

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

**Date of report:** July 29<sup>th</sup>, 2016 / November 27<sup>th</sup>, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Kenneth VanMeveren			
<b>Address:</b> PO Box 88944, Sioux Falls, SD 57109			
<b>Email:</b> Cogent.view@gmail.com			
<b>Telephone number:</b> 605-368-4991			
<b>Date of facility visit:</b> June 28 <sup>th</sup> , 29 <sup>th</sup> & 30 <sup>th</sup> , 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Minnehaha County Jail			
<b>Facility physical address:</b> 500 N. Minnesota Ave, Sioux Falls, SD			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 605- 367-4321			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Warden Jeff Gromer			
<b>Number of staff assigned to the facility in the last 12 months:</b> 141			
<b>Designed facility capacity:</b> Jail 436 / Community Correction Center 200 = 636			
<b>Current population of facility:</b> Jail 356 / Community Correction Center 60 = 416			
<b>Facility security levels/inmate custody levels:</b> Maximum, Medium, Minimum Restricted, Minimum			
<b>Age range of the population:</b> 18 – 85 years old			
<b>Name of PREA Compliance Manager:</b> Matt Aaenson		<b>Title:</b> Training Sergeant	
<b>Email address:</b> maanenson@minnehahacounty.org		<b>Telephone number:</b> 605- 978- 5501	
<b>Agency Information</b>			
<b>Name of agency:</b> Minnehaha County Jail			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Minnehaha County Sheriff's Office			
<b>Physical address:</b> 500 N. Minnesota Ave, Sioux Falls, SD			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 605-367-4321			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Mike Milstead		<b>Title:</b> Sheriff	
<b>Email address:</b> mmilstead@minnehahacounty.org		<b>Telephone number:</b> 605- 367- 4300	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Michael Mattson		<b>Title:</b> Lieutenant	
<b>Email address:</b> mmattson@minnehahacounty.org		<b>Telephone number:</b> <a href="#">Click here to enter text.</a>	

## AUDIT FINDINGS

### NARRATIVE

The Minnehaha County Jail PREA Coordinator Lieutenant Mike Mattson contacted Cogent, LLC to conduct a PREA Audit of the Minnehaha County Jail (MCJ) and its satellite minimum custody facility, the Minnehaha County Corrections Center (CCC). The PREA Auditor for Cogent, LLC would be Kenneth VanMeveren. An agreement to perform the PREA Audit was signed on February 10<sup>th</sup>, 2016.

The dates of the on-site audit originally set for June 14<sup>th</sup>, 15<sup>th</sup>, and 16<sup>th</sup>, 2016 but had to be rescheduled for June 28<sup>th</sup>, 29<sup>th</sup> and 30<sup>th</sup> due to a scheduling conflict with the facility PREA Compliance Manager, Sergeant Matt Aanenson.

#### Pre-Audit

The MCJ Audit officially started on Tuesday May 17<sup>th</sup>, 2016 when the PREA Audit Notice was posted in the inmate housing units. The MCJ PREA Compliance Manager sent the Pre-Audit Questionnaire and flash drive the week of May 22<sup>nd</sup>, but the envelope containing these items was destroyed in the mail and needed to be resent.

Received the Pre-Audit Questionnaire and document flash drive for review on May 31<sup>st</sup>, 2016. The Pre-Audit Questionnaire and document flash drive was revised and delivered to me on June 8<sup>th</sup>, 2016. The initial review of the Pre-Audit Questionnaire was completed on June 12<sup>th</sup>, 2016. From June 12<sup>th</sup> through the scheduled on-site audit date the Auditor and the MCJ PREA Coordinator worked on clarification of questions arising from the Pre-Audit Questionnaire and documentation and arranged the details for the on-site audit.

