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

☐ Interim  ☒ Final

Date of Report  June 7, 2019

Auditor Information

Name:  Timothy Pippo  Email:  pippoconsulting@gmail.com

Company Name:  TP Consulting

Mailing Address:  PO Box 151  City, State, Zip:  Annandale, MN 55302
Telephone:  763-274-8397  Date of Facility Visit:  May 7, 8, 2019

Agency Information

Name of Agency:  Freeborn County Sheriff’s Office

Governing Authority or Parent Agency (If Applicable):  Freeborn County Board of Commissioners

Physical Address:  411 Broadway Av S  City, State, Zip:  Albert Lea, MN 56007
Mailing Address:  PO Box 170  City, State, Zip:  Albert Lea, MN 56007
Telephone:  507-377-5205  Is Agency accredited by any organization?  ☒ Yes  ☐ No

The Agency Is:  ☐ Military  ☐ Private for Profit  ☐ Private not for Profit
☐ Municipal  ☒ County  ☐ State  ☐ Federal

Agency mission:  The Freeborn County Adult Detention Center will provide a Safe, Secure, Professional environment for staff and detainees. The Detention Center will comply with Constitutional Requirements, Minnesota Department of Corrections Directives, and Freeborn County Code of Conduct. Resources, Programs, and Training will be provided for the rehabilitation of detainees, giving them the opportunity to better themselves before their release into the Community.

Agency Website with PREA Information:  https://www.co.freeborn.mn.us/DocumentCenter/View/3737/PREA-Policy

Agency Chief Executive Officer

Name:  Kurt Freitag  Title:  Sheriff

Email:  kurt.freitag@co.freeborn.mn.us  Telephone:  507-377-5200
### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Corey Wangsness</th>
<th>Title</th>
<th>Training and Compliance Sergeant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:corey.wangsness@co.freeborn.mn.us">corey.wangsness@co.freeborn.mn.us</a></td>
<td>Telephone</td>
<td>507-379-2970</td>
</tr>
</tbody>
</table>

**PREA Coordinator Reports to:**
Detention Center Administrator

**Number of Compliance Managers who report to the PREA Coordinator:** 0

### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Freeborn County Adult Detention Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td>411 Broadway Av S Albert Lea, MN 56007</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>PO Box 170</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>507-377-4686</td>
</tr>
</tbody>
</table>

**The Facility Is:**
- [ ] Military
- [ ] Private for profit
- [x] Private not for profit
- [ ] Municipal
- [x] County
- [ ] State
- [ ] Federal
- [x] Municipal
- [ ] County
- [ ] State
- [x] Federal

**Facility Type:**
- [ ] Jail
- [x] Prison
- [ ] Military
- [ ] Private for profit
- [x] Private not for profit
- [ ] Municipal
- [ ] County
- [ ] State
- [ ] Federal

**Facility Mission:**
The Freeborn County Adult Detention Center will provide a Safe, Secure, Professional environment for staff and detainees. The Detention Center will comply with Constitutional Requirements, Minnesota Department of Corrections Directives, and Freeborn County Code of Conduct. Resources, Programs, and Training will be provided for the rehabilitation of detainees, giving them the opportunity to better themselves before their release into the Community.

**Facility Website with PREA Information:**
https://www.co.freeborn.mn.us/DocumentCenter/View/3737/PREA-Policy

### Warden/Superintendent

<table>
<thead>
<tr>
<th>Name</th>
<th>Mike Stasko</th>
<th>Title</th>
<th>Jail Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:mike.stasko@co.freeborn.mn.us">mike.stasko@co.freeborn.mn.us</a></td>
<td>Telephone</td>
<td>507-377-4686</td>
</tr>
</tbody>
</table>

### Facility PREA Compliance Manager

<table>
<thead>
<tr>
<th>Name</th>
<th>N/A</th>
<th>Title</th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>Click or tap here to enter text.</td>
<td>Telephone</td>
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</tbody>
</table>

### Facility Health Service Administrator
<table>
<thead>
<tr>
<th>Facility Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Facility Capacity: 148</td>
</tr>
<tr>
<td>Current Population of Facility: 99</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months: 1777</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 349</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 649</td>
</tr>
<tr>
<td>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: 0</td>
</tr>
<tr>
<td>Age Range of Population: 18-70</td>
</tr>
<tr>
<td>Are youthful inmates housed separately from the adult population?</td>
</tr>
<tr>
<td>Number of youthful inmates housed at this facility during the past 12 months: 0</td>
</tr>
<tr>
<td>Average length of stay or time under supervision: N/A</td>
</tr>
<tr>
<td>Facility security level/inmate custody levels: Low, Medium, Medium, High, High</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates: 36</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates: 2</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates: 2</td>
</tr>
</tbody>
</table>

**Physical Plant**

| Number of Buildings: 1 | Number of Single Cell Housing Units: 1 |
| Number of Multiple Occupancy Cell Housing Units: 5 |
| Number of Open Bay/Dorm Housing Units: 2 |
| Number of Segregation Cells (Administrative and Disciplinary): 16 |

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Genetec camera security center with >150 cameras, 30 day retention

**Medical**

| Type of Medical Facility: Clinic |
| Forensic sexual assault medical exams are conducted at: Mayo Clinic Health System Albert Lea |

**Other**
<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of volunteers and individual contractors, who may have contact with</td>
<td>51</td>
</tr>
<tr>
<td>inmates, currently authorized to enter the facility:</td>
<td></td>
</tr>
<tr>
<td>Number of investigators the agency currently employs to investigate</td>
<td>5</td>
</tr>
<tr>
<td>allegations of sexual abuse:</td>
<td></td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative

