

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: September 6, 2016

Auditor Information			
Auditor name: Timothy Pippo			
Address: 3800 Braddock Av NE Buffalo, MN 55313			
Email: tim.pippo@co.wright.mn.us			
Telephone number: 763-684-2380			
Date of facility visit: 2/8/2016 2/9/2016 9/4/2016			
Facility Information			
Facility name: Lyon County Jail			
Facility physical address: 611 West Main Marshall, MN 56258			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 507-537-7000			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Brad Marks			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 87			
Current population of facility: 34			
Facility security levels/inmate custody levels: Minimum Medium Maximum			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Eric Wallen		Title: Sergeant	
Email address: ericwallen@co.lyon.mn.us		Telephone number: 507-537-7000	
Agency Information			
Name of agency: Lyon County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Lyon County Board of Commisioners			
Physical address: 611 West Main Marshall, MN 56258			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 507-537-7000			
Agency Chief Executive Officer			
Name: Mark Mather		Title: Sheriff	
Email address: markmather@co.lyon.mn.us		Telephone number: 507-537-7000	
Agency-Wide PREA Coordinator			
Name: Brad Marks		Title: Jail Administrator	
Email address: bradmarks@co.lyon.mn.us		Telephone number: 507-929-6647	

AUDIT FINDINGS

NARRATIVE

Lyon County Jail is an 87 bed medium size jail located in Marshall Minnesota a rural community which is located in Southwest Minnesota. The Jail houses adult Male and Female Offenders and has a 24 hour limit on holding youths between the ages of 14-17. The Jail also contracts with the State of Minnesota to house inmates for the Minnesota Department of Corrections. The facility is licensed and inspected by the Minnesota Department of Corrections and abides by Minnesota Rules Governing Adult Correctional Facilities Chapter 2911. On 02/08/2016 and 02/09/2016 Timothy Pippo a Certified PREA Auditor conducted an audit of the Lyon County Jail. I was first given a thorough tour of the facility and then proceeded to conduct 15 random interviews of the 34 inmates housed in the Jail along with interviewing 12 staff members. I also completed 2 phone interviews with medical persons. Because of the size of the Jail, the majority of line staff performs intakes and classification along with security duties. On conclusion of the second day of the audit, I had an exit interview with the Jail Administrator and the Sheriff, I explained some deficiencies I discovered during the audit and gave them some suggestions to remedy the areas of concern. The audit concluded that the facility did not meet 19 standards. I completed an interim report and placed the jail on a 180 day corrective period. The interim report included recommended corrective direction for the facility to follow to obtain compliance with the standards that were not met. Those corrective notes are included in parenthesis in this final report. Lyon County Jail staff did an excellent job of heeding those corrective notes and creating Policies, Procedures and Practices to obtain compliance with the standards in question. The Jail Administrator provided me with numerous documents to verify the actions taken. On 9/4/2016 I made a follow-up visit to the facility to perform interviews on the 3 staff members on duty and 6 inmates. I also conducted 3 phone interviews on 9/2/16. The interviews gave this auditor satisfactory proof that corrective actions were taken by the Agency, the Facility and the PREA Coordinator to achieve compliance with the standards that were not met.

Mission Statement: The Lyon County Jail provides for the safe, secure, and humane detention of offenders in Lyon County.

To fulfill this responsibility the Lyon County Adult Detention Facility shall follow the standards established by the Minnesota Department of Corrections, Minnesota State Statutes, and the United States Constitution.

We are committed to the embracing the following ideals:

- All persons are held accountable for their behavior.
- Our staff is our greatest resource and we will provide training to accomplish a safe, secure and humane environment.
- The preservation of basic human rights and dignity of the public, staff, and inmates.
- An atmosphere that encourages positive behavior and the integration of responsible individuals who are returning to our community.

The Lyon County Jail is an integral part of the criminal justice system. We strive to cooperate with other agencies, promote mutual respect, and welcome community involvement. We are a credit to our profession and a source of pride to Lyon County.

