesota Department of Corrections Inspection Unit.

**A.** Facility policy 3.1outlines the requirements of the formalized, written staffing plan which includes considerations (1-11) in paragraph "a" of this standard and the rules set by the Minnesota Department of Corrections (2911.0900 rule.) The facility did not have a written staffing plan as outlined in policy 3.1. The facility has completed an updated staffing plan which considers the components of (1-11) in paragraph "a" of this standard.

**B.** The facility does not deviate from the staffing plan. Voluntary or mandated overtime would be used to maintain minimum staffing. The facility reports zero deviations from the staffing plan.

**C.** Facility policy 9.1 outlines the requirements of the PREA Coordinator reviewing the staffing plan a minimum of once per year.

**D.** Facility policy 9.1 outlines the requirements of supervisors conducting unannounced rounds and prohibits staff members who are aware of the unannounced rounds from alerting other staff as to when or where the rounds are occurring, unless related to legitimate operational needs of the facility.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.1
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chad Schlueter (PREA Coordinator)
- Sergeant interviews
- Unannounced rounds and video review
- Staffing plan

**Corrective Action Required:**

Facility will have to develop a written staffing plan that considers the components in paragraph "a"

**Corrective Action:**
On December 8, 2020 the facility provided a copy of its staffing plan that considers the components in paragraph “a” of this standard

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The facility reports holding zero juvenile inmates at the facility in the past 12 months. The Minnesota Department of Corrections Inspection Unit has issued a provisional license for the facility to hold juvenile inmates up to 24 hours (excluding weekends and holidays.)

**A.** The facility has a dedicated juvenile housing area adjacent to the booking area that allows for sight, sound, and physical contact with any adult inmates.

**B.** Juvenile inmates are escorted by correctional staff outside their dedicated housing unit.

**C.** The juvenile housing unit has 2 single bunked cells adjacent to a dayroom. The dayroom allows juveniles space to walk. Juveniles are held at the facility for a maximum of 24 hours excluding weekends and holidays.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.8
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chad Schlueter (PREA Coordinator)
- Facility tour

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

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

**115.15 (a)**

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

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

**115.15 (d)**

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

**115.15 (e)**

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

**115.15 (f)**

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

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 9.2 prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical

staff. The facility reports in the past 12 months, there has been zero cross-gender strip searches or cross-gender strip searches or cross-gender visual body cavity searches of inmates.

**B.** Facility policy 9.2 states in instances of exigent circumstance, male officers can conduct pat searches of female inmates. The facility reports in the past 12 months there has been zero pat-down searches of female inmates conducted by male staff. Also, in the past 12 months, there have been zero pat-down searches of female inmates by male staff due to exigent circumstances. Female inmates interviewed confirmed a female officer is always on duty and they have never been restricted from attending regularly scheduled programs.

**C.** Facility policy 9.2 requires staff to document all cross-gender strip searches and visual body cavity searches of inmates and all cross-gender pat-down searches of female inmates by male staff.

**D.** Facility policy 9.2 ensures inmates are permitted to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Random male and female inmates interviewed confirmed they are able to perform bodily functions without non-medical staff of the opposite gender viewing them. Policy requires staff to announce their presence when entering a unit that houses inmates of the opposite gender.

**E.** Facility policy 9.2 prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmates' genital status.

**F.** The facility has trained 100 percent of their staff to conduct cross-gender pat-down searches and searches of transgender or intersex inmates in a professional and respectful manner.

Random inmate interviews verified staff of the opposite gender make an announcement when entering their housing areas.

Random staff interviews confirmed that male staff do not conduct any searches of female inmates a knowledge they announce their presence before entering a housing unit with inmates of the opposite gender.

During the on-site audit, there were zero transgender or intersex inmates identified to interview.

**Policy, Materials, Interviews, and Other Evidence Reviewed;**

- Facility policy 9.2
- Facility policies 12.1-12.5
- Completed Pre-Audit Questionnaire submitted by the Agency
- Random staff interviews
- Random inmate interviews
- Training records
- Observations during the facility tour

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

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

**115.16 (a)**

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

**115.16 (b)**

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

**115.16 (c)**

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility ensures key information about the Prison Rape Elimination Act (PREA) is continuously and readily available or visible to inmates through posters, inmate handbook, and PREA information on the kiosk. The facility uses language line translation services and has an established Translator list of Spanish and Somalian speakers; the facility is in the process of securing an agreement with a sign language translation service. Administration confirmed that services would be provided to deaf and hard of hearing inmates.

**B.** The facility uses the language line translation services, Spanish version of the inmate handbook and other documents to provide inmates with disabilities an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment. Also, the kiosk offers several different languages inmates can select to review the inmate handbook and the PREA information. The educational video shown to the inmates is offered in various languages.

**C.** Facility policy prohibits using inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay could compromise the inmate's safety

During the on-site audit there were zero inmates with disabilities or limited English proficient inmates in custody. Random staff interviews verified only qualified interpreters would be used to communicate with inmates.

The facility reports zero instances in the past 12 months of inmate interpreters, readers, or another type of inmate assistant used to assist in first responder duties, or the investigation of the inmate's allegation.

**Policy, Material, Interviews, and Other Evidence Reviewed:**

- Facility policy 5.16
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Random staff interviews

## Standard 115.17: Hiring and promotion decisions

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

**115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

**115.17 (b)**

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

**115.17 (c)**

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

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

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

**115.17 (g)**

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

**115.17 (h)**

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policies 9.1, 3.3 and 3.4 outlines the requirements of hiring or promoting of anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has the prohibited conduct specified in paragraph “a” (1-3) of this standard.