The Freeborn County Adult Detention Center (FCADC) is a medium sized facility that is located downtown in the city of Albert Lea Minnesota connected with the Freeborn County Courthouse. Freeborn County is a mainly an agricultural area that is in Southeast Minnesota, however the City of Albert Lea has numerous small industries and two major U.S. Freeways intersect in the city. The detention center only houses adult male offenders, female offenders are boarded out in neighboring counties and only returned for court hearings on a temporary stay status. Youthful offenders are boarded at juvenile detention centers. There were 99 male adult inmates in custody on the first day of the audit. These inmates are awaiting trial or are committed to the jail to serve a sentence less than 1 year. The jail has two release programs for inmates, work release and Sentence to Serve (STS). The facility contracts with Immigration and Customs Enforcement (ICE) in exchange for a boarding fee. This is the facility’s second Prison Rape Elimination Act (PREA) audit. On October 30, 2014 the facility was found in compliance with the PREA standards. The facility is conditionally licensed and annually inspected by the Minnesota Department of Corrections (MNDOC) to determine if they are compliant with Minnesota Chapter 2911 Rules Governing Adult Detention Facilities (MN Rules). These rules give the facility guidance in numerous areas of policy and procedures on security, inmate welfare, plus staffing requirements. FCADC also recently passed an inspection from ICE. The majority of housing in the facility is direct supervision design. Prior to the on-site audit, I maintained contact with the PREA Coordinator and was able to send and receive e-mails about various questions concerning the audit and the PREA Standards. I requested and received electronic documentation of items such as training curriculum, screening tools, inmate information, chain of command, incident reports, staffing plans, contracts, along with numerous other items relating to compliance with the PREA Standards. Six weeks prior to the audit I provided the detention center with posters to be placed in conspicuous areas of the facility to allow staff and inmates to correspond with me confidentially. I received no correspondence during the course of the audit. On May 7, 2019 I arrived at the facility and met with the PREA Coordinator and the Jail Administrator. I was then given a complete and comprehensive tour of the facility by the PREA Coordinator and was allowed access to all areas of the detention center. During the tour I observed large posters which contained information for inmates on how to report sexual misconduct and their rights to be free from sexual misconduct or retaliation while incarcerated. I also observed my pre-audit correspondence posters in areas that inmates could read them easily. I was able to enter and observe all areas that inmates had access to. I viewed numerous camera views on the monitors in the Master Control work station and was satisfied that inmate privacy in cells, showers and toilet areas are not compromised by the camera views. I randomly chose inmate files to determine if inmate education and vulnerability screening was completed. I casually asked inmates during the tour about their knowledge of PREA related items and received positive answers. I also used an inmate phone and was able to contact an outside advocacy agency toll free. I was provided with a private office area to conduct my interviews. I proceeded to interview all 8 of the Detention Deputies (Random Staff) and 2 Detention Sergeants (supervisors) on duty during the first shift of the first day of the audit, I remained at the facility until evening hours to conduct interviews with 5 more Detention Deputies and 1 more Detention Sergeant. I also interviewed a Nurse, the Programmer, a Criminal Investigator and a contract program teacher on the first day of the audit. I also interviewed 16 random inmates. I chose the inmates from a roster and used length of stay, nature of charges, age, housing assignments and ICE detainee classifications as criteria to consider them random. On May 8, 2019 I returned to FCADC and continued my interview process with 4 more random Detention Deputies and 1 Detention Sergeant. I then interviewed another Nurse, a Maintenance Employee, the Jail Administrator, the Assistant Jail Administrator and the PREA Coordinator. I conducted a successful interview with a Limited
Facility Characteristics