#### On-Site

The on-site portion of the audit began on Tuesday, June 28<sup>th</sup> with introductions by Lt. Mattson and Sgt. Aanenson. After the initial introductions and review of the plan to conduct the on-site audit, the facility tour of MCJ was done. This tour included: intake/booking area; all housing units- including cell blocks, dormitory and segregation units; Medical and Mental Health areas and clinics; recreation areas; and any areas where youth would be housed (none at the facility at this time).

After the facility tour, staff interviews started with the interview of Jail Warden Jeff Gromer. For the rest of the afternoon staff interviews were conducted.

Starting Wednesday, June 29<sup>th</sup> inmate interviews were conducted at MCJ and CCC. Once the inmate interviews were completed, follow up staff interviews were completed at CCC and the 2<sup>nd</sup> shift at MCJ.

On Thursday, June 30<sup>th</sup> I reviewed my interview notes and comments and information from the Pre-Audit Questionnaire and put together an initial summary of the pre-audit and on-site audit. I met with PREA Coordinator Lt. Mattson and PREA Compliance Manager Sgt. Aanenson and went over this summary.

#### Corrective Action Period

July 29<sup>th</sup>, 2016 through November 27, 2016.

Developed a checklist of standards not met with the MCJ PREA Coordinator - Lt. Mattson and PREA Compliance Manager – Sgt. Aanenson. Lt. Mattson and Sgt. Aanenson developed an aggressive plan to address these standards not met in a positive and significantly shorter time frame than allowed.

Throughout this timeframe Lt. Mattson & Sgt Aanenson met with me in person, telephone and communicated by email to address these issues. MCJ staff provided me with new policy and procedures, education and training changes, and documentation of the follow through.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The New Minnehaha County Jail was established in 2003. It is located at 500 N Minnesota Ave Sioux Falls, South Dakota 57104. The Minnehaha County Jail can house approximately 436 inmates that are male and female.

The Minnehaha County Jail houses Maximum, Medium and Minimum Restricted inmates in housing units ranging from single/multiple inmate cells to dormitory style.

A kitchen was added in The Minnehaha County Jail in 2011 to prepare food for the inmates located at both facilities.

Minnehaha County Jail also has a satellite facility, Minnehaha County Corrections Center is located at 1900 West Russell Ave in Sioux Falls SD. The building was built in 1969 and was originally an Elks Club Lodge.

The building did have a kitchen when built which was previously utilized by the county for the preparation of Jail meals, that kitchen is no longer in use.

The building was remodeled in 1992 and converted to a Correctional facility shortly after the remodel. Since that time there have been various minor modifications or cosmetic changes but no significant or structural changes to the building. The building has remained a correctional facility since 1992.

This facility can house approximately 200 work release and inmates classified as low.

The Minnehaha County Jail/Corrections Center shall provide safe, secure housing of inmates and continued public safety. The Minnehaha County Jail will operate in accordance with the US Constitution, Federal and State laws, under the direction of the Sheriff. Provide inmates provide necessary and legally required medical, mental health, and dental services consistent with the standards for health services.

With a range of programs and services to reduce idleness and to encourage inmates to improve themselves to reduce further criminal activity.

Some of the programs offered are:

**Sentence to Serve Inmate Workers (Trustees):**

Inmate's voluntary request to work inmate labor jobs. Inmates who participate in the program may be eligible for a sentence reduction.

**Church and Religious Services:**

Volunteers from the community offer various religious services. These services are provided to the housing units on a rotating basis.

## **SUMMARY OF AUDIT FINDINGS**

An PREA Audit of the Minnehaha County Jail and it's satellite facility, Minnehaha County Corrections Center was initiated on May 17<sup>th</sup> with the on-site portion of the audit being conducted on June 28<sup>th</sup>, 29<sup>th</sup> and 30<sup>th</sup>. This audit was conducted at the request of the Minnehaha County Jail.

The results indicate that the Minnehaha County Jail / County Corrections Center was compliant with 39% of the standards, did not meet compliance on 56% of the standards, and 5% of the standards were not applicable.

Corrective Action Follow-up.

