

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

Interim Final

Date of Interim Audit Report: 10/20/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 03/01/2021

Auditor Information

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Company Name: Click or tap here to enter text.

Mailing Address: P.O. Box 1201

City, State, Zip: Brainerd, MN 56401

Telephone: 218-831-9636

Date of Facility Visit: September 16-17, 2020

Agency Information

Name of Agency: Lyon County Sheriff's Office

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

Physical Address: 611 West Main Street

City, State, Zip: Marshall, MN 56258

Mailing Address: 611 West Main Street

City, State, Zip: Marshall, MN 56258

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.lyonco.org/departments/sheriff/jail/jail-policies>

Agency Chief Executive Officer

Name: Sheriff Eric Wallen

Email: EricWallen@co.lyon.mn.us

Telephone: 507-929-6601

Agency-Wide PREA Coordinator

Name: Administrative Sergeant Gabriel Figueroa

Email: GabrielFigueroa@co.lyon.mn.us

Telephone: 507-929-6645

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator:

Jail Administrator

0

Facility Information

Name of Facility: Lyon County Jail			
Physical Address: 611 West Main Street		City, State, Zip: Marshall, MN 56258	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Facility Website with PREA Information: https://www.lyonco.org/departments/sheriff/jail/jail-policies			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Minnesota Department of Corrections Inspection and Enforcement Unit			
Warden/Jail Administrator/Sheriff/Director			
Name: Brad Marks – Jail Administrator			
Email: BradMarks@co.lyon.mn.us		Telephone: 507-929-6647	
Facility PREA Compliance Manager			
Name: Click or tap here to enter text.			
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Avera Home Health			
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Characteristics			
Designated Facility Capacity:	87		
Current Population of Facility:	25		
Average daily population for the past 12 months:	34		

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-99
Average length of stay or time under supervision:	17 days
Facility security levels/inmate custody levels:	Minimum; General Population, Special Management
Number of inmates admitted to facility during the past 12 months:	701
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	383
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	111
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	1 <input type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	22
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	6
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	6

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	8
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	1
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

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

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>2</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) on-site audit of the Lyon County Jail located in Marshall, Minnesota was conducted on September 16-17, 2020. Pre-Audit preparation included a thorough review of the Pre-Audit Questionnaire and all documentation and materials submitted by the facility. The documentation reviewed included, agency policies, procedures, forms, staff training records and curriculum. A copy of the staff schedule and inmate roster were provided on the first day of the on-site audit. There were 25 inmates in-custody on the first day of the on-site audit. Concerns over the spread of the Coronavirus has reduced the number of inmates in-custody.

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

During the on-site audit on September 16-17, 2020, the auditor was provided a conference room to work and conduct confidential interviews with staff. Eleven formal personal interviews were conducted with facility staff representing all shifts. Five random staff members, two staff members who perform risk screenings, three intake staff, and one intermediate-or-higher-level facility staff who conduct unannounced rounds. Also interviewed were the Sheriff, an investigator, medical provider and mental health provider. Interviews with the Administrative Sergeant included Jail Administrator, PREA Coordinator, agency contract administrator, designated staff member charged with monitoring for retaliation, and agency contract administrator.

Confidential interviews with inmates were conducted in a conference room. Eight random inmates were interviewed. I was not able to meet the minimum requirement of ten inmates because all other inmates refused to be interviewed. Throughout the facility tour, speaking with inmates and staff I did not find any evidence of inmates being fearful of speaking with me. There were zero targeted inmates identified to interview during the on-site audit.

The facility reported one allegation of substantiated, unsubstantiated, or unfounded reports of sexual abuse and sexual harassment. The facility employs 22 employees which include the Jail Administrator, Administrative Sergeant (PREA Coordinator), 5 Sergeants, 12 correctional officers, 2 court transport officers, and 1 administrative support staff technician.

A facility tour was conducted by the Administrative Sergeant. All areas of the facility were toured which included (booking, sergeants office, control/dispatch, kitchen, laundry, medical, program classroom/library, recreation room, staff breakroom, vehicle sallyport, officer work area and 8 housing areas). The auditor observed location of cameras, staff supervision of inmates, placement of posters, PREA information resources, and security monitoring. The auditor observed toilets and sinks in each cell and private showers located in each housing area. The auditor was given access to all areas of the facility and talked to staff and inmates informally during walk-throughs of the facility during the visit.