The FCADC is in one building that is attached to the Freeborn County Courthouse which also contains the Freeborn County Sheriff’s Office along with the Albert Lea Police Department. The facility became operational in 2004. The detention center has a maximum capacity of 174 inmates and an operational capacity of 133 inmates with an average daily population of 117 and an average stay of 24 days. There were 99 adult male inmates in custody on the 1st day of the on-site audit 69 of those were ICE detainees and the remaining 30 were inmates on local charges. The detention center has an Intake area that consists of a staff work/booing station, a medical observation cell, 2 individual holding cells, 1 group holding cell, 1 office, an inmate change out room, a property room and a conference room. There is also a Vehicle Sallyport adjacent to the Intake area. The Intake area also has a unit named IC120 that has 3 double bunked cells a sub-dayroom and a shower. Unit IC110 in this area also has 3 double bunked cells, a sub-dayroom and a shower. The Intake area is staffed 24/7. Three main housing units are connected to the Intake area by a secure corridor. Unit FP100 has a 22 inmate capacity and consists of 4 double bunked cells on the first floor and 14 dormitory bunks on the second floor. There is a work station and an inmate dayroom in this unit and 2 showers with a private bathroom. This unit is classified as minimum security and is not staffed full time but always monitored, this unit also has a small recreational room. Unit WR 100 is a 48 Medium to Minimum classified inmate capacity direct supervision unit that has 24 dormitory bunks on the first floor and 24 dormitory bunks on the second floor. The unit has an officer work station and a large inmate dayroom. The unit has a bathroom area on each floor with 2 showers each. This unit is staffed 24/7. Housing unit GP100 is an 88 inmate capacity unit. The unit has 32 double bunked cells (2 of the Administrative Segregation Cells are used to house Inmate Workers). The unit is also the segregation unit and has 7 single bunked cells along with 1 double bunked disciplinary segregation cells on the first floor and 8 double bunked administrative segregation cells on the second floor. The segregation units have their own sub-dayroom and showers. There is a large dayroom in this unit along with 2 recreation rooms. The unit normally runs at a 50 inmate population and is staffed 24/7 by 2 officers. The detention center Master Control office is a raised secure area located between housing units. The 24/7 staff member assigned to this control station monitors 199 cameras on multiple monitors and also operates the secure door controls. Master Control is also the work station for the detention deputy assigned as the Rover position. Across the hallway from the housing units are 2 staff offices, a conference room and a large program room. The facility employees 2 program persons. Off the main secure corridor is a Work Release locker room, a laundry room, the kitchen, a small medical clinic, a loading dock, a program room and the detention center administrative offices. Any non-security staff persons and inmates are always escorted through this secure corridor. The detention center uses “Summit Food Services” https://summitfoodservice.com/ kitchen staff do not have any contact with inmates The facility contracts with “Advanced Correctional Healthcare” https://www.advancedch.com/ to provide https://www.advancedch.com/medical services. There is always 2 staff members present when nurses provide services for inmates. Staff members are divided into 4 teams consisting of a detention sergeant and 7 detention deputies. Each team has a minimum of 2 female detention deputies. The teams work 12 hour shifts and there is a power shift of 2 officers that work mid-day to ensure coverage. There is always a female officer and a supervisor on duty at all times. Detention Deputy Posts consist of
Intake/Release, Housing, Master Control, Rover and Shift Sergeant. The FCADC administration consists of the Jail Administrator, the Assistant Jail Administrator, the Training and Compliance Sergeant along with support staff members. The facility is mandated by MN Rule 2911.5000 to perform well-being checks on all inmates every 30 minutes. Security staff members preform at least 30 minute well-being checks on every inmate in the facility and these checks are recorded on a “Watch Tour” and also a “TimeKeeping” software program that utilizes a hand held wand to ensure checks are completed.

**Summary of Audit Findings**

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Standards Met:</td>
<td>45</td>
</tr>
<tr>
<td>115.11 Through and including 115.401</td>
<td></td>
</tr>
<tr>
<td>Number of Standards Not Met:</td>
<td>0</td>
</tr>
</tbody>
</table>

**Summary of Corrective Action (if any)**

Concerning Standard 115.88 (c). The FCADC has collected and categorized its incident based data using defined definitions but did not have the data available on its web-site. I instructed the PREA Coordinator that the facility would have to correct this deficiency. The facility posted its data on its web-site within 7 days of the on-site audit and therefore rectified the problem to the satisfaction of the auditor and that portion of the Standards.

**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)*

a. The Freeborn County Sheriff’s Office (FCSO) has policy 902 and the FCADC policy 402 provides for maintaining zero tolerance for any form of sexual abuse and or sexual harassment within the facility. The policy contains procedures for all employees to follow to prevent, detect and respond to any incidents of sexual misconduct.

b. The PREA Coordinator is the Training and Compliance Sergeant. This individual is a highly trained, well organized and experienced professional. Interviews with the PREA Coordinator and the Jail Administrator determined that the coordinator has ample time and resources to coordinate efforts to comply with the PREA Standards.
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 OR the response to 115.12(a)-1 is "NO".) ☐ 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)*

The facility does not contract with outside agencies for security reasons. The detention center does however board its female inmates at neighboring county jails. The PREA Coordinator assured that these other county jails are PREA compliant and maintains copies of their PREA final reports that indicate compliance with standards.

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

- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?
monitoring? ☒ 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)*

a. The FCADC has a comprehensive and complete staffing plan. The plan takes into consideration inmate population, security equipment, security cameras and monitoring of those cameras. The plan also incorporates post orders for security staff. The plan is compliant with MN Rule 2911.5000. There have been no judicial findings of inadequacy in regards to staff
levels. The plan is never varied from, Detention Deputies and supervisors are required to remain on duty until relieved. The staffing plan includes a power shift to maintain staffing levels. The Jail Administrator indicated through an interview that incident based criteria is considered in the plan.

b. The facility never deviates from the plan.
c. I was provided with an example of review of the staffing plan in 2018. The Jail Administrator confirmed that the PREA Coordinator is included in reviews of the staffing plan.
d. Policy 402 A 4 outlines procedures for supervisors to make unannounced checks on Detention Deputies. I was provided with documentation that these rounds were completed. During the on-site audit I observed Detention Sergeants frequently entering the housing units. Interviews with Sergeants showed compliance with this portion of the standard. Interviews with Deputies also indicated that supervisors make frequent unannounced rounds and that they are forbidden to alert other staff of the presence of supervisors.

### 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*)

The FCADC does not house any person under the age of 18. These offenders are transported to Juvenile Detention Centers.

### 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  
  ☒ 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 here for facilities with less than 50 inmates before August 20, 2017.)  
  ☒ 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?  
  ☒ Yes  ☐ No

115.15 (d)
Does the facility implement a policy and practice 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)*

a. Policy 402 C pertains to this standard. The facility does not perform any body cavity searches, these searches would only be conducted by medical professionals. Interviews with staff members showed that they do not perform cross-gender strip searches.

b. Policy forbids cross-gender pat searches of females. Information gathered during interviews strongly indicated that males never pat search females. Female inmates are not housed in the facility long enough to obtain programming.

c. Policy dictates documentation of cross-gender searches; however the detention center has never conducted a search of this nature.
d. The facility has procedures in place for staff members of the opposite gender announce their presence when entering a housing unit that has an opposite gender. Interviews with staff members and inmates showed adherence to these procedures. All the showers in the facility are private and have saloon type doors on them. The common bathroom areas in some housing units are also private with doors. I observed several camera angles and no cameras compromise inmate privacy.

e. The facility has not had any transgender or intersex detainees within the last year but interviews with security staff made it clear that they know the correct procedure for searching these persons. Detention Deputies stated that the persons own perception of their gender would be of most consideration. The facility has a search preference form that it will utilize during intake of transgender persons.

f. Facility policy 6.06 has procedures for deputies to follow to correctly search detainees. All staff members are trained on this policy and comprehension of this training was evident during interviews and conversations with staff members.