On November 21<sup>st</sup>, 2016 conducted my final corrective action meeting with MCJ Jail. As of this date MCJ has completed all requested corrective actions items and is now fully compliant with the National Adult Prison/Jail PREA Standards.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Facilities policies and training included Zero Tolerance statements and staff were aware of this standard. The facility appointed both a PREA Coordinator and a PREA Compliance Manager to oversee the program.

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

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

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Standard not applicable – Facility does not contract to other facilities to house inmates.

**Standard 115.13 Supervision and monitoring**

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

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The facility currently only has a staff roster for a staffing plan. The facility needs to develop a formalized staff plan that considers all of the points and purpose of the standard.

Since the on-site audit the facility has developed a staffing plan form that pull all of the relevant information together into one plan.

To meet compliance on this standard the facility will need to complete this document with all of the relevant information (including video placement), have a senior staff review (in consultation with the PREA Coordinator) , approval and signature by Warden or designee. This

plan should also have set up a yearly review process.

*UPDATE: The facility is now using a Staffing Plan form that is compliant with the standard. This form includes review of all of the items listed in the standard, is reviewed and approved by senior staff and is set up for an annual review. A complete staffing plan for the current year was provided.*

### **Standard 115.14 Youthful inmates**

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

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The facility might hold juveniles if a Judge ordered a youth adjudicated as an adult. This has not happened in the last 12 months of this reporting period.

Housing an adjudicated juvenile and keeping them separated by sight and sound is covered in facility policy. However, it should be noted that a number of sections in this policy make statements concerning the carrying out of this standard with qualifications such as ‘best of staff ability’ and ‘as much as possible’.

I would suggest reviewing this section also and removing these qualifiers. The standards are clear on this, stating ‘shall not be placed.’

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

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

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

The only section that did not meet standards is 115.15(d) Cross gender staff supervision announcements. This was stated in general PREA policy, but neither staff nor inmates stated it was happening or that there was a procedure for it happening.

Since the on-site visit the staff have added to the policy that when shift change comes on, they will announce and log the cross gender supervision announcement.

To meet compliance on this the facility should also address announcements that cover the changes in cross gender supervision status and keep consecutive documentation for at least 60 days before auditor review.

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

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

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

The facility does an excellent job bring in outside interpretation services (Language Line) for these services. The issues come up with 115.16 (d) where it states the facility shall not rely on inmate interpreters. Facility policy and practice allowed the use of inmate interpreters for 'informal' purposes.

Since the on-site audit staff have removed these practice from policy. For compliance on this issue, the facility should provide this updated policy, staff training agenda, memos or notices to staff to the auditor.

*UPDATE: The facility has updated its policies and procedures to be compliant. Inmate interpreters are no longer used and a procedure has been set up to obtain translators. In addition staff are required to read and acknowledge the new policy updates.*

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

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

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The facility already conducted background checks on all new hires, contractors and volunteers as they start with the facility. The issue comes up with 115.17 (a) where the standard also refers to promotions. The HR interview indicated that promotion checks were done by the jail staff. When I checked with staff about promotions it was stated that they use employee history, leave and performance evaluations but not background checks.

Background checks for promotions should be included in policy and procedure and a system to document that these checks have been completed to meet compliance on this standard.

*UPDATE: Policy and procedure has been updated. MCJ jail will now run backgrounds for all promotions.*

### Standard 115.18 Upgrades to facilities and technologies

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

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**Standard not applicable-** no new expansions since 2012. Initial stages of planning new expansion, documentation for this was discussed and planned for next audit.

### Standard 115.21 Evidence protocol and forensic medical examinations

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

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The Minnehaha County Sheriff's Officer (criminal investigators) are a part of the local SART team, which employs a standardized evidence protocol and is teamed up with area hospitals to provide forensic medical examinations. This meets all of the requirements for the criminal investigators and procedures.

Only suggestion would be to involve the administrative investigators (Jail administrative) in the SART also.