DESCRIPTION OF FACILITY CHARACTERISTICS

Lyon County Jail is located in the same building complex as the Lyon County Law Enforcement Center and the Lyon County Courthouse in downtown Marshall Minnesota. The Jail is an indirect podular design with a capacity of 87 beds and an operating capacity of 76. The facility has 5 housing units, 3 of the units are 16 bed double bunk cells, 1 20 bed double bunked unit and 114 bed double bunked unit. There are 3 holding cells in the intake area, 1 isolation cell and 3 single bunk segregation cells. The Jail has a Medical Room, 2 Programs Rooms one of which is also the inmate library, a Staff Break Room, a Sergeants Office, a laundry room, an attorney's meeting room and another meeting room. There is also a Recreation room, along with an inmate property storage room. The intake area also has a group holding area. The facility utilizes video visitation. Officers are stationed at a Pod Control area which has a control panel for the doors and video monitoring. The Pod Control area allows great visibility into the housing units and has no line of sight issues for bathroom or shower areas for the inmates. All of the showers and bathroom areas in the facility allow for inmate privacy. The Jail operates with a minimum of 3 officers on duty and always has a supervisor/sergeant on duty as well. The sergeants normally work alongside line staff in the Pod Control area. The facility has 68 cameras strategically positioned to allow maximum surveillance of inmate activities.

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The Jail follows Policy 902 to cover this standard. The Lyon County Jail Administrator is the PREA Coordinator and interviews with the Administrator confirmed adherence to this standard. The Jail has a Zero Tolerance policy that is part of the culture of the agency.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Lyon County Jail does not contract with any outside agency for the security functions of the facility. Therefore this standard is Not Applicable.

Standard 115.13 Supervision and monitoring

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

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

- a). The facility has a Staffing Plan that is consistent with what is required by the Minnesota Department of Corrections Rule 2911.0900. The plan includes video monitoring and adheres to all of the components of this Standard.
- b). The Staffing Plan is never deviated from. Staff are required remain on duty until relieved.
- c). The Jail Administrator confirmed during interviews that PREA considerations are addressed when re-evaluating the Staffing Plan. The facility recently updated it’s digital video recording devices to enhance viewing and recording of incidents.
- d). The Lyon County Jail has a procedure in place to ensure that supervisors make unannounced random checks on staff to deter and detect

staff sexual abuse or harassment and to document these checks. Supervisors often work alongside housing officers. The Jail Administrator has access to view and monitor the facility video system from his personal computer.

Standard 115.14 Youthful inmates

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

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

The facility has a 24 hour limit on holding youthful inmates. Interviews with staff confirmed that every effort is made to ensure sight and sound separation of these inmates from adult inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

- a). The Jail does not perform cross-gender strip searches of any kind. Staff have a PREA Fact Bulletin to refer to when necessary.
- b). The Jail does not perform cross-gender pat searches of any kind. Interviews with inmates revealed that they were never withheld from programs because of gender specific searches.
- c). The facility would not perform cross-gender searches but would document such searches.
- d). All of the housing units have individual showers that have half doors (saloon type) to maintain privacy. Interviews with both inmates and officers indicate that staff members of the opposite gender announce themselves when entering a housing unit and that inmates are never naked in front of opposite sex staff members. Cameras in individual cells are not focused on any bathroom areas.
- e). Staff indicated that they would take the inmate’s own view on gender to determine who would perform searches on Transgender inmates.
- f) Officers are trained on how to conduct searches on Transgender and Intersex inmates. Searches are included in the facility training curriculum.

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

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

- Does Not Meet Standard (requires corrective action)

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

(The facility needs to include inmate PREA training in their Spanish Handbook and post PREA information in the housing units in Spanish.) During the 180 day corrective period, the facility has created and implemented a Spanish Handbook, added Inmate Education posters in Spanish in the housing units. The jail has created and adopted Policy 503 and now have a PREA Fact Bulletin in reference to this standard to guide and assist staff when dealing with inmates that meet the criteria of the standard. They have also added a procedural outline for staff to utilize when using “Language Line Services” for interpretive purposes. An interview with a limited English speaking inmate confirmed that they were aware of the facility zero tolerance policy and knew how to report incidents.

Standard 115.17 Hiring and promotion decisions

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

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

(The facility needs to develop a plan to ask questions contained in this standard on employee background checks and during employee performance reviews and to document such items. The Jail also needs to develop policies on employee discipline for violations of incidents outlined and defined in this standard.)