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**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)*

a. Policy 4.02 A B outlines responsibilities and procedures to assist inmates with physical and or cognitive disabilities in knowing their rights to be free from sexual misconduct and how to report incidents of sexual abuse or sexual harassment. The facility would have program staff assist in teaching inmates with disabilities on these rights.

b. The detention center contracts with "Turnkey Corrections" [http://www.turnkeycorrections.com/](http://www.turnkeycorrections.com/) for its commissary. Turnkey Corrections provides kiosks in the housing units. These kiosks have the facility PREA information in multiple languages. The facility also utilizes “RTT Mobile” [http://rttmobile.com/](http://rttmobile.com/) interpreter services for communication with limited English speaking inmates. I conducted a successful interview with a limited English speaking inmate using this service. The facility may also use ICE interpretive services. Interviews with all staff including supervisors indicated that they would make every effort possible to communicate with inmates.

c. Staff members also indicated through interviews that inmate interpreters would only be used in emergency situations and that certified interpreters were needed otherwise.

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**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, or 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)*

a. The facility follows policy 2.01, MN Rule 2911.0600 and Minnesota State Statute (MNSS) 241.021 for recruitment and promotion considerations. Any security staff, contractors and or volunteers are not allowed in the facility if they have a history of sexual abuse.  
b. Persons who may have a history of sexual harassment are not considered to be eligible for hire or allowed into the facility as a contractor or volunteer.  
c. Criminal background checks are performed on all potential employees. These checks are done by the Minnesota Bureau of Criminal Apprehension. The Jail Administrator assured me that prior employers are contacted with regard to previous misconduct. 
d. Criminal background checks are performed on all potential contractors and volunteers.  
e. Background checks are performed on all employees at least every 5 years.  
f. All employees are questioned prior to hire if they have any criminal or civil history of sexual misconduct. Employees are also required to self-disclose any misconduct during performance reviews and promotion considerations.  
g. The Sheriff and the Jail Administrator both stated that omissions from self-disclosures would be means for discipline up to termination.  
h. The Jail Administrator who is responsible for hiring disclosed that they would provide information to another agency if requested.

#### 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)

FCADC recently modified its video surveillance equipment. The facility added cameras to blind spots within the detention center. The existing cameras were upgraded to IP address digital cameras with more clarity. The digital video recorders were also upgraded. Audio capability was added to some cameras. The Sheriff, the Jail Administrator, the Assistant Jail Administrator and the PREA Coordinator all stated that PREA standards were considered in the upgrade.

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?  ☒ Yes  ☐ No

- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ 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)*

a. The facility would use Detectives from the FCSO http://www.co.freeborn.mn.us/446/Investigations to perform criminal investigations. The highly trained and experienced detectives would follow policy 902.5.2 to assure correct procedures are followed.

b. The FCSO follows the most recent protocols available.

c. Forensic exams would occur at the Mayo Clinic Health System Albert Lea Minnesota https://mayoclinichealthsystem.org/services-and-treatments/emergency-medicine An interview with the emergency department manager assured that victims of sexual abuse from the FCADC would receive prompt forensic exams using SANE staff or qualified medical personnel.

d. The FCADC has a signed Memorandum of Understanding with the Freeborn County “Crime Victims Crisis Center” https://www.co.freeborn.mn.us/192/Crime-Victims-Crisis-Center An
The interview with the supervisor of this center assured that victims of sexual abuse from the detention center would receive support and advocacy services from them.

e. The Crime Victims Crisis Center would provide support during forensic exams, the emergency department manager from the Mayo Clinic stated that the center would be notified and involved in support services.

### 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**

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<tr>
<th>115.22 (a)</th>
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<tbody>
<tr>
<td>▪ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No</td>
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<td>▪ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No</td>
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<tr>
<th>115.22 (b)</th>
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<tr>
<td>▪ 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</td>
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<td>▪ 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</td>
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<td>▪ Does the agency document all such referrals? ☒ Yes ☐ No</td>
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<th>115.22 (c)</th>
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<td>▪ If a separate entity is responsible for conducting criminal investigations, does such publication 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</td>
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<th>115.22 (d)</th>
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<td>▪ Auditor is not required to audit this provision.</td>
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<th>115.22 (e)</th>
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<tr>
<td>▪ Auditor is not required to audit this provision.</td>
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**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)*

a. Policy 4.02 B and policy 902 provide guidelines for any and all allegations of sexual abuse or sexual harassment to be investigated promptly. Interviews with supervisory staff concluded that all and any allegations are considered for investigation.

b. Allegations are referred to the FCSO for investigation following policy 4.02 and 902 and the detention center has this information available on its web-site https://www.co.freeborn.mn.us/DocumentCenter/View/3737/PREA-Policy Any and all referrals are documented and I was provided with copies of such documentation.