**B.** Any incident of sexual harassment will be considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates. This information is outlined in facility policies 9.1 and 3.2.

**C.** Before hiring new employees, Steele County will perform a full background check which includes conducting a criminal history performed through the Minnesota Bureau of Criminal Apprehension (BCA) which includes local, State, Federal, and predatory offender registers, check for any civil litigation, conduct interviews with persons listed in the background packet, and contact previous employers. The Chief Deputy and Jail Administrator verified background checks are completed before hiring new employees as outlined in facility policy 3.4.

**D.** Facility policy 3.4 states background investigations will be conducted on all contractors who will be unescorted in the facility. The background will contain a criminal history review, fingerprints submitted to the Bureau of Criminal Apprehension, and a name and date of birth check.

**E.** The facility conducts criminal records background checks every 5 years for current employees and contractors who have contact with inmates which was confirmed by the Jail Administrator.

**F.** Facility reports all applicants and employees who may have contact with inmates are asked about previous misconduct described in paragraph (a) of this standard.

**G.** Employees are required to disclose any information regarding misconduct and subject to termination for nondisclosure of such

**H.** Steele County will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.1
- Facility policy 901
- Facility policy 3.2, 3.3 and 3.4

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Jail Administrator Anthony Buttera
- Employee file review
- Criminal records background checks

## Standard 115.18: Upgrades to facilities and technologies

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

**115.18 (a)**

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

**115.18 (b)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Since the last PREA audit the facility has not had made any substantial expansion or modifications to the facility. On the dates of the on-site audit work was being completed on the exterior roof over the intake area.

**B.** Steele County is in the process of replacing their video monitoring system. The process is being delayed because of the coronavirus.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson

- Interview with Jail Administrator Anthony Buttera
- Facility tour

# RESPONSIVE PLANNING

## Standard 115.21: Evidence protocol and forensic medical examinations

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

**115.21 (a)**

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

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.21 (d)**

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

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

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

**115.21 (e)**

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

**115.21 (f)**

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

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The Steele County Sheriff's Office uses trained investigators from its office to conduct criminal investigations of sexual abuse and harassment allegations. Administrative Investigations are completed by trained facility staff.

**B.** The Agency follows their Investigations policy which outlines the protocol for conducting sexual abuse investigations. The investigator who conducts criminal investigations explained the investigatory protocols used for conducting criminal sexual abuse and harassment investigations at the SCDC.

**C.** Forensic medical examinations will be conducted at Owatonna Hospital, located in Owatonna, Minnesota https://www.allinahealth.org/owatonna-hospital Forensic medical examinations will be performed by SANE certified medical personnel without financial cost to the victim.

**D.** The facility has a signed Memorandum of Understanding (MOU) to provide victim support services with the Crisis Resource Center of Steele County, located in Owatonna, Minnesota http://www.helpinghandsofsteele.com/crisisrecourcecenter.html

**E.** The signed MOU between the facility and the Crisis Resource Center of Steele County http://www.helpinghandsofsteele.com/crisisrecourcecenter.html includes providing victim advocate services and emotional support services at the request of the victim.

**F.** The Steele County Sheriff's Office conducts criminal investigations.

The facility reported zero forensic medical examinations conducted in the past 12 months.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.4
- Facility policy 9.7
- Completed Pre-Audit Questionnaire submitted by the Agency
- Licensed investigator interview
- Interview with Chad Schlueter (PREA Coordinator)
- Interviews with random staff
- MOU between facility and the Crisis Resource Center of Steele County http://www.helpinghandsofsteele.com/crisisrecourcecenter.html

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

**115.22 (a)**

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

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

**115.22 (b)**

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

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

- Does the agency document all such referrals? ☒ Yes ☐ No

**115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

**115.22 (d)**

- Auditor is not required to audit this provision.

**115.22 (e)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility reports that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The facility reported 6 allegations of sexual abuse or sexual harassment in the past 12 months.

**B.** Facility policy requires all allegations of sexual abuse or harassment are referred for investigation. The facility publishes its policy regarding the referral of allegations of sexual abuse or harassment for criminal investigations on its website: https://www.co.steele.mn.us/divisions/detention_center/prea.php

**C.** Steele County is responsible for conducting investigations.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.3
- Completed Pre-Audit Questionnaire submitted by the Agency
- Steele County website: https://www.co.steele.mn.us/divisions/detention_center/prea.php
- Interview with Chief Deputy Scott Hanson

# TRAINING AND EDUCATION

## Standard 115.31: Employee training

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

**115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

**115.31 (b)**

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

**115.31 (c)**

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

**115.31 (d)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 9.1 outlines the training topics all employees who have contact with inmates receive training on preventing, detecting, and responding to sexual abuse and sexual harassment of inmates. All current staff have received training ono the eleven topics in paragraph "a" of this standard.

**B.** The training is designed for the unique needs of the inmates in the facility to include cross-gender supervision and respectful searching techniques. Steele County operates one facility which houses adult male and female inmates and juvenile male and female inmates up to 24 hours (excluding weekends and holidays.)

**C.** The facility ensures all employees receive training on the Prison Rape Elimination Act (PREA) during orientation and bi-annually thereafter. The facility uses the Relias on-line training platform and a PREA power point review. In years staff do not receive refresher training, review of the PREA policy is completed.