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

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

The Lyon County Sheriff's Office has developed a culture of zero-tolerance for sexual abuse and sexual harassment. The agency is represented by an investigator as a member of the Lyon County Sexual Assault Multidisciplinary Action Response Team (SMART).

Staff and inmates report feeling safe working and living in the Lyon County Jail. Staff were friendly and readily available for interviews and open to answering questions. Staff understood their responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment in the facility

On September 6, 2016 the facility was found in compliance with the PREA standards.

During the past 12 months, the facility reported one allegation of substantiated, unsubstantiated, or unfounded reports of sexual abuse and sexual harassment. One unfounded complaint of inmate-on-inmate sexual abuse. The facility received zero reports from inmates that they were sexually abused or sexually harassed in another facility and received zero reports from another facility that an inmate was sexually abused or harassed at its facility.

Interviews with inmates confirmed they are provided PREA education and understood the agency's zero-tolerance policy. During the booking process inmates are provided information on the facility's zero-tolerance of sexual abuse and harassment and how to report allegations of sexual abuse and sexual harassment. The first time an inmate logs into the kiosk, the inmate is required to read and acknowledge the facility's PREA education information which is available in multiple languages. Every 30 days thereafter, inmates are required to read and accept the PREA education information. The inmate handbook tab is also available on the kiosk. Interviews with random inmates confirmed they received comprehensive PREA education. Inmates interview reported feeling safe in the facility and believed that staff would respond to any report of sexual abuse or harassment.

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

The facility has a signed Memorandum of Understanding (MOU) New Horizons Crisis Center <https://www.newhorizonscrisiscenter.org/home> to provide emotional support and be a third-party reporter. The facility would transport an inmate victim of sexual abuse to Avera Marshall Regional Medical Center <https://www.avera.org/locations/marshall/> for treatment. Examinations will be performed by a Sexual Assault Nurse Examiner (SANE) if possible, if a SANE is not available the examination will be performed by other qualified medical practitioners. The contact information New Horizons Crisis Center is posted throughout the facility and states the calls are free and private.

After a review of documentation, information gathered during the on-site audit, and staff and inmate interviews, this auditor found facility leadership promotes and supports a culture of zero-tolerance for sexual abuse and sexual harassment.

Facility Characteristics

The Lyon County Jail is a class III facility under the Minnesota Department of Corrections (MNDOC) 2911 rules governing adult detention facilities in Minnesota. The facility is provisionally licensed and inspected by the MNDOC to determine continued compliance with Minnesota Chapter 2911 rules governing adult detention facilities in Minnesota. The facility design is podular indirect, custody staff complete staggered inmate well-being checks every 30 minutes.

The facility is a well-maintained two-story building that opened in 2010. The facility is licensed by the Minnesota Department of Corrections to hold a maximum of 87 inmates. There were 22 adult male inmates, 3 adult female inmates, and zero juvenile inmates in custody on the first day of the PREA audit. The facility houses sentenced inmates for a time not to exceed any limits set by Minnesota Statutes, adult pre-trial and pre-sentence inmates indefinitely, and juveniles up to 24 hours excluding weekends and holidays. The facility has a housing contract with the Minnesota Department of Corrections Work Release and Murray County.

There is one main corridor in the facility that all areas are located off. There is one – 1 cell (single bunked) with a small dayroom and individual shower isolation cell. There is a raised officer workstation looking into four housing units consisting of one – 14 bed (7 double bunked cells) two-tier unit with 2 private showers and dayroom on the lower tier. One - 20 bed (10 double bunked cells) two-tier unit with 2 private showers and dayroom on the lower tier and two – 16 bed (8 double bunked cells) two-tier unit with 2 individual showers and dayroom on the lower tier. There is one – 16 bed (8 double bunked) two-tier work release unit with 2 private showers and dayroom on the lower tier. There are two work release locker rooms off the hallway. Work release inmates use locker room #1 to undress and store all jail property. In locker room #2 inmates dress into personal clothes. From locker room #2 is an exterior waiting area for inmates going out and coming back from work release. The wall of four of the housing units facing the officer workstation consist of windows that allow facility staff to observe inmate activities. There is one – 2 bed (2 cell) one level segregation unit with a private shower and small dayroom and one – 1 bed (1 cell) one level unit with a private shower. A 3 single cell segregation unit with a small dayroom and shower is located off booking.