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**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)*
a. Policy 4.02 B, 318.3 and 902.9 provide guidelines for training employees. These guidelines cover the requirements of this standard. The facility uses “Educorr” http://educorr.com/ for its PREA curriculum. The employees also receive “Effective, Professional Communication with Inmates Including the LGBTI Community” training. The detention center also provides employees with a “Red Flags” training that exemplifies warning signs that lead up to sexual misconduct and encourages staff members to avoid inappropriate relationships with inmates. Interviews with staff members all indicated that they had received and understood the trainings.

b. The training is geared toward gender specific in some areas. The center only has one facility.

c. No employee is allowed to work by themselves until they have completed a Field Training Program which includes PREA training. All current employees have received the training. The detention center provides yearly refresher training for employees.

d. Training is documented and employees sign receipt of training. I was provided with copies of such documentation.

**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)

a. FCADC follows policy 902.9 for training volunteers and or contractors. I was provided with documentation of receipt of training. Interviews with contractors and volunteers demonstrated that they had received training. These persons are trained on the FCADC Guide on Sexual Abuse Prevention and Response for Volunteers and Contractors and PREA Custodial Sexual Misconduct.
b. Volunteers and contractors acknowledged training of how to and their responsibility to report any and all allegations or incidents of sexual misconduct to security staff immediately.

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 such education? ☒ 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)*

**a.** Policy 4.02 provides for training inmates on the agency zero tolerance policy. Inmates are given a Sexual Assault Awareness brochure that outlines the inmate’s right to be free from sexual assault and sexual harassment and provides several ways for inmates to report such allegations and or incidents.

**b.** All inmates are allowed to view video containing PREA information usually a few days after intake. The information is provided on re-classification at least every 30 days and the information is provided on the “Turnkey” kiosk upon initial sign in and every 30 days thereafter.
c. All inmates receive the information. Interviews with Intake staff assured that they provide the information to each and every inmate and interviews with inmates indicated that they had received the information.

d. The brochure is provided in Spanish and the PREA inmate information is provided on the “Turnkey” kiosks in the housing units in several languages. The Sheriff, the Jail Administrator, the Assistant Jail Administrator and the PREA Coordinator all ensured me that every measure would be taken to make all inmates regardless of any disability, aware of the policy and how to report.

e. Inmates sign receipt of the training and I was provided with examples of inmate training receipt and acknowledgment.

f. The information is contained on large posters in the housing units on the brochure and on the “Turnkey” kiosks.

**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 have received 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)

a. Agency policy 902.5, 318.5 and facility policy 4.02 provide for specialized training for Criminal Investigators and Administrative Investigators. The facility has three Administrative Investigators and the FCSO has 2 detectives that are assigned to perform Criminal Investigations. The Administrative Investigators have received specialized training through “Relias” https://connect.relias.com/s/topic/0TO0V000001JUu2WAG/relias-learning The detectives from the Sheriff’s Office have received specialized training through the Minnesota Department of Corrections https://mn.gov/doc/staff-partners/training/.

b. The Criminal Investigators have received additional training on investigating sexual assaults through “Cornerhouse” http://www.cornerhousemn.org/ also Minnesota Sex Crimes Investigations, Interview Interrogation, Sexual Deviant Behavior and False Reports of Sexual Assault.

c. Specialized training is documented and I was provided with documentation of completion of these trainings.

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? ☒ Yes ☐ No
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? ☒ Yes ☐ No

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? ☒ Yes ☐ No

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? ☒ Yes ☐ No

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.) ☐ 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? ☒ Yes ☐ No

115.35 (d)

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ 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)

a. Medical staff members are trained on “Advanced Correctional Healthcare” policy JB04 which instructs them on how to detect respond and treat victims of sexual abuse or sexual harassment. Interviews with nurses in the facility confirmed that they had received training and were aware of how to respond to sexual misconduct victims.

b. N/A Forensic exams are performed at the local hospital.
c. I was provided with documentation of receipt of the training for medical staff.
d. Medical personnel also receive training on the agency policy 318.4 and procedures outlined in policy 4.02

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, when 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, when 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, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

• Within a set time period 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 a: Incident of sexual abuse?
  ☒ Yes ☐ No

• Does the facility reassess an inmate’s risk level when warranted due to a: 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)*

a. Screening requirements are outlined in policy 4.02 IV A. The facility has a screening tool that is used upon intake into the detention center. The facility also incorporates a classification tool, a mental health assessment, a medical screening tool and an initial custody classification tool into its screen process.

b. Interviews with both Intake detention deputies and inmates show that the screening normally is completed within the booking process immediately upon intake. I also discovered screenings done promptly when randomly viewing inmate files.

c. The tools in combination are comprehensive.

d. The screening process is an interview with the inmate that helps identify vulnerability and potential sexual victimization using current criteria and previous victimization.
e. The tools are used to determine vulnerability and potential aggressiveness looking at Criminal History and prior incidents as well as interviewing the inmate for potential victimization or abusive behavior.

f. The facility is required to perform a re-classification of every inmate every 30 days. Vulnerability and aggressiveness is reassessed during the re-classification process.

g. Re-classification is also performed on any inmate that is placed into any segregation status or if information is received pertaining to potential victimization or upon incidents of any sexual misconduct.

h. Policy forbids discipline for inmates not answering sensitive questions and Intake deputies and the PREA Coordinator affirmed that discipline is not used in these instances.

i. All the Detention Deputies perform intake screenings and they are on as need to know basis for viewing these screenings. Staff members are compelled to not share private information concerning inmates or operations of the facility.