**D.** The agency documents staff training electronically and staff are required to sign an acknowledgment form of receipt and understanding and a self-declaration form of sexual abuse and sexual harassment annually.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.1
- Completed Pre-Audit Questionnaire submitted by the Agency
- PREA training plan
- Training records
- Acknowledgments and self-declaration forms
- Interview with Chad Schlueter (PREA Coordinator)
- Random staff interviews

## Standard 115.32: Volunteer and contractor training

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

**115.32 (a)**

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

**115.32 (b)**

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

**115.32 (c)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility trains all volunteers and contractors who have contact with inmates on their responsibilities regarding sexual abuse and sexual harassment of inmates. The contracted

medical provider Advanced Correctional Healthcare (ACH) provides their employees PREA training every two years on the eleven topics outlined in paragraph “a” in standard 115.31. Refresher information is provided to ACH contract employees in years which employees do not receive refresher training. Refresher information includes review of the PREA policy and articles relevant to preventing, detecting, and responding to sexual abuse and sexual harassment.
The contracted food service provider Summit Food Service provides training for their employees every two years on the eleven topics outlined in paragraph “a” in standard 115.31. Summit provides quarterly staff training on topics related to the food service industry and PREA.

**B.** The programmer facilitates volunteer training. Volunteers are required to complete a volunteer packet, review facility PREA information, power point presentation, and sign an acknowledgment of receipt and understanding of the training.

**C.** The facility documents and maintains acknowledgments of training. Contractors and volunteers are required to sign and annual acknowledgment and understanding of the facility’s PREA policy.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.1
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Medical Staff
- Interview with Summit Staff
- Interview with Programmer
- Interview with Chad Schlueter (PREA Coordinator)
- Training curriculums
- Signed acknowledgments

## Standard 115.33: Inmate education

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

**115.33 (a)**

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

**115.33 (c)**

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

**115.33 (e)**

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

**115.33 (f)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility reports that 1536 inmates have been admitted in the past 12 months and 193 of those inmates' length of stay was for 30 days or more. Inmates are given a PREA brochure and shown a video before leaving the intake area. Intake staff were able to explain the process used to provide inmates information on the agency's zero-tolerance policy and how to report incidents of sexual abuse and harassment. The same format is used for every intake. Inmates interviewed confirmed they are provided information and shown a video before moving from the intake are to housing.

**B.** Inmates are shown a PREA educational video (various languages offered) in intake and given a PREA brochure. As part of the initial kiosk sign-on inmates are required to read and acknowledge the facility's PREA education information which is available in multiple languages. Every 30 days thereafter, inmates are required to read and accept the PREA education information. Random staff interviews confirmed knowledge of the inmate educational process. Random inmate interviews confirmed receipt of PREA training.

**C.** Every inmate is provided PREA education.

**D.** The education video, inmate handbook, and information on the kiosk are available in multiple language translations. Interpretive services are available for limited English proficient inmates. A verbal orientation by a staff member will be provided for inmates that have limited reading skills or visually impaired.

**E.** Signed acknowledgments of receipt and understanding of PREA education is scanned and stored in the inmate's booking record.

**F.** Key information about PREA is available or visible on posters placed throughout the facility. Kiosks in each housing unit have the inmate handbook and PREA education available to inmates.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.3
- Completed Pre-Audit Questionnaire submitted by the Agency
- PREA posters displayed
- Inmate Handbook
- Inmate Brochure
- Interviews with intake staff
- Interviews with random inmates

## Standard 115.34: Specialized training: Investigations

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

**115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

**115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
  ☒ Yes ☐ No ☐ NA

**115.34 (c)**

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
  ☒ Yes ☐ No ☐ NA

**115.34 (d)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 901 outlines the requirement that all investigative staff receive specialized investigation training. The Agency has two trained licensed investigators to conduct sexual abuse investigations. Both investigators completed specialized training sponsored by the

National Institute of Corrections online platform. One investigator has 23 years of law enforcement experience and the other has 11 years of law enforcement experience and both are certified in CornerHouse forensic interview training. The investigators take all allegations of sexual assault and sexual harassment seriously and would conduct a thorough investigation.

**B.** The specialized training includes all the topics listed in paragraph "b" of this standard.

**C.** Training documents are maintained or the employees that have completed specialized investigative training in confinement settings.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 901
- Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Interview with licensed investigator
- Training documentation

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

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

**115.35 (a)**

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

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

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

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

**115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)

☐ Yes ☐ No ☒ NA

**115.35 (c)**

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

**115.35 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
  ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The contracted medical provider Advanced Correctional Healthcare (ACH) provides PREA training and intervention training for the medical provider, mental health provider, and nurses who work in the facility. The nurses working in the facility are employed by Steele County and work under the policies of the county and medical provider. The nurse verified receiving training and understanding of the responsibilities for detecting, responding, and reporting sexual misconduct.

**B.** The paragraph is not applicable, forensic medical examinations are conducted at the community hospital.

**C.** The facility maintains training documentation.

**D.** Medical staff are trained in PREA by the facility and sign an annual acknowledgment.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 4.3
- Completed Pre-Audit Questionnaire submitted by the Agency

- Interview with nurse
- Training acknowledgments

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

**115.41 (b)**

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

**115.41 (c)**

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

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

**115.41 (e)**

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

**115.41 (f)**

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

**115.41 (g)**

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

**115.41 (h)**

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

**115.41 (i)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 9.6 outlines the procedures for assessing inmates during intake to determine the likelihood of victimization or the likelihood to victimize another.

**B.** Facility policy 9.6 requires all detainees to undergo screening upon entrance to the SCDC. Interviews with staff who perform risk screenings verified a screening form was completed on every detainee as part of the booking process.

**C.** The facility uses a comprehensive screening tool to determine in the detainee is likely to victimize another inmate or be victimized by another inmate.