The booking area includes an elevated staff workstation, Sergeants Office, 3 holding cells, a group holding cell with a private inmate restroom area. There is a shower, restroom, and unclothed inmate change area, and a property storage room. There is a transfer cell between the vehicle sallyport and booking with doors on both sides generally used for uncooperative intakes and a work room for officers to conduct breath testing and complete paperwork. One - 2 bed (2 cell) juvenile unit with an individual shower and small dayroom is located off a hallway between the vehicle sallyport and booking. The location of the juvenile unit allows juveniles to be held separately from the adult inmates.

There are two classrooms, one of the classrooms also serves as the inmate library that offers a variety of new and used books for inmates to read, and an indoor recreation area for the inmates.

The medical unit has an open area with separate office for the RN, exam room, restroom and medication storage area.

The Lyon County dispatch center is integrated with the jail's control room. Dispatchers work 24/7 and are responsible for monitoring the perimeter of the jail and law enforcement center and granting access into and out of the facility. Officers posted at the officer housing desk monitor the cameras located throughout the facility.

The Jail Administrator and Administrative Sergeant Offices' are located outside the secured perimeter of the jail. The Sergeant's Office is located inside the secured perimeter of the jail.

The kitchen is managed by staff provided through a contract with Summit Food Service <https://summitfoodservice.com/> to prepare inmate meals. Inmate meals are delivered from the kitchen to the housing units. Inmate's do not have direct access to the kitchen and inmate workers are not used in the kitchen to help prepare meals, wash dishes, or clean the kitchen.

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

The facility contracts with Avera <https://www.avera.org/locations/marshall/> to provide licensed medical health professionals to deliver healthcare to inmates.

Inmates are transported to the emergency department or specialty appointments for advanced or specialized medical treatment not available in the facility's clinic.

The facility contracts with Western Mental Health <http://wmhcinc.org/> to provide licensed mental health professionals to deliver mental health services to inmates.

The program department offers a variety of programs for inmates who want to begin a recovery program, or explore their faith.

The Work Release Program allows inmates who are sentenced, meet the criteria, and are approved to leave the facility the opportunity to continue working for their employer during their incarceration.

Work crew jobs for inmates in laundry.

Religious services are offered on Sunday.

Recovery programs include Alcoholics Anonymous and other programs for inmates dealing with alcohol, drug, or other addictions.

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

To reduce the chance of spreading the Coronavirus, the facility suspended inmate visitation, inmate programs and volunteers entering the building.

The Lyon County Jail and the Sheriff's Office are connected, the Lyon County Courthouse is located in the same building complex. Inmates are transported from the jail to the courtrooms using a secured corridor and elevator. The corridor and elevator have cameras.

Summary of Audit Findings

The facility did not meet the requirements of this standard because:

115.13 (a) – Facility does not have a written staffing plan that considers (1-11) of this paragraph

Corrective Action Required:

The corrective action to take would be to develop a written staffing plan considering the requirements in paragraph (a) of this standard.

Corrective Action:

On February 12, 2021 the facility provided a copy of the staffing plan developed by the agency that considers (1)-(11) in this paragraph.

The facility did not meet the requirements of this standard because:

115.15 (d) – Facility does not have verbiage in policy that allows for inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing. Facility policy does not include verbiage requiring all staff of the opposite gender to announce their presence before entering an inmate housing area.

Corrective Action Required:

The corrective action to take would be to add the verbiage to facility policy.

Corrective Action:

On February 12, 2021 the facility provided a copy of its updated policy 807 which includes verbiage that allows inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing. The updated policy also includes verbiage requiring all staff of the opposite gender to announce their presence before entering an inmate housing unit.

The facility did not meet the requirements of this standard because:

115.17 (e) Agency does not conduct criminal records background checks every five years on current employees or contractors.

115.17 (g) Agency should update policy that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Corrective Action Required:

The corrective action to take would be to implement a process to conduct criminal records background checks every five years on current employees.