### 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? ☒ Yes ☐ No

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? ☒ Yes ☐ No

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? ☒ Yes ☐ No
a. FCADDC uses the information obtained from the screening process to determine housing assignments for inmates with the intention of maintaining safety and security within the facility. Housing considerations are reviewed by supervisors.

b. Each inmate’s own view of safety is considered during classification. Housing assignments and programming decisions are made on an individual basis.

c. The facility has not had any transgender or intersex inmates at least within the last year, but interviews with Program staff and Supervisors indicated that these inmates would most likely be housed as they preferred and that they would be housed on a case by case basis.

d. Transgender and Intersex inmates would be re-classified every thirty days and their housing assignments and programming opportunities would be reassessed at that time.

e. Interviews with Intake staff members and supervisors all show that they would consider a transgender or intersex inmate’s own view of safety when determining housing assignments.

f. All the showers in the facility are private. All inmates are allowed to shower separately.

g. There are no legal decrees concerning LBGTI inmates and supervisors stated that housing assignments would not be based solely on gender or sexual preference status.

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**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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

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)*

a. Policy 4.02 and 4.01 provide guidance for segregation of inmates subject to victimization. Interviews with supervisors assured that victim vulnerable inmates would be placed in the least restrictive administrative segregation as possible. Every effort would be made to segregate the inmate the least amount of time as possible.
b. Interviews with the Programmer, supervisors and detention deputies that monitor inmates in segregation all confirmed that vulnerable inmates would be offered programming opportunities and that denial of these opportunities would be documented.
c. Administrative supervisors all stated that inmates would only be on involuntary segregation for only a few days and those abusers would be segregated and or removed from the facility.
d. All segregation decisions in the facility are documented with reasons and recommendations.
e. Detention Sergeants meet with all inmates in any type of segregation status weekly.

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? ☒ Yes ☐ No

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)

a. The facility has numerous methods for inmates to make reports of any allegations or incidents of sexual misconduct or retaliation. The “Turnkey” kiosk has mode of making requests or writing a note that is received by supervisors on their e-mail. There are free phone call numbers posted in various areas of the housing units. Interviews with inmates revealed that they could make private reports. Interviews with detention deputies also indicated that inmates have several avenues to make private reports.

b. The detention center has free phone numbers posted for ICE inmates along with free phone numbers for all the foreign consulates. The free phone number for the “Crime Victims Crisis Center” is also posted. I phoned the crisis center from an inmate phone and was connected to the center with no difficulty. Staff members from the crisis center stated that the inmate reporting may remain anonymous.

c. All staff reported that they would accept any reports including third-party reports and that they would advise supervisors and document the reports immediately.

d. Staff members indicated through interviews that they could make reports privately in person or e-mail.

Standard 115.52: Exhaustion of administrative remedies

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

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

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

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)

FCADC policy 4.04 pertains to inmate grievances. However any grievance concerning allegations and or incidents of sexual abuse, sexual harassment and retaliation would be considered an emergency grievance and investigated immediately.

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? ☒ Yes ☐ No

☒ 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)*

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a. The detention center has free phone numbers for the “Crime Victims Crisis Center” [https://www.co.freeborn.mn.us/192/Crime-Victims-Crisis-Center](https://www.co.freeborn.mn.us/192/Crime-Victims-Crisis-Center) on the “Sexual Assault Awareness” brochure that all inmates receive and there are several phone numbers listed on the “Crime Victims Crisis Center” brochure that is available to inmates. There are also toll free phone numbers for foreign consulates in the housing units. Inmates revealed through interviews that they were aware of the support services.

b. Inmates are made aware of confidentiality and mandatory reporting requirements.

c. The facility has a signed memorandum of understanding with the crisis center. Interviews with a representative and the supervisor of the crisis center affirmed that they would accept calls and react to them accordingly.

**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)*

a. Policy 4.02 provides for third-party reporting. All staff members stated that they would accept third-party reports and respond to them immediately. Inmate statements during interviews revealed that they knew that third-party persons could make reports for them on their behalf. The facility has third-party reporting information on its web-site [https://www.co.freeborn.mn.us/DocumentCenter/View/3737/PREA-Policy](https://www.co.freeborn.mn.us/DocumentCenter/View/3737/PREA-Policy)

### 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)*

a. Agency policy 902.4.1 and facility policy 4.02 define actions to be taken by employees when informed of an allegation or incident of sexual misconduct or retaliation. All staff members are mandated to report any information given to them or suspicions of sexual misconduct. Interviews with staff members overwhelmingly showed that they knew their duty to report.

b. Policy forbids employees from sharing information with anyone other than needed for the safety and security of the facility.

c. Interviews with nurses indicated that they knew their duty to report any allegations or incidents to security supervisors. Medical staff members have inmates sign an Authorization of Release of Information form allowing them to make reports.

d. All staff members stated that they were aware of their duty as mandatory reporters in accordance with policy and MNSS 626.556.

e. Administrative investigators and if needed Criminal investigators are notified of reports as soon as possible.

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
Policy 4.02 provides for protection of possible victims. Detention deputies and all the supervisors stated during interviews that the protection of inmates is of upmost importance and that they would take any allegation or information serious and immediately remove the potential victim and/or abuser from each other.

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

a. Policy 902.4.2 outlines procedures for supervisors to follow when an inmate reports sexual abuse that occurred in another confinement facility.
b. The Sheriff and the Jail Administrator both stated that they would notify the other agency head as soon as possible and certainly within 72 hours.
c. Policy requires documentation; the detention center has not had such reports within the last audit period.
d. Any instance or allegation would be investigated and followed up upon.