**D.** The risk screening considers the criteria outlined in paragraph "d" of this standard.

**E.** The risk screening takes into consideration prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse as known to the agency.

**F.** Facility policy 9.6 states a comprehensive re-assessment on inmates will be conducted within their first 30 days in custody.

**G.** Facility policy 9.6 states when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness, a re-assessment will be completed.

**H.** Facility policy 9.6 prohibits inmates refusing to take part in the screening process will not be subject to any discipline.

**I.** The risk screenings are securely stored in the inmate's medical file.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.6
- Completed Pre-Audit Questionnaire submitted by the Agency
- Risk Screening Form
- Interview with Chad Schlueter (PREA Coordinator)
- Interviews with staff responsible for risk screening
- Interviews with random inmates

## Standard 115.42: Use of screening information

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

**115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

**115.42 (b)**

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

**115.42 (c)**

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

**115.42 (d)**

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

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

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

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Interviews with the PREA Coordinator and staff responsible for risk screening confirmed information gathered in the risk screening is used to classify inmates by keeping separate inmates at high risk of victimization from those at high risk of being sexually abusive.

**B.** Interviews with the staff responsible for risk screening confirmed the importance of every inmate being classified correctly based on the individual needs of the inmate.

**C.** The PREA Coordinator confirmed that a transgender or intersex housing and programming assignments would be considered on a case-by-case basis.

**D.** The PREA Coordinator confirmed that placement and programming for each transgender or intersex inmate would be completed every 30 days.

**E.** The PREA Coordinator and staff responsible for risk screening confirmed that a transgender or intersex inmate's own view of their safety would be given serious consideration.

**F.** All the showers in the facility are private.

**G.** The facility is not under a consent decree, legal settlement, or legal judgment to place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated unit.

The facility has not housed any transgender or intersex inmates in the 12 months prior to the audit or during the on-site audit.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 4.3
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chad Schlueter (PREA Coordinator)
- Interviews with staff who perform risk screenings

## Standard 115.43: Protective Custody

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

**115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

**115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

**115.43 (c)**

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

**115.43 (d)**

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

**115.43 (e)**

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 4.2 prohibits inmates at high risk of sexual victimization being placed in involuntary protective custody unless other alternatives are not available.

**B.** The PREA Coordinator confirmed inmates would have access to programs, privileges, education, and work opportunities. Any restrictions would be documented. Minnesota Department of Corrections 2911.2800 rules for licensure requires a deprivations report be completed about the item or activity that was restricted.

**C.** An inmate will only be placed in involuntary segregated housing only until an alternative means of separation of likely abusers can be arranged, generally no more than 30 days. The PREA Coordinator verified this policy would be followed.

**D.** If an inmate is placed in involuntary segregated housing, the reason for the safety concern and why no other alternative means of separation can be arranged will be documented.

**E.** Inmates in segregated housing will be reviewed every 7 days to determine whether there is a continued need for separation from the general population. Minnesota Department of Corrections 2911.2800 rules for licensure require an inmate placed in involuntary segregated housing be reassessed every 7 days.

The facility reports that in the past 12 months, there have been zero inmates placed in involuntary protective custody for 1 to 24 hours awaiting completion of an assessment.
The facility reports that in the past 12 months, there have been zero inmates placed in involuntary protective custody for longer than 30 days waiting for alternative placement.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 4.2
- Completed Pre-Audit Questionnaire submitted by the Agency

- Interview with Chad Schlueter (PREA Coordinator)

# REPORTING

## Standard 115.51: Inmate reporting

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

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☒ Yes ☐ No ☐ NA

### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.51 (d)

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility provides inmates multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Inmates are shown a video and given a PREA brochure during intake. There are kiosks in the housing units that have the inmate handbook and a PREA tab and information posted throughout the facility. Inmates can make reports verbally, in writing, anonymously and from third parties.

**B.** The facility has a signed memorandum of understanding (MOU) with the Crisis Resource Center of Steele County located in Owatonna, Minnesota http://www.helpinghandsofsteele.com/crisisrecourcecenter.html to act as an outside third-party reporting agency for inmates. Contact information and phone number are visible on posters located throughout the facility and published in the inmate handbook. The phone call is a free, private call for the inmates. The phone number, address, and notice that the Crisis Resource Center is an entity outside the Sheriff's Office. Random inmate interviews verified inmates are aware of the different ways they can make a report. The facility does not detain inmates solely for civil immigration purposes.

**C.** Facility policies 9.4, 9.6 and 901 requires staff to accept any reports of sexual abuse or sexual harassment verbally, in writing, anonymously, and from third-parties. Staff are required to complete an incident report after receiving a verbal report. Interviews with staff confirmed they would accept any report of an allegation of sexual abuse and would document a verbal report as soon as possible.

**D.** Staff can privately report sexual abuse and sexual harassment of inmates to a Sergeant or Jail Administration.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.4
- Facility policy 9.6
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chad Schlueter (PREA Coordinator)
- Random staff interviews
- Random inmate interviews
- Posters
- Inmate Handbook
- MOU between the facility and the Crisis Resource Center of Steele County http://www.helpinghandsofsteele.com/crisisrecourcecenter.html

## Standard 115.52: Exhaustion of administrative remedies

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

**115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

**115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

**115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

**115.52 (d)**

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

**115.52 (e)**

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

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

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

**115.52 (f)**

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

**115.52 (g)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility reports there has been zero grievances filed alleging sexual abuse or sexual harassment in the past 12 months. The facility reports there has been zero emergency grievances filed alleging sexual abuse or sexual harassment in the past 12 months.