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

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

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

The facility does respond to reported allegations of sexual abuse at both the administrative and criminal level. Usually a Sheriff's Deputy is

involved in all jail investigations. Where the facility falls short on this standard is at 115.22 (b) in the section requiring that the agency publish its policy on Sexual Abuse/Harassment response and investigations on its website if it has one. The facility does have a website, but its policies are not published.

To meet compliance on this standard the facility should review its policies on this standard (make sure no sensitive information is included) and then publish the policy on its website.

*UPDATE: MCJ has placed its PREA response and reporting procedures on its website. This includes contact information for outside reporting of incidents.*

### **Standard 115.31 Employee training**

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

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

Policy, Staff training schedule, and PREA training agenda indicate that the PREA training subjects are covered. I would prefer more precise documentation on the individual training items, but when staff were interviewed it was clear that they all received and understood the training they received.

I would suggest more attention given to item 9 in 115.31(a): How to communicate effectively and more professionally with inmates – including LGBTI inmates. Staff had the most trouble recalling this item.

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

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

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Facility policy and practice states volunteers and contractors receive the same PREA training as jail staff. But the facility has not kept documentation that the volunteers and contractors took the course and/or know and understand the course. In addition, one of the contractors working at the facility (in contact with inmates) reported receiving no PREA training.

After the on-site audit the staff have created an acknowledgement form that all volunteers and contractors sign indicating they know and understand the PREA training.

To obtain compliance on this standard: I am recommending the facility ensure all volunteers and contractors have taken the PREA training prior to their working with inmates, that the training and their acknowledgement be documented. When ready, a list of volunteers and contractors, PREA training dates, and their Acknowledgement of Understanding date be provided to the auditor.

*UPDATE: The facility has changed procedures for training of contractors and volunteers – requiring PREA training prior to contact with inmates and that the contractors and volunteering sign an acknowledgement of understanding. The facility has the documentation on all volunteers and contractors.*

### **Standard 115.33 Inmate education**

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

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The facilities current practice for PREA orientation is running a PREA video in Booking while the inmates are being processed and then making the video available on the kiosk system. There currently is no documentation that these are actually watched or understood by the inmate population.

When interviewed a majority of staff and inmates could not recall if they received/presented this information or watched the video.

To be in compliance with this standard the facility must ensure that inmates are presented with information on the zero tolerance policy and how to report incidents to staff (PREA Brochure or staff verbal information) within 72 hours of their arrival. This must be documented on all inmates. Then inmates are to be given a comprehensive PREA education (What you need to know) video within 30 days of their arrival. This also must be documented. This documentation that the inmates have received the comprehensive education applies to all current inmates and not just new arrivals.

After the on-site audit the Jail staff began creating forms and procedures to accomplish this. Once complete they should be able to demonstrate and document a current procedure for all new arriving inmates and the current inmate population. In addition to this I would recommend the facility acquire and show the Spanish version of the video ‘What you need to know’ also.

*UPDATE: The facility has updated its forms and procedures. The initial inmate education is a PREA Video in English & Spanish in the Booking area and staff presenting and explaining the MCJ PREA Brochure. This is documented on part 1 of the inmate education form. This is followed up for inmates that are still in jail prior to the 30 day mark. This education (PREA video & questions) is documented on part 2 of the inmate education form.*

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

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

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For the reporting period the Jail did not have any investigative (administrative or criminal) staff obtain the PREA Specialty Training. The PREA Audit Report

jail staff have just recently started the Specialized PREA Investigator Training for their administrative investigators, and as of this date have they all trained.

The other issue is, since the Sheriff's Office (same agency) provides Deputies for the criminal investigators for all Jail incidents, the Deputies that investigate Jail incidents, need the PREA Investigator Training also.

For compliance on this standard the auditor will need a copy (electronic) of the completed training certificates with training date(s) for all administrative and criminal investigators responding to Jail incidents.