During the corrective period, the Jail implemented the following to come into compliance with this standard.

a). The facility follows the Sheriff’s Office Policy 304 which has been modified to meet this standard. The criteria outlined in the subsection of this standard are considered when hiring, promoting, recruiting and during annual performance reviews with all employees. Criminal background checks are performed on all employees including volunteers and contractors. The policy outlines discipline up to termination for false information given during self-disclosure statements.

Standard 115.18 Upgrades to facilities and technologies

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

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

Lyon County Jail upgraded digital video recording hardware and software recently. Interviews with the Jail Administrator and the Sheriff confirmed that PREA considerations were factored into the decision to upgrade the video devices and would be a concern in future upgrades of any kind.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The Jail follows Policy 902.3 that is concerned with this standard. Victims of sexual abuse would be transported to Avera Regional Medical Center Marshall for emergency forensic examinations. The Jail is in the process of obtaining a mou with New Horizons victims advocate group.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The Lyon County Jail will utilize the Lyon County Sheriff's Office investigators for criminal investigations of sexual abuse incidents which occur within the facility. Policy 602 outlines sexual assault investigations. The Office has two qualified, trained investigators assigned to perform criminal investigations. The Office web-site <http://www.lyonco.org/victim-rights> pertains to victims of sexual abuse.

Standard 115.31 Employee training

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

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

(The Jail needs to train and document such training for all staff members.)

During the corrective period, the facility has done an extensive amount of training for employees. They have adapted Policy 307 which
PREA Audit Report

covers all aspects of this standard. They have utilized several training resources including the PREA Resource Center “Cross Gender Searches” the NIC “Policy Review and Developmental Guide for LGBTI” PREA Fact Bulletins for Cross Gender Viewing, Sexual Harassment and Inmate Education and a Power Point training. The training is documented and staff members are tested for comprehension of the training provided. Interviews with staff members solidified that fact that they had received training that adheres to this standard.

Standard 115.32 Volunteer and contractor training

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

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

(The Jail needs to train and document training of all volunteers)

The facility has added training curriculum to volunteers and contractors. The Jail has documented receipt of this training and interviews with two volunteers confirmed that they had received and understand the training, both indicated that they knew how to respond to and report any incidents.

Standard 115.33 Inmate education

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

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

(The facility needs to post PREA training material in the housing units and develop policy and procedures for 30 day follow-up training for inmates.)

The jail now has an inmate education statement in English and Spanish and inmates are required to sign acknowledgement of such during intake. The statement form is posted in the housing units and included in Inmate Handbooks. The facility contracts with “Turnkey Vending”. The vending company uses kiosks for inmate requests; inmates must sign acknowledgment of the PREA statement when first using the kiosk and every thirty days thereafter. Interviews with inmates indicated that they had received the education upon being booked into the facility and have received subsequent education at least every thirty days after arrival.

Standard 115.34 Specialized training: Investigations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Lyon County Sheriff’s Office has two seasoned well-trained deputies assigned to investigate sexual assaults. The investigators have received training on confinement investigations through the NIC online course. Policy 602 outlines sexual assault investigations.

Standard 115.35 Specialized training: Medical and mental health care

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

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

The Jail contracts with” Affiliated Community Medical Center” (ACMC) for medical services. Their web-site is http://www.acmc.com/clinics_sub.cfm?clinicID=13 ACMC staff have been trained by Jail on its Zero Tolerance Policy and how to report any and all allegations or incidents of sexual abuse/harassment. The medical staff have also been trained by the Provider on how to detect and respond to sexual abuse victims. The medical staff at the Jail would not conduct forensic examinations; inmates would be transported to “Avera Marshall Medical Center” for emergency treatment.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

(The facility needs to develop and start using a PREA screening tool at intake. A 30 day follow-up screening needs to be implemented. Re-classification of inmates needs to include PREA concerns.)

The jail has incorporated procedures and guidelines in Policy 508 to comply with this standard. They have developed and now utilize a PREA Intake Screening tool and a PREA Victim Form that adhere to the requirements of this standard. A thirty day follow-up screening is included in the requirements of the policy. Interviews with intake staff indicate that they use the screening/assessment tool on every inmate upon during the booking process.

Standard 115.42 Use of screening information

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

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

(The screening tool needs to include language as to how to use the information gained in housing assignments and protective custody concerns.)