**B.** Facility policy 9.6 ensures no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. All grievances that pertain to a sexual assault or harassment will be treated as an emergency grievance and responded to immediately. An inmate will not be required to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

**C.** Inmates who alleged sexual abuse will not be required to submit a grievance to a staff member who is the subject of the complaint. Grievances alleging sexual abuse or harassment will not be referred to the staff member who is the subject of the allegation.

**D.** Facility policy 9.6 states any grievance regarding an allegation of sexual abuse will be treated as an emergency grievance. The initial response will be provided within 48 hours and a final decision will be made within 5 days.

**E.** Facility policy 9.6 permits third parties, including inmates, staff members, family members, attorneys and outside advocates to assist inmates in filing sexual abuse and harassment grievances and to submit a grievance on behalf of the inmate. An inmate can decline to have the request processed on their behalf the facility will document the inmate's decision to decline.

**F.** Any grievance filed that pertains to sexual abuse will be treated as an emergency grievance. The facility will provide an initial response within 48 hours and a final decision within 5 days.

**G.** Facility policy 9.3 states an inmate will only be disciplined for false reports found to be made in bad faith.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.3
- Facility policy 9.6
- Completed Pre-Audit Questionnaire submitted by the Agency

- Inmate Handbook

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

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

**115.53 (a)**

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

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

**115.53 (b)**

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

**115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility has entered into an ongoing Memorandum of Understanding (MOU) for collaborative services with the Crisis Resource Center of Steele County located in Owatonna, Minnesota http://www.helpinghandsofsteele.com/crisisrecourcecenter.html The telephone number and mailing address for these services are visibly posted within the facility and published in the

inmate handbook. Calls to the Crisis Resource Center are free, private calls. The facility does not hold inmates solely for immigration purposes.

**B.** The phone number, mailing address, and notification that the call is a free private call is published in the inmate handbook. Inmate interviews verified knowledge of where to find the information if they needed it.

**C.** The facility maintains a MOU for collaborative services with the Crisis Resource Center of Steele County http://www.helpinghandsofsteele.com/crisisrecourcecenter.html

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by the Agency
- Posters
- Inmate Handbook
- MOU between the facility and the Crisis Resource Center
- Random staff interviews
- Random inmate interviews

## Standard 115.54: Third-party reporting

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

**115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility has a method for receiving third-party reports of sexual abuse or harassment of inmates. Information on how to report is posted on the agency's website: https://www.co.steele.mn.us/divisions/detention_center/prea.php Reporting options include contacting the Steele County Detention Center Jail Administration, Crisis Resource Center, or law enforcement.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.6

- Completed Pre-Audit Questionnaire submitted by the Agency
- Steele County Detention Center website: https://www.co.steele.mn.us/divisions/detention_center/prea.php
- Memorandum between the facility and the Crisis Resource Center of Steele County
- Posted materials

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

**115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

**115.61 (b)**

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

**115.61 (c)**

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

**115.61 (d)**

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

**115.61 (e)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policies 9.6 and 901 outline the procedures and expectation that all staff members immediately report any knowledge, suspicion, or information regarding and incident of sexual abuse, sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident to a Sergeant. Random staff interviews verified any information would be reported to a Sergeant. Random staff trust their administration to investigate every allegation of sexual abuse and sexual harassment.

**B.** Facility policy 901 requires staff not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment and investigation decisions.

**C.** The medical practitioner interviewed confirmed knowledge of their duty to report. Medical staff would report any information regarding sexual abuse of an inmate directly to the Sergeant or Jail Administration.

**D.** Staff interviewed understand their responsibilities as mandated reporters and would report allegations to the appropriate authorities if the alleged victim is under 18 or considered a vulnerable adult.

**E.** The facility reports all allegations of sexual abuse and sexual harassment to the designated facility investigators. The Sheriff and PREA Coordinator verified that every report of sexual abuse and harassment will be investigated.

**Policy, Material, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.6
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Interview with Chad Schlueter (PREA Coordinator)
- Interview with medical staff
- Random staff interviews

## Standard 115.62: Agency protection duties

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The facility reports that in the past 12 months, there have been zero instances where the facility determined an inmate was subject to a substantial risk of imminent sexual abuse. Interviews with the Chief Deputy and random staff verified immediate action would be taken to protect the inmate.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.6
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Interview with Jail Administrator Anthony Buttera
- Interviews with random staff

## Standard 115.63: Reporting to other confinement facilities

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

**115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

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

**115.63 (d)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 9.6 states if there is an allegation that an inmate was sexually abused when confined at another facility, Jail Administration shall notify the head of that facility.

**B.** Facility policy 9.6 states notification will be as soon as possible, but no later than 72 hours after receiving the allegation.

**C.** Facility policy 9.6 requires Jail Administration will ensure the notification is documented.

**D.** Facility policy 9.6 states if allegations of sexual assault/harassment are made at another facility and reported to the facility, the allegations will be investigated according to PREA guidelines. The Chief Deputy and Jail Administrator confirmed all allegations are taken seriously and would be investigated.

The facility reported there has been zero allegations of sexual abuse the facility received from other facilities. The facility reported there has been zero allegations the facility received that an inmate was abused while confined at another facility.
The PREA Coordinator would be responsible for maintaining the notification documentation.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.6
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Interview with Jail Administrator Anthony Buttera

## Standard 115.64: Staff first responder duties

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

**115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

**115.64 (b)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The facility reports in the past 12 months there have been 4 investigations that an inmate was sexually abused. The facility reports in the past 12 months there have been 3 incidents where a staff member separated the alleged victim and abused. The facility reports in the past 12 months there have been zero allegations where a staff member was notified within a time that still allowed for the collection of physical evidence.