The corrective action to take would be to update policy

Corrective Action:

On February 12, 2021 the facility provided a copy of the PREA Background Requirement – Driver License and Criminal History Form staff will be required to sign for background checks to be completed every five years. Nine staff members have received five-year background checks. The facility has implemented a process to complete five-year background checks on the employee's hire date.

The facility did not meet this standard because:

115.41 (c) – Currently, the facility is not using an objective screening tool

115.41 (d) – The screening tool does not consider all the criteria in this paragraph

115.41 (e) – The screening tool does not consider two of the three elements in this paragraph

Corrective Action Required:

115.41 (c - e) – The corrective action to take would be to implement an objective screening tool.

Corrective Action:

On February 12, 2021 the facility provided a copy of its updated risk screening. The updated risk screening is objective and considers all the criteria in paragraph (d) and (e) of this standard.

The facility did not meet this standard because:

115.53 (b) – Currently, the facility does not inform inmates the extent to which these communications will be monitored.

Corrective Action Required:

115.53 (b) – The corrective action to take would be to include the extent to which communications to New Horizons Crisis Center will be monitored.

Corrective Action:

On February 12, 2021 the facility provided documentation that the inmate handbook has been updated with verbiage informing inmates that the call to New Horizons Crisis Center is a free, private call. During the call to New Horizons Crisis Center, inmates do not hear the message “the call is being recorded” which notifies inmates the call is private.

The facility did not meet this standard because:

115.65 – The standard requires a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.

Corrective Action Required:

115.65 – The corrective action to take would be to develop a coordinated action plan.

Corrective Action:

On February 12, 2021 the facility provided a written coordinated response plan to coordinate actions taken in response to an incident of sexual abuse. The plan outlines responsibilities among first responders, medical and mental health practitioners, investigators, and facility leadership.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility has implemented a zero-tolerance policy as detailed in policy 606 and 1002 which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy outlines prohibited behavior and

contains the essential definitions outlined in the PREA standards. Policy 1002 and 307 establishes the foundation for the agency's training efforts with staff, volunteers, contractors, and inmates.

B. The facility has a designated PREA Coordinator, Administrative Sergeant Gabriel Figueroa who reports to the Jail Administrator who reports to the Sheriff. The PREA Coordinator reports having sufficient time and authority to develop, implement, and oversee the agency's efforts toward PREA compliance at the facility. Policies 100 and 202 outline the chain of command in the jail and the chain of command flow chart identifying the Administrative Sergeant as the designated PREA Coordinator.

C. Lyon County operates one facility

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 100
- Facility policy 202
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility has not entered in any housing contracts with other agencies for the confinement of their inmates.
- B.** The facility has housing agreements with the Minnesota Department of Corrections (MNDOC) Work Release Program and Murray.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Housing contract with the MNDOC
- Housing contract with Murray County
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The facility reports that the average daily population is 34. On the first day of the on-site audit there were 25 inmates in custody, the staffing plan is based on 88 inmates, the licensed capacity approved by the Minnesota Department of Corrections Inspection Unit.

- A.** Facility policies 219 and 223 outline the requirements of the formalized, written staffing plan which includes considerations (1-11) in paragraph “a” of this standard and the rules set by the Minnesota Department of Corrections (2911.0900.) Currently the facility does not have a written staffing plan that considers (1-11) in this paragraph. On February 12, 2021 the facility provided a copy of the staffing plan developed by the agency that considers (1)-(11) in this paragraph.
- B.** The facility does not deviate from its staffing plan. Voluntary or mandated overtime would be used to maintain minimum staffing. The facility reports zero deviations from the staffing plan.
- C.** Facility policy 219 and 223 requires the PREA Coordinator to review the staffing plan a minimum of once per year. The current PREA Coordinator was recently assigned the position, based on conversations with the Jail Administrator and PREA Coordinator, the PREA Coordinator will be involved in the annual staffing plan review.
- D.** The facility conducts and documents unannounced rounds on all shifts as outlined in policy 606. Facility policy prohibits staff from alerting other staff about unannounced rounds, unless it is necessary for operational considerations

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 219
- Facility policy 223
- Facility policy 606
- Review of facility staffing plan
- Completed Pre-Audit Questionnaire
- Unannounced rounds review
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Sergeant interviews

The facility did not meet the requirements of this standard because:

115.13 (a) – Facility does not have a written staffing plan that considers (1-11) of this paragraph

Corrective Action Required:

The corrective action to take would be to develop a written staffing plan considering the requirements in paragraph (a) of this standard.