*UPDATE: For administrative investigations MCJ has identified several senior staff as the primary jail PREA investigators. These investigators track and report on all PREA cases and refer eligible cases to criminal investigators. One Sheriff's deputy has been designated as a PREA investigator for criminal cases. All administrative and criminal investigators have passed the NIC E-Learning course for PREA Investigations in a confinement setting.*

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

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

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

This standard requires that all full and part time Medical and Mental Health staff who work regularly in the facility receive additional specialized training listed in the standard. For the reporting period Medical / Mental Health Staff at the facility did not receive specialized training for Medical and Mental Health.

Facility staff have been made aware of these requirements and have the resources available to them. For compliance on this standard the auditor will need a copy (electronic) of the completed training certificates with training date(s) for all full /part time Medical and Mental Health staff.

*UPDATE: All medical and mental health have taken, passed, and signed an acknowledgement of understanding form on the NIC E-Learning course for specialty training for medical and mental health staff.*

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

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

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

The standard requires a specific objective intake screening to assess an inmate's risk of victimization or sexual abusiveness. The standard lists a minimum number of criteria for consideration in both the victim and abuser categories.

The facility did not have an intake screen set up for screening of these risk factors. It relied on mental health screens and classification screens to capture this information. At best, only a partial screen was completed on some of the inmates. In most cases the inmate was not interviewed. The interviews with both staff and inmates indicated they did not have knowledge of a risk screen for this purpose.

The standard requires a risk screen be completed within 72 hours of the inmate arriving and a review of the screen after the inmate has been at the facility 30 days. In addition, a risk screen review should be completed whenever there is new information pertaining to the risk screen.

The facility has been made aware of these issues and is currently working on a procedure to accomplish this.

For compliance on this standard the facility will need to develop policy and procedures that use and an objective screening tool – that contains the minimum screening criteria set out in the standard. This screening tool will need to assess an inmates risk of being sexually abused or of being sexually abusive. This screening tool will need to be completed on all new arrivals within 72 hours of arrival and then reviewed within 30 days. All current inmates will need a risk screen completed on them. The risk screen tools and assessments shall be documented and tracked. An inmate’s risk screen assessment, though confidential should be readily available to staff who need the information.

*UPDATE: MCJ has developed a new policy and procedure addressing the screening of inmates for risk of being sexually abused or being sexually abusive. MCJ now uses a specialized PREA Risk Screening tool specifically designed to identify an inmate’s risk of being sexually abuse or of being sexually abusive. All inmates currently housed in MCJ have a PREA risk assessment code.*

#### **Standard 115.42 Use of screening information**

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

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The standards require the facility use the assessment provided by the screening tool be used to inform on housing, bed assignments, work, education and program assignments with the goal of keeping those assessed at high risk of being abused from those assessed at high risk of being abusive.

Currently the facility does not have a policy, procedure, or a risk screen to address this standards. The facility has been made aware and is working on this.

In addition this standard contains specific criteria for inmates identified as transgender/intersex by the screening tool.

For compliance on this standard the facility will need to develop policy and procedure as outlined above. Once the entire inmate population has a risk screen assessment the facility will need to demonstrate and document its use of this information in housing, bed assignments, work, education and program assignments. The transgender/intersex requirements should also be included in any policy /procedures that cover this standard.

*UPDATE: Updated Classification and LGBTI policies addresses the use of the PREA risk screen score/code in the assignment of housing, work and programing. Specific housing units have been designated to keep those at risk of being sexually abused separated from those at risk of being sexually abusive.*

### Standard 115.43 Protective custody

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

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This standard has some very specific policy and documentation requirements. The facility referenced two policies referenced to cover this: Cross-Gender Supervision and Classification. The first one, Cross-Gender Supervision does not apply to this standard. The second one: Classification- 2. Special Management Inmates. A. Administrative Segregation is on the right subject, but is a very basic policy statement, consisting of 2 paragraphs and a list.

None of the specific criteria listed in 115.43 is covered in policy or any attending documentation process. Facility staff reported that there was no inmates placed in involuntary segregation for risk of sexual victimization during the reporting period. Without a formalized process or documentation there is no way to track any placement or reviews.