**A.** Facility policy 9.6 and 901 detail the duties of the first corrections officer to respond.
**A corrections officer first responder is required to:**
- Separate the alleged victim and abuser;
- Preserve and protect the crime scene;
- If appropriate, request the alleged victim not destroy evidence (as detailed in this standard)
- If appropriate, ensure the alleged perpetrator not destroy evidence (as detailed in this standard)

**B.** If the first responder is not a corrections officer policies 9.6 and 901 state the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and immediately notify a corrections officer.

Staff interviews verified understanding of their first responder duties.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**
- Facility policy 9.6

- Facility policy 901
- Random staff interviews

## Standard 115.65: Coordinated response

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

**115.65 (a)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The plan outlines responsibilities among first responders, medical practitioners, investigators, and facility leadership.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Interview with Jail Administrator Anthony Buttera

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The Agency has entered into new collective bargaining agreements since the last PREA audit. The Agency maintains the administrative authority to place staff on administrative leave pending the outcome of an investigation or a determination of whether and to what extent discipline will be imposed.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson

## Standard 115.67: Agency protection against retaliation

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

**115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

**115.67 (b)**

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

**115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

**115.67 (d)**

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

**115.67 (e)**

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

**115.67 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility reports that in the past 12 months, there has been zero incidents of retaliation reported, known, or suspected. Facility policy 9.6 and 901 ensure all inmates and members who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations expresses a fear of retaliation, appropriate measures shall be taken to protect the individual.

**B.** Multiple protection measures such as housing changes, transfers, removal of alleged abuser from contact with victims, administrative reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation will be utilized.

**C.** The Jail Administrator confirmed that following a report of sexual abuse monitoring of inmates or staff against retaliation would be conducted for at least 90 days. Monitoring may continue beyond 90 days if needed.

**D.** Facility policy 9.6 requires inmate monitoring to include periodic status checks.

**E.** If any other individual who cooperates with an investigation expresses a fear of retaliation the facility will take reasonable measures to protect that individual against retaliation.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.6
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Interview with Jail Administrator Anthony Buttera

## Standard 115.68: Post-allegation protective custody

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

**115.68 (a)**

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 4.2 prohibits inmates at high risk of sexual victimization being placed in involuntary protective custody unless other alternatives are not available.

**B.** The PREA Coordinator confirmed inmates would have access to programs, privileges, education, and work opportunities. Any restrictions would be documented. Minnesota Department of Corrections 2911.2800 rules for licensure requires a deprivations report be completed about the item or activity that was restricted.

**C.** An inmate will only be placed in involuntary segregated housing only until an alternative means of separation of likely abusers can be arranged, generally no more than 30 days. The PREA Coordinator verified this policy would be followed.

**D.** If an inmate is placed in involuntary segregated housing, the reason for the safety concern and why no other alternative means of separation can be arranged will be documented.

**E.** Inmates in segregated housing will be reviewed every 7 days to determine whether there is a continued need for separation from the general population. Minnesota Department of Corrections 2911.2800 rules for licensure require an inmate placed in involuntary segregated housing be reassessed every 7 days.

The facility reports that in the past 12 months, there have been zero inmates placed in involuntary protective custody for 1 to 24 hours awaiting completion of an assessment.
The facility reports that in the past 12 months, there have been zero inmates placed in involuntary protective custody for longer than 30 days waiting for alternative placement.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 4.2
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chad Schlueter (PREA Coordinator)

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

**115.71 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

**115.71 (b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

**115.71 (c)**

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

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

**115.71 (d)**

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

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 901 states the Office shall promptly, thoroughly and objectively investigate all allegations, including third-party and anonymous reports, of sexual abuse or sexual harassment.

**B.** The investigators who conduct criminal investigations have received training pursuant to standard 115.34. The investigator is well trained and experienced in conducting criminal investigations.

**C.** The investigator interviewed was able to explain the investigative process that would be followed which includes collection of evidence, interviews, technology, reports, and any other pertinent information available.

**D.** Facility polices 901 and 9.3 outline the requirement of this paragraph. The investigator will conduct interviews, complete the case file and forward to the County Attorney's Office to review and determine whether to prosecute or decline prosecution.

**E.** The credibility of the alleged victim, suspect, or witness is based on what the evidence supports as the investigation develops. Polygraphs would not be used in an investigation. Minnesota State Statute 611A.26.S.1 prohibits the use of polygraphs on victims of sexual abuse as part of or the condition for proceeding with the investigation, charging, or prosecution of such offense.

**F.** Facility policies 901 and 9.3 outline the requirements of this paragraph in response to administrative investigations. The administrative investigation included descriptions of any physical, testimonial, and documentary evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

**G.** Criminal investigations are documented and include interviews, evidence, a thorough description, and any additional information pertinent to the investigation.

**H.** An investigation that supports criminal conduct will be forwarded to the Steele County Attorney's Office for prosecution.

**I.** The facility retains all written reports from administrative and criminal investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**J.** The Chief Deputy and Jail Administrator confirmed that an investigation would be completed even if the staff member were no longer employed with the agency.