Corrective Action:

On February 12, 2021 the facility provided a copy of the staffing plan developed by the agency that considers (1)-(11) in this paragraph.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The Lyon County Jail reports holding 1 juvenile inmate at the facility in the past 12 months. The Minnesota Department of Corrections Inspection Unit has issued a provisional license for the facility to hold juvenile inmates up to 24 hours (excluding weekends and holidays.) There were zero juvenile inmates in-custody on the dates of the on-site audit.

- A.** The facility has a dedicated juvenile housing area adjacent to the booking area that allows for sight, sound, and physical contact with any adult inmates.
- B.** Juvenile inmates are escorted by correctional staff outside their dedicated housing unit.
- C.** The juvenile housing unit has 2 single bunked cells adjacent to a dayroom. The dayroom allows juveniles space to walk. Juveniles are held at the facility for a maximum of 24 hours excluding weekends and holidays.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 506
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Facility tour

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Auditor Overall Compliance Determination

- A.** Facility policy 514 prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical

practitioners. The facility reports in the past 12 months, there has been zero cross-gender strip searches or cross-gender visual body cavity searches of inmates. Also, in the past 12 months, there has been zero cross-gender strip searches or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff.

- B.** Facility policy 514 states except in emergencies, male staff may not pat down female inmates and female staff may not pat down male inmates. All cross-gender pat-down searches shall be documented. The facility reports in the past 12 months there has been zero pat-down searches of female inmates conducted by male staff. Also, in the past 12 months, there have been zero pat-down searches of female inmates by male staff due to exigent circumstance.
- C.** Facility policy 514 requires cross-gender searches to be documented. The facility reports that it has conducted zero cross-gender strip searches of male or female inmates in the past 12 months. The facility also reports zero-cross gender pat-down searches of female inmates by male staff in the past 12 months.
- D.** Facility policy does not include verbiage that allows for inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing. Facility policy does not include verbiage requiring all staff of the opposite gender to announce their presence before entering an inmate housing area. It is facility practice all staff of the opposite gender announces their presence before entering an inmate housing area.
- E.** Facility policy 514 prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmates' genital status.
- F.** The facility has trained 100 percent of their staff to conduct cross-gender pat-down searches and searches of transgender or intersex inmates in a professional and respectful manner.

Random inmate interviews confirmed opposite gender announcements from staff when entering their housing areas. Inmates stated staff are respectful of their privacy and they can get dressed, shower, and perform bodily functions out of the view of staff.

Staff confirmed during interviews that male staff do not conduct any searches of female inmates. Staff also confirmed they do not conduct cross-gender strip searches of male or female inmates. Staff were able to explain or demonstrate the pat-search training they received. Staff interviewed knew they are required to announce their presence before entering a housing unit holding inmates of the opposite gender.

During the dates of the on-site audit there were zero transgender or intersex inmates in custody to interview.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policies 514
- Facility policy 807
- Completed Pre-Audit Questionnaire submitted by the Agency
- Random staff interviews
- Random inmate interviews
- Training records and curriculum
- Observations during facility tour

The facility did not meet the requirements of this standard because:

115.15 (d) – Facility does not have verbiage in policy that allows for inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing. Facility policy does not include verbiage requiring all staff of the opposite gender to announce their presence before entering an inmate housing area.

Corrective Action Required:

The corrective action to take would be to add the verbiage to facility policy.

Corrective Action:

On February 12, 2021 the facility provided a copy of its updated policy 807 which includes verbiage that allows inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing. The updated policy also includes verbiage requiring all staff of the opposite gender to announce their presence before entering an inmate housing unit.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility ensures key information about the Prison Rape Elimination Act (PREA) is continuously and readily available or visible to inmates through posters, inmate handbook and

PREA information on the kiosk. The facility uses the Language Line and Spanish speaking correctional staff. The facility is working on securing a contract with translation services for the hearing impaired. Allowing disabled and limited English proficient inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.

B. The facility uses the Language Line and Spanish speaking correctional staff. The kiosk offers several different languages inmates can select to review the inmate handbook and the PREA information.

C. Facility policy 1002 states only qualified interpreters will be used to provide services for inmates with disabilities or who are limited English proficient.