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)*

a. Agency policy 902.5.1 and facility policy 4.02 plus training provide guidelines and procedures for all employees to follow as first responders to an incident of sexual abuse. During the interview process, employees all had knowledge of how to correctly respond to sexual assault incidents with the safety of the inmates as a priority and then an emphasis on securing possible evidence.

b. Interviews with nurses, contractors and volunteers all showed their knowledge of how to respond to an incident of sexual abuse in the facility.

### 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)*

a. The FCADC has a written plan for all employees to follow in the event of a sexual assault. The plan includes responsibilities for Detention Deputies, Detention Sergeants, Patrol Sergeants, Medical Personnel, Administrative Supervisors and Investigators. Employees are trained on this plan and the step by step actions that they need to follow to ensure safety and security of the facility and inmates as well as preserving evidence for investigations.

### 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)*

a. The security staff members of the FCADC are under a collective bargaining agreement. I was provided with a copy of that agreement and employees are not exempt from discipline up to and including termination for misconduct incidents. The Sheriff and the Jail Administrator both assured me that staff members would be removed from the facility if necessary.

**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*)

a. Policy 902.6 pertains to non-tolerance of any type of retaliation by employees or inmates. Detention Sergeants are tasked to monitor for retaliation.

b. The design of the facility allows for cell transfers and housing assignments such as administrative or disciplinary segregation. Supervisors and the Sheriff all assured during interviews that retaliation would not be tolerated and every effort would be made to ensure inmates and staff members who report or cooperate with investigations would be protected up to and including removing persons from the facility.

c. Policy requires monitoring for at least 90 days but interviews revealed that in all likelihood monitoring for retaliation would occur for the entire stay of the inmate.

d. All inmates get status checks every 30 days on re-classification and inmates in segregation get weekly status checks. Detention Sergeants are in and out of the housing units on a regular basis and stated that while monitoring for retaliation that they would make themselves available to any victim of retaliation on a daily basis.

e. The Detention Center and the Sheriff’s Office would make every effort to protect any individual from retaliation.

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)*

  a. All inmates including those under protection are only housed in segregated units for as short of time as possible and provided with programming.

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**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)*

a. Policy 902.5 and 4.02 provide a basis for investigations. All and any allegations or incidents of sexual abuse and sexual harassment including third-party reports are immediately investigated.

b. The two Criminal Investigators and the three Administrative Investigators have all received specialized training and have certificates of completion of training.

c. An interview with one of the detectives from the FCSO revealed that he had knowledge and experience in investigation of sexual assaults and would follow correct protocols in collection of evidence and interview techniques. The Criminal Investigators are licensed Peace Officers through the “Minnesota Board of Peace Officers Standards and Training”.

https://dps.mn.gov/entity/post/licensing/Pages/default.aspx

d. The FCSO would work in conjunction with the Freeborn County Attorney’s Office as to not to interfere with any other investigation.

e. Policy 902.5.4 forbids use of a polygraph as determining the credibility of any witnesses.

f. Administrative investigations have any area for recommendations and documented including evidentiary findings. I was provided with examples of Administrative investigations.

g. Criminal investigations are contained in a Criminal Complaint and document all reports, statements, physical evidence.

h. All criminal investigations are referred to the Freeborn County Attorney’s Office

https://www.co.freeborn.mn.us/100/County-Attorney for prosecution.

i. Policy requires retention of investigations that meet the requirements of this standard.

j. Both the detective and the Sheriff assured that investigation and prosecution of employees that leave service would continue.

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)*

a. The FCADC would consider all potential evidence in investigations and would certainly comply with this standard.

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)*

a. Policy requires notification to the inmates. Interviews with the Jail Administrator and the Assistant Jail Administrator confirmed that they would keep inmates informed of the outcome of an investigation.
b. N/A

c. The facility will make every effort possible to keep a victim inmate informed of the investigation of an employee and keep them apprised of the status of that employee.

d. Inmate victims are also kept informed of the status of an inmate’s abuser.

e. The facility uses an “After Incident Report” on every incident. This report documents efforts to notify inmates of the results of an investigation. I was provided with examples of these reports.

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**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)*

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a. Policy 4.02, 902.5.5, 2.13 and the Freeborn County Employee Handbook all spell out disciplinary sanctions for employees that engage in sexual misconduct.
b. Termination is the presumptive punishment for substantiated incidents of sexual abuse as per the Sheriff and the Jail Administrator.
c. An Internal Affairs Investigation would accompany a Criminal Investigation on any employee and previous work history along with comparable discipline would be brought out in the investigations.
d. The FCSO is a law enforcement agency and would be aware of termination. The Jail Administrator must provide a special report to the MN DOC if a termination occurs because of misconduct.

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**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)*

a. Policy 902.5.5 also provides sanctions for volunteers and contractors. These persons would be removed from the facility and referred for prosecution if necessary.
b. The Jail Administrator assured that contactors and or volunteers would be forbidden to have contact with inmates.