**L.** The Steele County Sheriff's Office conducts the investigations into reports of sexual abuse.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.3
- Facility policy 9.4
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Interview with Jail Administrator Anthony Buttera
- Interview with Chad Schlueter (PREA Coordinator)
- Interview with licensed investigator
- Review of investigations conducted

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The facility reports they do not impose a standard higher than a preponderance (more than 50 percent) of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.3
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson

## Standard 115.73: Reporting to inmates

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

**115.73 (a)**

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

**115.73 (b)**

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

**115.73 (c)**

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

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

**115.73 (d)**

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

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

**115.73 (e)**

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

**115.73 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Facility policy 9.3 states following an investigation into an inmate's allegation that he or she suffered sexual abuse, the facility shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility reports in the past 12 months, there has been six investigations of alleged inmate sexual abuse and sexual harassment completed by the agency.

**B.** The Steele County Sheriff's Office conduct investigations into allegations of sexual abuse and harassment.

**C.** Facility policy 9.3 outlines the information that would be provided to the inmate on the status of the accused staff member. (as detailed in this standard)

**D.** Facility policy 9.3 outlines the information that would be provided to the inmate on the status of the alleged abuser if another inmate is accused. (as detailed in this standard)

**E.** Facility policy 9.3 states all such notifications or attempted notifications shall be documented.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.3
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Jail Administrator Anthony Buttera
- Interview with licensed investigator
- Review of investigative files

# DISCIPLINE

## Standard 115.76: Disciplinary sanctions for staff

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility reports that in the past 12 months, there has been zero staff members from the facility who have been disciplined, terminated, or resigned prior to termination for violating agency sexual abuse or sexual harassment. Additionally, in the past 12 months, there have been zero staff members reported to law enforcement or licensing boards for violating agency policies. Facility policies 9.4 and 901 outline the disciplinary sanctions up to and including termination for violating sexual abuse and harassment policies.

**B.** Termination will be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

**C.** Facility policy 901 outlines the progressive discipline of staff members for violations of policies related to sexual abuse or harassment (other than engaging in sexual abuse.)

**D.** All terminations for violations of this policy, or resignations by member who would have been terminated if not for their resignation, shall be criminally investigated unless the activity was clearly not criminal and reported to any relevant licensing body.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.3
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson

## Standard 115.77: Corrective action for contractors and volunteers

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

**115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility reports that in the past 12 months, there has been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of inmates.

**B.** In the case of any other violation of agency sexual abuse or harassment policies, remedial measures would be taken and serious consideration given whether to prohibit further contact with inmates.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.3
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Jail Administrator Anthony Buttera

## Standard 115.78: Disciplinary sanctions for inmates

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

**115.78 (a)**

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility has a formalized discipline applicable to inmates that is followed as outlined in policy and the inmate handbook. The discipline plan includes due process which allows the inmate to waive their right to a hearing in writing. An inmate can request a hearing conducted by an impartial hearing officer. A disciplinary hearing will be conducted within 72 hours of segregation, excluding weekends and holidays, unless documented cause can be shown for the delay.

**B.** Disciplinary decisions are based on the nature and circumstances of the abuse committed, the inmate's discipline history, and the sanctions imposed for comparable offenses by other inmates.

**C.** An inmate's mental disability or illness will be taken into consideration.

**D.** The facility does not offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for offending inmates. The facility does have a mental health practitioner available to provide mental health services to inmates.

**E.** An inmate would not be disciplined for sexual contact with a staff member unless there is a finding that the staff member did not consent.

**F.** The facility does not discipline inmates for a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred, even if an investigation dos not establish evidence sufficient to substantiate the allegation.

**G.** The facility does not allow any sexual activity between inmates and disciplines inmates for such activity and deems such activity as criminal sexual abuse only if it determines the activity was not coerced.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 7.8
- Facility policy 9.3
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Jail Administrator Anthony Buttera
- Interview with medical practitioner
- Inmate Handbook

# MEDICAL AND MENTAL CARE

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

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

**115.81 (a)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
  ☐ Yes ☐ No ☒ NA

**115.81 (b)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

**115.81 (c)**

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

**115.81 (d)**

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

**115.81 (e)**

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**C.** The facility reports that inmates who disclose any prior sexual victimization during the risk screening are referred to medical and seen within 14 days. Staff who perform risk screenings verified medical will be notified within 48 hours. Medical staff interviewed report that inmates who are referred for a follow-up meeting with medical are seen within 14 days.

**D.** Medical and mental health practitioners are limited from disclosing information related to sexual abuse that occurred in an institutional setting. Medical staff interviewed would only notify the Sergeant or Jail Administration.

**E.** Medical and mental health practitioners disclose limitations of confidentiality and their duty to report at the initiation of services. Informed consent would be obtained before disclosing prior victimization that did not occur in an institutional setting.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.6
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with medical practitioner

- Interviews with staff who perform risk screenings
- PREA Compliance Log
- PREA Medical Checklist
- Refusal of Health Care Form

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

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

**115.82 (a)**

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

**115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

**115.82 (c)**

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

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** Inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment. Inmate victims of sexual abuse will be transported to the Owatonna Hospital for treatment.

**B.** Facility policy 9.7 requires staff to take preliminary steps to protect the victim and request medical assistance as appropriate. If no qualified medical practitioner are on-duty staff must immediately notify the appropriate medical practitioners.

**C.** Inmates would be offered information about timely access to emergency contraception and sexually transmitted prophylaxis from the SANE professional at the hospital. Facility medical staff will meet with the inmate to set up an ongoing treatment plan and answer any questions. The medical practitioner interviewed verified there would be a follow-up meeting with the inmate to set up a treatment plan for continuing medical care after consulting with the facility's medical provider.