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

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 1002
- Facility policy 602
- Completed Pre-Audit Questionnaire submitted by the agency
- Interview with Sheriff Eric Wallen
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Random staff interviews
- Language line contract information

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Facility policy 107 outlines the requirements of hiring or promoting of anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has the prohibited conduct specified in paragraph “a” (1-3) of this standard.
- B.** Any incidents of sexual harassment will be considered in determining whether to hire, or promote anyone, or enlist the services of any contractor who may have contact with inmates. This information is outlined in the Agency’s Personnel Policy Manual.
- C.** Facility policy 300 states a criminal records background check is completed before hiring new employees who may have contact with inmates. The Sheriff verified that background checks are completed before hiring new employees who may have contact with inmates. Criminal background record checks are performed through the Minnesota Bureau of Criminal Apprehension (BCA) which includes local, State, Federal, and predatory offender registers.
- D.** Criminal background records checks are completed through the Minnesota Bureau of Criminal Apprehension (BCA) which includes local, State, Federal, and predatory offender registers before enlisting the services of any contractor who may have contact with inmates.

- E.** Facility reports not conducting criminal records background checks at least every five years of current employees and contractors who may have contact with inmates. On February 12, 2021 the facility provided a copy of the PREA Background Requirement – Driver License and Criminal History Form staff will be required to sign for background checks to be completed every five years. Nine staff members have received five-year background checks. The facility has implemented a process to complete five-year background checks on the employee’s hire date.
- F.** Employees are required to complete an Annual Performance Review PREA Considerations Form.
- G.** Facility reports policy does not state material omissions regarding sexual abuse or sexual harassment, or the provision of materially false information, are grounds for termination. The policy has been updated to include verbiage required in this paragraph.
- H.** Facility policy and procedure requires information be shared with other institutional employers when requested unless prohibited by law.

The facility reports that in the past 12 months, 6 persons hired who may have contact with inmates received criminal records background checks.

The facility reports that in the past 12 months, zero contract for services employee criminal background record checks were conducted on any staff covered in the contract who might have contact with inmates.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 107
- Facility policy 300
- Completed Pre- Audit Questionnaire submitted by the Agency.
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Employee file review
- Criminal records background check reviews
- Annual Performance Review PREA Considerations Form

The facility did not meet the requirements of this standard because:

115.17 (e) Agency does not conduct criminal records background checks every five years on current employees or contractors.

115.17 (g) Agency should update policy that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Corrective Action Required:

The corrective action to take would be to implement a process to conduct criminal records background checks every five years on current employees.

The corrective action to take would be to update policy

Corrective Action:

On February 12, 2021 the facility provided a copy of the PREA Background Requirement – Driver License and Criminal History Form staff will be required to sign for background checks to be completed every five years. Nine staff members have received five-year background checks. The facility has implemented a process to complete five-year background checks on the employee’s hire date. The policy has been updated to include verbiage required in paragraph (g) of this standard

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

A. The facility has not acquired a new facility or made a substantial expansion to the existing facility since the last PREA Audit.

B. The facility has not updated its video monitoring system since the last PREA Audit.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Sheriff Eric Wallen
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The Lyon County Sheriff's Office trained investigators conduct criminal and administrative investigations of sexual abuse and harassment allegations.

- B.** The Agency follows their Investigations policy which outlines the protocol for conducting sexual abuse investigations. The investigator who conducts criminal investigations was able to explain the investigatory protocols used for conducting criminal sexual abuse and harassment investigations at the facility.
- C.** Forensic medical examinations will be conducted at Avera Marshall Regional Medical Center [Emergency & Trauma Services \(avera.org\)](http://www.avera.org) Forensic medical examinations will be performed on sexual abuse victims transported from the jail. Treatment services will be provided without financial cost to the victim.
- D.** The facility has a signed Memorandum of Understanding (MOU) to provide victim support services with New Horizons Crisis Center <https://www.newhorizonscrisiscenter.org/> At the request of the victim, an advocate will accompany the victim through the forensic medical examinations and investigatory interviews. Emotional support, crisis intervention, and information services would be offered to the victim.
- E.** The signed MOU between the facility and New Horizons Crisis Center <https://www.newhorizonscrisiscenter.org/> includes providing victim advocate services and emotional support services to inmate victims of sexual abuse.
- F.** The Agency conducts the criminal investigations into allegations of sexual abuse.