**Standard 115.78: Disciplinary sanctions for inmates**

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

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<thead>
<tr>
<th>115.78 (a)</th>
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<tbody>
<tr>
<td>▪ 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</td>
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<th>115.78 (b)</th>
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<tbody>
<tr>
<td>▪ 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</td>
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<th>115.78 (c)</th>
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<tr>
<td>▪ 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</td>
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<th>115.78 (d)</th>
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<tr>
<td>▪ 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</td>
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<th>115.78 (e)</th>
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<tr>
<td>▪ 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</td>
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<th>115.78 (f)</th>
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| ▪ 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)

- 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*)

a. The detention center relies on policy 4.03 which spells out sanctions for violation of jail rules and provides for a matrix of discipline and a due process procedure that includes a formal hearing.
b. Disciplinary sanctions are also posted in the Inmate Handbook. The examples of disciplinary actions that I was given have any area for any special considerations, which would include disciplinary history.
c. Detention Center supervisors stated during interviews that an inmate’s mental health status would be considered in disciplinary hearings. Policy 4.02 considers an inmate’s mental health also.
d. The facility does not offer any formal therapy but nurses stated that they could utilize “Advanced Correctional Care” mental health providers if needed.
e. Policy 4.02 covers this portion of this standard and does not allow discipline of an inmate engaged in consensual relationships with an employee.
f. The facility would accept any and all reports from inmates and not discipline any inmate for an unfounded report that was made in good faith.
g. Consensual sexual contact between inmates is a rule violation but not considered sexual abuse.

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)*

a. N/A
b. N/A
c. Medical staff members at FCADC review every inmate’s screening and offer mental health services to these persons usually within 7 days.
d. Prior sexual victimization or abusiveness is kept confidential and on an as need to know basis.
e. The medical staff persons have the inmates sign an Authorization for Release of Information 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)*
a. First Responder Protocols, Advanced Correctional Healthcare policy JB04 and facility policy 4.02 all provide for emergency first aid to any victim of sexual abuse. All detention deputies are trained on emergency first aid and medical staff members would assist if they were on duty.
b. Inmates would be transported to the “Mayo Clinic Health System” emergency department for treatment if necessary or on a precautionary basis.
c. Interviews with Nurses both assured that victims would be offered and receive information and treatment.
d. Policy statements and interviews with Nurses, the Jail Administrator and the PREA Coordinator all agreed that all inmates would receive treatment free of cost.

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.) ☒ 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.) ☒ 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)*

a. The Medical contractor provides mental health services and the Nurse stated that evaluation and treatment would be available to victims of sexual abuse.
b. The facility would provide on-going treatment to victims and would also utilize outside treatment resources as deemed necessary.
c. Treatment services are consistent with the community level of care and in the case of timeliness; they are most likely above that level of care.
d. Female victims would be offered pregnancy tests.
e. Female victims would be provided with information on pregnancy medical services.
f. Policy and medical staff statements coincide with this portion of the standard.
g. Supervisors and Medical Staff Members all stated that treatments would be free of cost.

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)
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)*

a. Policy 902.7 pertains to incident reviews. Policy requires reviews on every incident.
b. Reviews are completed on every investigation within a few days of completion of the investigation.
c. The Review Team consists of the Jail Administrator, the Assistant Jail Administrator and the PREA Coordinator. The team would involve Criminal Investigators and Medical Supervisors in reviews of incidents.
d. Interviews with the Review Team and seeing examples of reviews show that the reviews consider staffing levels, physical plant, inmate demographics and monitoring technology. The incident reviews provide for recommendations for future determent of incidents.
e. The Sheriff stated that any recommendations would be implemented and documented.

### 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*)

a. FCADC follows policy 902.7 concerning incident based data using standard definitions.
b. The data is reviewed at least annually and if need be after an incident.
c. The detention center recently completed and submitted a “Survey of Sexual Victimization” to the Department of Justice. I was provided with a copy of the survey. The facilities incident based data was sufficient to complete the survey.
d. All reports, statements, video recordings and reviews are utilized and maintained on every incident.
e. N/A
f. The Jail Administrator completed and submitted a survey to the Department of Justice in May of 2019.

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)*

a. Both the Sheriff and the Jail Administrator stated during interviews that data collected would be reviewed and considered in the on-going effort to prevent, detect and react to sexual misconduct within the facility.

b. The annual report includes comparisons with previous year’s statistics.

c. The annual report including data is posted on the FCADC web-site  [https://www.co.freeborn.mn.us/DocumentCenter/View/3747/PREA-reporting-by-year](https://www.co.freeborn.mn.us/DocumentCenter/View/3747/PREA-reporting-by-year)

d. No materials were redacted but the facility would specify the nature of redactions if need be.

### 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)

a. The FCSO follows policy 902.8, MNSS 609.344 and MN Rule 2911.2100 that requires secure retention of data.
b. Statistics and incident based data is posted on the facility web-site [https://www.co.freeborn.mn.us/DocumentCenter/View/3747/PREA-reporting-by-year](https://www.co.freeborn.mn.us/DocumentCenter/View/3747/PREA-reporting-by-year)
c. The data does not include any personal identifiers.
d. Policy requires retention of the data for at least 10 years.

**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)*

a. The facility was last audited on October 30, 2014. This audit will be completed after 4 years.
b. This would be the in the second year of the audit cycle.
h. I had access to all areas of the facility during the tour portion of the on-site audit.
i. I requested and received electronic submitted documents prior to the on-site audit. I collected
documents during the on-site audit and requested and received documents while writing the
final report.
m. I was provided with a private room to conduct interview with inmates and staff members.
n. I provided posters to the detention center six weeks prior to the on-site audit that contained
information for inmates and staff members to contact me confidentially. I observed that the
posters were in conspicuous areas of the facility during the tour.

### 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 within 90 days of issuance by auditor. The review period is for
  prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the
  case of single facility agencies, the auditor shall ensure that the facility's last audit report was
  published. 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)*

a. FCADC has posted on its web-site
   https://www.co.freeborn.mn.us/DocumentCenter/View/3736/PREA-Audit   the final report from
October 2014 and is obligated under contract to post this final report on its web-site within 90
days of receipt of the report.
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Timothy Pippo ___________________________  June 7, 2019 ________

Auditor Signature  Date