**D.** Facility policies 901 and 9.7 state treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.7
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with medical practitioner

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility contracts with Advanced Correctional Healthcare (ACH) to provide medical and mental health services to inmates in the facility. The facility contracts with Steele County Public Health to provide nurses who operate under ACH and Steele County policies.

**B.** The medical practitioner interviewed verified follow-up services and ongoing treatment would be provided to the inmate as appropriate. Information related to continuation of care would be sent with an inmate transferring to another facility.

**C.** Community level of care is provided for all inmates. In some instances' treatment is at a higher level of case based on the immediate medical and/or mental health treatment available at the facility.

**D.** The medical practitioner verified pregnancy tests would be offered to inmates as medically appropriate.

**E.** The medical practitioner verified inmate victims who become pregnant while in the facility will receive comprehensive information about all lawful pregnancy related medical services.

**F.** The medical practitioner verified inmate victims of sexual abuse would be offered testing, treatment, and information for sexually transmitted infections.

**G.** Facility policies 901 and 9.7 states treatment services will be provided to all victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.7
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with medical practitioner

# DATA COLLECTION AND REVIEW

## Standard 115.86: Sexual abuse incident reviews

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

**115.86 (a)**

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

**115.86 (b)**

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

**115.86 (c)**

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

**115.86 (d)**

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

**115.86 (e)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility reports that in the past 12 months, zero substantiated and unsubstantiated investigations of alleged sexual abuse were completed, and zero incident reviews were conducted. Facility policy 901 states an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

**B.** Policy states the review should occur within 30 days of the conclusion of the investigation.

**C.** The facility reports the incident review team includes the Chief Deputy, Assistant Jail Administrator, PREA Coordinator, medical staff, investigator, programmer, and allows for input from Sergeants and corrections officers.

**D.** The facility reports that the review team will consider (1)-(6) in paragraph (d) of this standard.

**E.** The facility reports any recommendations for improvement would be implemented or document its reasons for not doing so.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.4
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Jail Administrator Anthony Buttera
- Interview with Chad Schlueter (PREA Coordinator)

## Standard 115.87: Data collection

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

**115.87 (a)**

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

**115.87 (b)**

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

**115.87 (c)**

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

**115.87 (d)**

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

**115.87 (e)**

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

**115.87 (f)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The facility collects accurate, uniform data for every allegation of sexual abuse and sexual harassment at its facility using a standardized instrument and set of definitions.

**A&C:** The facility collects data for every allegation of sexual abuse and sexual harassment.

**B.** The Jail Administrator and PREA Coordinator review the data annually.

**D.** The facility maintains, reviews, and collects data as needed from all available incident-based documents.

**E.** This paragraph is not applicable; the facility does not contract with a private facility for the confinement of its inmates.

**F.** This paragraph is not applicable; the Department of Justice has not requested agency data.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.4
- Facility policy 901
- Interview with Jail Administrator Anthony Buttera
- Interview with Chad Schlueter (PREA Coordinator)

## Standard 115.88: Data review for corrective action

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

**115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

**115.88 (b)**

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

**115.88 c)**

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

**115.88 (d)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The facility reviews data collected and uses the data for ongoing improvement and corrective action in its facility.

**B.** The facility includes a comparison of the current year's data with those from prior years on its website.

**C.** The facility posts comparison of current year's data with those from prior years data on its website. https://www.co.steele.mn.us/divisions/detention_center/prea.php The facility does not complete an annual report.

**D.** Sensitive data is redacted from the comparison report available on its website.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.4
- Facility policy 901
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Chief Deputy Scott Hanson
- Interview with Chad Schlueter (PREA Coordinator)
- PREA Annual Statistics Report website: https://www.co.steele.mn.us/divisions/detention_center/prea.php

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

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

**115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

**115.89 (b)**

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

**115.89 (c)**

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

**115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

**A.** The documentation collected from standard 115.87 is securely by the PREA Coordinator

**B.** The facility publishes all aggregated sexual abuse data on its website: https://www.co.steele.mn.us/divisions/detention_center/prea.php

**C.** Personal identifiers are redacted.

**D.** Policy dictates that sexual abuse data is maintained for a minimum of 10 years after the date of the initial collection.

**Policy, Materials, Interviews, and Other Evidence Reviewed:**

- Facility policy 9.4
- Completed Pre-Audit Questionnaire submitted by the Agency

- Interview with Chad Schlueter (PREA Coordinator)
- PREA Annual Statistics Report website: https://www.co.steele.mn.us/divisions/detention_center/prea.php

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

**115.401 (a)**

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

**115.401 (b)**

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

**115.401 (h)**

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

**115.401 (i)**

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

**115.401 (m)**

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

**115.401 (n)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

This is Steele County Detention Center's (SCDC) third PREA Audit. The SCDC was found to be in full compliance with the Prison Rape Elimination Act (PREA) Standards on December 29, 2014 and July 17, 2017. The Jail Administrator transferred the PREA Coordinator duties to the Training Compliance Officer in 2020. The Jail Administrator is readily available to the Training Compliance Officer. I was given full access to the facility and was able to meet privately with staff and inmates without interference. PREA audit posters in English and Spanish with my name and address visible to inmates were posted 6 weeks prior to the audit and posted during the on-site audit. Zero correspondence was received during the audit process.

## Standard 115.403: Audit contents and findings

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

**115.403 (f)**

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

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The SCDC has its two previous PREA audits published on its website: https://www.co.steele.mn.us/divisions/detention_center/prea.php The contract agreement requires the facility to post a copy of the final Audit Report within 90 days of receipt.

# 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.

## Auditor Instructions:

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

Darnel Carlson January 18, 2021

**Auditor Signature** **Date**

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

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.