For compliance on this standard the facility would need to develop policy and procedures consistent with the standard.

*UPDATE: Facility has updated its LGBTI and gender non-conforming policy to meet compliance on this issue. Staff are required to read policy updates and sign that they understand them.*

### Standard 115.51 Inmate reporting

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

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

The facility meets all requirements of this standard except one section: ‘shall provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency’.

Discussed this requirement with facility staff and they are currently working to obtain an MOU with an outside agency to receive reports from inmates.

For compliance on this standard the facility would need to complete an agreement with an outside agency to receive inmate reports according to this section of the standard. In addition the facility would need to have this information, and how to contact them posted in all inmate housing units.

*UPDATE: MCJ has established an MOU with the Compass Center to act as an outside reporting agency. Contact information is available to inmates on the PREA Brochure. This brochure is handed out to all inmates in booking and made readily available on all housing units.*

### Standard 115.52 Exhaustion of administrative remedies

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

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

Reviewed facilities Inmate Grievance Procedure Policy for the reporting period. There were several facility procedures that were inconsistent with the standard 115.52.’

The current policy imposed a five day time limit on filing grievances, encourage inmates to solve all grievances informally, and did not identify who can and cannot handle inmate grievances, prohibited third parties from filing on the behalf of the inmate, did not address emergency grievance issues.

Once staff were informed of these inconsistencies, a revision of the Inmate Grievance Procedure Policy was started.

For compliance on this issue the Inmate Grievance Procedures Policy revision will need to be completed, approved by senior staff and the documentation that staff have been trained on this change.

*UPDATE: Inmate Grievance Procedure Policy has been updated and revised to meet the requirements of this standard.*

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

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

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

The facility does not provide inmates with access to outside support services by giving inmates mailing addresses, phone numbers of any advocate or rape crisis center. The facility currently does not allow or inform inmates of the extent any attempted communication would be monitored.

Since being informed of this standards requirements the facility is working on a MOU with the local Rape Crisis Center to provide these services.

For compliance on this standard the facility would need to complete the MOU with the Rape Crisis Center and post the information required in the standard in all inmate housing units.

*UPDATE: MCJ has established an MOU with the Compass Center to act as an Rape Crisis Center. Contact information is available to inmates on the PREA Brochure. This brochure is handed out to all inmates in booking and made readily available on all housing units.*

### Standard 115.54 Third-party reporting

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

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

On the Sheriff's Webpage and on the Jail Webpage the public can contact the Sheriff or Warden directly by email or contact phone numbers are given.

Since the webpages do not specifically state use for reporting sexual abuse or harassment, I would suggest an updated section on the webpage for this.

### Standard 115.61 Staff and agency reporting duties

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

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

This standard is covered in policy and training. Interviewed staff all reported knowledge of reporting responsibilities.

### Standard 115.62 Agency protection duties

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

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

Facility was compliant with all areas of this standard. In the reporting period, no incidents reported as imminent risk. Staff training and staff interviews indicate that their response would be immediate.

### Standard 115.63 Reporting to other confinement facilities

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

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

Facility was compliant with all areas of this standard. In the reporting period, no incidents had to be reported to another facility or responded to. One issue was in 115.62 part b was that the 72 hour reporting limit was not in policy, this has since been corrected.

### Standard 115.64 Staff first responder duties

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

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

The facilities policy and training is compliant with this standard. When interviewed staff demonstrated a knowledge of their first responder duties.

### Standard 115.65 Coordinated response

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

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

Facility policy and training incorporates security, administration, supervisors and support staff with the PREA standards and duties.

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

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

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

The Sheriff's Office does have a collective bargaining agreement with the Minnehaha County Deputies Association. No part of this agreement impacts the facilities ability to protect inmates from contact with abusers.

If staff are undergoing an investigation for sexual abuse they would be reassigned out of the area or placed on leave.