The facility now has Policy 508 to help staff determine housing assignments for inmates that are potential abusers or potential victims and also for inmates that meet LGBTI definitions. During follow-up interviews with staff members, it was determined that the Jail uses the screening information for Housing Assignments and to determine if an inmate may be a potential victim or aggressor.

Standard 115.43 Protective custody

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

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

(The Jail needs to develop a Policy and practice for using Protective Custody housing.)

Policy 508 spells out procedures for Protective Custody and the jail has single occupancy cells to utilize for such classifications. The facility will use the least restrictive means possible for protective custody inmates. Interviews with inmates determined that they were not restricted from programming because of housing assignments. Interviews with officers confirmed that they were aware of the new policy and its guidelines on housing victims of sexual abuse in protective custody.

Standard 115.51 Inmate reporting

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

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

corrective actions taken by the facility.

(A Policy is needed to cover this standard.)

Policy 606 was amended during the corrective period to include methods for inmates to make reports to staff and for staff to accept reports from inmates or third party persons. Interviews with staff and inmates concluded that they were aware that they could make reports in person, through third parties and privately if wanted.

Standard 115.52 Exhaustion of administrative remedies

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

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

The Jail has a grievance policy for inmates. The information on how to complete a grievance is available to all inmates. The Jail will treat any grievance that pertains to sexual assault or sexual harassment as an emergency grievance and act upon it immediately.

Standard 115.53 Inmate access to outside confidential support services

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

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

(The Jail needs to document a MOU with “New Horizons”.)

The Lyon County Jail has a signed Memoranda of Understanding with “New Horizons Crisis Center”

<http://www.newhorizonscrisiscenter.org/>

to provide confidential support for any inmate house in the jail. The phone number for this entity is posted conspicuously in posters, brochures and handbooks. Interviews with inmates confirmed that they were aware of these services. A phone interview with a representative from the crisis center confirmed that they will provide services to inmates in the Lyon County Jail.

Standard 115.54 Third-party reporting

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

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

Lyon County Jail has information available to inmates and the public on their web-site <http://lyonco.org/jail> on third party reporting. Interviews with inmates indicated that had knew third party persons could report on their behalf and interviews with staff confirmed that they would receive, document and act upon any third party reports.

Standard 115.61 Staff and agency reporting duties

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

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

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

Standard 115.62 Agency protection duties

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

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

Staff interviews indicated and affirmed that a victim’s safety was the number one concern of any incident.

Standard 115.63 Reporting to other confinement facilities

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

- Does Not Meet Standard (requires corrective action)

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

Jail has a procedure for notifying other agencies of reports of sexual abuse or sexual harassment that happened in their facility. Procedures for this type of notification are contained in the initial PREA assessment form/tool. The Jail Administrator and the Sheriff confirmed that they would promptly make notification and investigate such complaints. There have been no inmates reporting such incidents to Lyon County in the past year.

Standard 115.64 Staff first responder duties

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

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

(The Jail needs to develop a policy and procedure and train staff on how to respond to sexual assault incidents.)
Within the 180 day corrective period, the jail has modified Policy 606 to comply with the procedures outlined in the standard. They have also trained the employees and created a procedural document to assist staff responding to an incident. Interviews with staff members indicated that they knew the correct procedures to follow to protect the victim and preserve criminal evidence. There have been no sexual assault incidents in the jail in this audit period. Interviews with staff members show that they know the correct procedures to follow to keep the victim safe and maintain a crime scene including forensic evidence.

Standard 115.65 Coordinated response

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

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

(The Jail needs a written procedure on this standard.)
The jail did develop and implement a detailed standard operating procedure to aid staff members that are first responders to an incident. Interviews with officers indicated that they have been trained on the new policy and procedures.

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

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

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

(Policy and procedures need to be written and implemented to cover all areas of this standard.)

Policy 606 was amended to adhere to this standard. Jail security staff members are under a collective bargaining agreement. The Sheriff affirmed that there is no language in the contract that would prevent him from removing any staff member from the facility and or disciplinary action up to and including termination for sexual abusers.

Standard 115.67 Agency protection against retaliation

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

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

Policy 902.6 pertains to this standard. Interviews with supervisors and line staff officers show that they would take all measures possible to prevent, detect and respond to any type of retaliation.