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- MOU between the facility and New Horizons Crisis Center
- Random staff interviews
- Interview with an investigator
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The facility reported receipt of 1 allegation of sexual abuse or sexual harassment during the past 12 months.
- B.** Facility policy requires all allegations of sexual abuse or harassment are referred for investigation. The facility publishes its policy regarding the referral of allegations of sexual abuse or harassment for criminal investigations on its website.
<https://www.lyonco.org/departments/sheriff/jail/jail-policies>
- C.** This paragraph is not applicable, the Agency conducts criminal investigations.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Lyon County website: <https://www.lyonco.org/departments/sheriff/jail/jail-policies>
- Interview with Sheriff Eric Wallen
- Interview with criminal investigator

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility policies 307 and 606 outline the training topics all employees who have contact with inmates receive training on preventing, detecting, and responding to sexual abuse and sexual harassment of inmates. All current staff have received training on the eleven topics listed in paragraph "a" of this standard.
- B.** The training is designed for the unique needs of the inmates in the facility to include cross-gender supervision and respectful searching techniques. Lyon County operates one facility which houses adult male and female inmates and juvenile inmates over the age of 14 up to 24 hours excluding weekends and holidays.
- C.** The facility ensures all employees receive training on the Prison Rape Elimination Act (PREA) during orientation and annually thereafter. Staff are given the annual PREA training through Minnesota Sheriff's Association (MSA) online training portal and National Institute of Corrections (NIC) online training courses.

D. The facility documents all staff training, signed acknowledgments of staff training and understanding of the training are maintained electronically. Staff also sign an annual PREA acknowledgment form.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 307
- Facility policy 606
- Completed Pre-Audit Questionnaire submitted by the Agency
- PREA Training Plan
- Training records review
- PREA Brochure for Staff, Contractors, and Volunteers
- PREA acknowledgment form
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Random staff interviews

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility trains all volunteers and contractors who have contact with inmates on their responsibilities regarding sexual abuse and sexual harassment of inmates. The contracted medical provider Avera provides their employees PREA training. The contracted food service provider Summit Food Services provides training for their employees on the eleven topics outlined in paragraph “a” in standard 115.31. Summit provides quarterly staff training on topics related to the food service industry and PREA. The Summit contracted food service employees do not have any direct one-on-one contact with inmates.
- B.** The programmer facilitates volunteer training. Volunteers are required to complete a volunteer packet, review facility PREA information, and sign the PREA Acknowledgment Form. Volunteers are educated on applicable jail rules and regulations, general expectations of volunteers, the lines of authority, responsibility, and accountability for volunteers.
- C.** The facility documents all training, volunteers and contracted medical staff are required to sign a document acknowledging receipt and understanding of PREA training. Volunteers also sign a PREA acknowledgment form annually.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 307
- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Signed PREA statement of understanding documents
- PREA Brochure for Staff, Contractors and Volunteers
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Interview with Medical Staff
- Summit Food Service Training Curriculum

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

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

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports that 701 inmates have been admitted in the past 12 months and 111 of those inmates' length of stay was for 30 days or more. Inmates are informed of the facility's zero tolerance of sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment during the booking process. Interviews with intake staff confirmed there is a set format completed on every intake during the booking process. Interviews with inmates verified they are provided the zero-tolerance policy and how to report during the booking process.
- B.** As part of the initial sign-on inmates are required to read and acknowledge the facility's PREA education information which is available in multiple languages. Every 30 days thereafter, inmates are required to read and accept the PREA education information. The inmate handbook tab is also available on the kiosk. Interviews with random staff verified their understanding of the inmate education process. Interviews with random inmates confirmed they received PREA education.
- C.** The facility provides every inmate with PREA education.
- D.** The facility's handbook and PREA education are located on the kiosk which offers multiple language translation. Interpretive services are available for limited English proficient inmates. The facility is working on securing a contract with translation services for the hearing impaired. A verbal orientation by a staff member will be provided for inmates that have limited reading skills or visually impaired.
- E.** Inmate signatures acknowledging receipt and understanding of training are maintained electronically on the kiosk. Inmates also sign a form during intake acknowledging receipt of the agency's zero tolerance policy and how to report allegations of sexual abuse and harassment.
- F.** Key information about PREA is continuously and readily available or visible through posters throughout the facility, kiosks with PREA education and inmate handbook.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 503
- Completed Pre-Audit Questionnaire submitted by the Agency
- PREA posters displayed throughout the facility
- Inmate Handbook
- Interviews with intake staff
- Interviews with random inmates
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