### **Standard 115.67 Agency protection against retaliation**

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

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

The facility meets the criteria outlined in 115.87. It has assigned senior security staff (Sgts & Lts) to monitor their respective cases. A review of investigative cases indicated that this did happen and the cases were discussed at a weekly meeting. To date there have been no cases of retaliation.

I would suggest this process be formalized as part of a case file or review to document the process for future audits.

### **Standard 115.68 Post-allegation protective custody**

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

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

## **corrective actions taken by the facility.**

This standard 115.68 address placing victims of sexual abuse in involuntary segregation for their own protection. It states this standard will follow the same requirements in 115.43 Protective Custody. The facility currently does not meet standards on 115.43 and as a result does not meet standards on this one for the same reasons.

In addressing a Protective Custody Policy the criteria should be expanded to include Post-Allegation responses also.

*UPDATE: Facility has updated its Protective Custody policy to meet compliance on this issue. Staff are required to read policy updates and sign that they understand them.*

## **Standard 115.71 Criminal and administrative agency investigations**

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

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

The facility does not have a policy directed towards the administrative investigative process, it relies on Sheriff's Office policy pertaining to outside investigations.

The administrative investigators have just recently received specialized training pursuant to 115.34, the criminal investigators (the agencies Sheriff's Deputies have not received any PREA training and/or specialized training. Because of this a number of specific criteria in this standard does not meet standards.

For compliance in this standard the facility would need a policy that addresses all of the administrative and criminal investigation issues mentioned in this standard, including (but not all) administrative and criminal investigator training, the investigative process, evidence collection and procedures, interview requirements, credibility issues and documentation required.

*UPDATE: The facility has updated its reporting and investigative policies to match the requirements of this standard. The facility now uses standardized first report and investigative forms to capture and document all of the required information.*

## **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

The facilities Inmate Disciplinary Policy states a Preponderance of the Evidence Standard is used. Administrative investigators reported this as the standard they use and were able to describe the evidence standard in use.

### Standard 115.73 Reporting to inmates

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

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

The facilities PREA Policy section on 'Reporting to Inmates' matches the requirements of 115.73 in all categories except one. 115.73 (e): all such notifications or attempted notifications shall be documented.

For the reporting period these notifications were not documented. After discussion on this the facility staff added a 'Notification Form' to its investigative process.

For compliance on this standard the facility will need to track its investigative reports and notifications for a minimum of 60 days (depending on the frequency of reports) and be able to document results.

*UPDATE: The update in policy and procedure mentioned in 115.71 addresses this issue. Inmate victim notification of the investigative results is documented on the standardized investigative form and in the written notification sent to the victim. This procedure has been documented on reports since the interim audit.*

### Standard 115.76 Disciplinary sanctions for staff

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

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

Facilities policy PREA: section: Corrective Actions for Employees, contractors and volunteers covers this standard. To date there have not been any sexual abuse / harassment incidents requiring corrective action for staff.

### Standard 115.77 Corrective action for contractors and volunteers

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

Facilities policy PREA: section: Corrective Actions for Employees, contractors and volunteers covers this standard. To date there have not been any incidents of sexual abuse requiring corrective action for contractors or volunteers. There was one sexual harassment incident involving contracted staff resulting in termination.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

The facility meets a majority of the requirements in this standard, with the exception of the following issues: The disciplinary policy of Inmate Disciplinary Hearings and Review and the Jail Inmate Guide Book- Prohibited Acts definitions of prohibited sexual acts (major Acts #1 and #16) do not match the PREA definitions of the acts or are very limited in the coverage (115.78(a)). Additionally, major act #16 can be read to include consensual acts with staff as a violation, which contradicts 115.78 (e).

For compliance on this standard the facility should consider a revision of the disciplinary definitions and acts to match the PREA standards definitions of staff and inmate sexual abuse and harassment.