Standard 115.68 Post-allegation protective custody

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

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

(A procedure needs to be included in the facility classification tool to adhere to this standard.)

The Jail Administrator developed Policy 505 that gives clear directions for dealing with inmates in segregated housing including those who

have reported victimization. The policy provides procedures for monitoring inmates in segregation.

Standard 115.71 Criminal and administrative agency investigations

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

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

The Lyon County Sheriff's Office will investigate criminal sexual abuse cases that happen within the Jail. The investigators assigned this duty will follow evidentiary protocols as determined by State of Minnesota Laws. An interview with one of the investigators confirmed that they would report to and confer with Prosecuting County Attorneys any alleged incidents. Administrative investigations would be conducted on any and all incidents. There have been no investigations of sexual abuse or sexual harassment incidents within the Jail in this audit period.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Agency investigations adhere to the evidentiary qualification outlined in this standard.

Standard 115.73 Reporting to inmates

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

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

(The Jail needs to develop a policy for this standard.)

During the corrective period, the jail has added Policy 606.7.2 which clearly defines the responsibility of the facility to keep victims apprised of any on-going criminal investigation and to document such notifications. There have been no staff or inmates criminally investigated for sexual abuse in this audit period.

Standard 115.76 Disciplinary sanctions for staff

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

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

(Policy needed for this standard.)

The facility has added Policy 606.7.1 to cover this standard. Discipline for employees up to and including termination is also outlined in the Sheriff's Office Policy 304. The Sheriff, the investigative detective and the Jail Administrator confirmed that all sexual abuse allegations against employees would be investigated no matter the status of the employee.

Standard 115.77 Corrective action for contractors and volunteers

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

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

(Policy needed.)

Policy 606.8.1 has been developed to outline sanctions for volunteers and or contractors. The Jail Administrator informed me that any allegation on a volunteer or contractor would cause immediate removal from the facility and would be referred for investigation.

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

The Jail has a due process procedure outlined in the Inmate Handbook when dealing with inmate discipline. Jail rules are outlined in the Inmate Handbook also. Sexual Abusers would be disciplined at highest degree. There are consequences for false accusations by inmates.

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

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

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

(The Jail needs to develop a screening tool and a method for staff to report to medical staff any history of sexual abuse reported to them.) The Jail has included mental and medical health screening in Policy 707, 712, 606.15 and 508. They have developed a new screening tool to be used during each intake and the tool provides direction for staff to follow when an inmate reports sexual abuse or abusiveness. Staff interviews confirmed that they make referrals to Medical Provider based on the results of the assessment tool.

Standard 115.82 Access to emergency medical and mental health services

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

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

Sexual abuse victims would be promptly transported to “Avera Regional Medical Center Marshall for forensic examinations and emergency medical care. An interview with a nurse from the Emergency Department of the Hospital confirmed that they would treat any inmate of the Lyon County Jail that was brought to them.

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

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

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

The Jail’s contracted Medical Providers would ensure ongoing medical and mental health care for victims. Mental Health care would be referred to a qualified outside provider. An interview with one of the nurses confirmed that the would provide such services to any victim.

Standard 115.86 Sexual abuse incident reviews

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

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

(The Jail needs to assign officers as incident review team members and train these officers on investigative procedures. An incident review form also needs to be created.)

Policy 606.10 has been developed to comply with this standard. The Jail has trained staff using the curriculum from the NIC on investigations. They have also implemented a PREA Incident Review form and an incident log.

Standard 115.87 Data collection

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

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

Policy 902.7.2 outlines steps necessary to comply with this standard. The Jail Administrator is charged with collecting data and utilizing that data in decision making.

Standard 115.88 Data review for corrective action

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

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

Policy 902.7.2 refers to this standard. The facility posts data collected on its web-site <http://lyonco.org/attachments/article/361/Prison%20Rape%20Elimination%20Act%20Annual%20Website%20Material.pdf> Personal information is redacted from the report.

Standard 115.89 Data storage, publication, and destruction

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

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

Policy 902.8 follows State and Federal Statutes concerning data privacy and retention. The Jail abides by Minnesota Rule 2911.2100, 2200, 2300 in regards to the status of data as confidential or public.

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

September 6, 2016

Auditor Signature

Date