*UPDATE: MCJ updated its policy on Formal/Informal Inmate Discipline to meet all of the definitions and requirements of this standard.*

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

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

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

This standard is tied in with standard 115.41 'Screening for risk of victimization and abusiveness'. Since the facility does not have an objective screening tool and did not meet compliance on this, the facility cannot meet the standards for 115.81 (a) and (b). In addition, 115.81 (e) requires that Medical and Mental Health staff obtain informed consent from the inmate before sharing any information of sexual abuse that occurred before arrival at the facility. Mental Health does have a procedure to do this. Health Services do not, they have a Consent for Treatment, which is not the same as an Informed Consent.

For the facility to meet compliance on this standard, the facility shall complete a standard compliant risk screen assessment (as described in 115.41) and tie in the Medical and Mental Health requirements outlined in this standard. The Health Services should also obtain and start using an Informed Consent form.

*UPDATE: Facility now has an objective screening tool and documents notifications or referrals to medical and mental health. In addition the Health Services have updated their Informed Consent forms to meet compliance with this standard.*

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

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

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

The facilities policies and procedures are in compliance with this standard. Staff interviews and observations support this.

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

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

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

The facilities policies and procedures are in compliance with this standard. Staff interviews and observations support this

**Standard 115.86 Sexual abuse incident reviews**

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

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

This standard requires the facility to conduct a review of every sexual abuse case that is substantiated or unsubstantiated within 30 days of the incident. The standard also lists the required staff needed to conduct this review and a number of criteria for review or action.

One of the actions required is a report of the considered criteria and recommendations for the facility head and PREA Compliance Manager. The facility currently reports this review is conducted during weekly Management Meeting, but the proceedings are not recorded or documented.

For compliance on this issue the facility will need to formalize these sexual incident reviews and after each qualifying incident prepare a report of its findings and recommendations. Enough time should be given so the auditor can review at least 2 Sexual Incident Reviews.

*UPDATE: MCJ now uses a standardized form to review all of the reported substantiated or unsubstantiated sexual abuse cases. This standardized form reviews and documents all of the requirements of this standard. Several cases were documented for review.*

### **Standard 115.87 Data collection**

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

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

Under this standard the agency is required to collect and aggregate uniform data (using the standardized PREA definitions), on every allegation of sexual abuse in the facility – including all information needed to answer the DOJ Survey of Sexual Violence (SSV). The facility is also required to maintain and review this data.

The facility collects the SSV and BOP response forms only and does not collect aggregated data and has no record for any of the previous years.

For compliance the facility will need to collect and aggregate data for 2015 using standardized PREA Standard definitions. The process should also be started and completed for the 2016 year through June.

*UPDATE: MCJ completed an aggregate data review for 2014 and 2015. These reports meet the requirements of this standard and are posted on the MCJ website.*

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

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

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

This standard requires the facility review the aggregate data collected annually per 115.87 in order to assess, review and improve its effectiveness in preventing sexual abuse. It lists criteria needed to complete this, including a comparison of previous years. It also requires that if the facility has a website, that this report be made public on it.

The facilities 'PREA Policy: Data Collection and Review' does state this standard and the criteria for review, but the facility has not yet produced any annual reports. In the policy it also states that it would make the annual reports available to the public at un-announced county commissioner meeting.

For compliance on this issue the facility would need to develop an Annual Review of the aggregate data for the 2015, this report needs to meet all of the criteria outlined in 115.88 and would need to be published on the Jail's website.

*UPDATE: Using information from the aggregate data report, MCJ developed an annual PREA Report for 2015. This report is posted on the MCJ website. Although the report is not signed by the Warden, there is documentation that all reports published on the website are approved by the Warden.*

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

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

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

The standard requires the facility securely store the aggregate data and make the data available (removing all personal identifiers) to the public on its website – if it has one.

For compliance on this issue the facility needs to make its 2015 aggregate data report available to the public on the Jails website.

*UPDATE: The MCJ aggregate data report is now published on its website.*

**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.

K. VanMeveren

November 27, 2016

Auditor Signature

Date