A. The facility policy 606 outlines the requirement that all investigative staff receive specialized investigation training. The licensed investigator received specialized training offered by the National Institute of Corrections (NIC.) The licensed investigator interviewed has an extensive background working in law enforcement and investigations. The investigator is a member of the SART Team for Lyon County. It was evident during the interview the investigator takes all

allegations of sexual assault and sexual harassment seriously and vigorously investigates every allegation reported.

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

C. Training documentation is maintained for the employees that have completed specialized investigative training in confinement settings.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Pre-Audit Questionnaire submitted by the Agency
- Interview with Sheriff Eric Wallen
- Interview with licensed investigator
- Training documentation

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) Yes No NA

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The contracted medical provider Avera Interviews with a nurse and Mental Health Provider confirmed they have received training and understood their responsibilities for detecting, responding, and reporting sexual misconduct.
- B.** This paragraph is not applicable, forensic medical examinations are conducted at a community hospital.
- C.** The facility maintains documentation of training.
- D.** Medical staff are trained on topics outlined in standard 115.32

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 307
- Completed Pre-Audit questionnaire submitted by the Agency
- Interview with nursing staff
- Interview with mental health staff

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Facility policy 508 outlines the procedures for assessing inmates during intake for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.
- B.** Facility policy 508 requires the inmate be interviewed as soon as possible in the booking process and a more in-depth classification of the inmate as soon as possible but no later than 24 hours. Interviews with staff who perform risk screenings confirmed the screening form was completed during the booking process. Interviews with random inmates verified the screening form was completed during the booking process. An inmate interviewed revealed being booked into the facility 7 times and was asked the questions every time.
- C.** The facility is currently using a screening tool that is more subjective than a combination of objective and subjective. The PREA Intake Screening Form does include elements that are required in paragraph "d" of this standard but does not include an objective way to determine a potential victim from a potential predator.
- D.** The screening form used does not consider all the criteria outlined in paragraph "d" of this standard.
- E.** The screening form takes into consideration prior acts of sexual abuse. The screening form does not take into consideration convictions for violent offenses, and history of prior institutional violence or sexual abuse as known to the agency.
- F.** Facility policy 508 requires inmates' risk of victimization be reassessed within 30 days after booking based on receiving of additional, relevant information since the time of booking.

- G.** Facility policy 508 requires an inmates' risk level be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on an inmate's risk of victimization or abusiveness.
- H.** Facility policy 508 prohibits disciplining inmates for refusing to answer (d)(1); (d)7; (d)(8); or (d)(9) of this standard.
- I.** The assessments are securely stored electronically.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 508
- Completed Pre-Audit Questionnaire submitted by the Agency
- PREA Intake Screening Form
- Interviews with staff responsible for risk screening
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Interview with randomly selected inmates

The facility did not meet this standard because:

115.41 (c) – Currently, the facility is not using an objective screening tool

115.41 (d) – The screening tool does not consider all the criteria in this paragraph

115.41 (e) – The screening tool does not consider two of the three elements in this paragraph

Corrective Action Required:

115.41 (c - e) – The corrective action to take would be to implement an objective screening tool

Corrective Action:

On February 12, 2021 the facility provided a copy of its updated risk screening. The updated risk screening is objective and considers all the criteria in paragraph (d) and (e) of this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Facility policy 508 outlines the procedures to follow for classification of inmates to manage and separate inmates based on information gathered through the classification process to keep separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
- B.** Facility policy 508 outlines the agency's approach to making individualized determinations about how to ensure the safety of each inmate.
- C.** Facility policy 508 considers housing and program assignments for transgender or intersex inmates on a case-by-case basis. The PREA Coordinator confirmed each placement of transgender or intersex inmates would be determined on a case-by-case basis.
- D.** Facility policy requires an initial inmate classification assessment within 30 days of intake and reassessments be completed monthly thereafter.
- E.** The PREA Coordinator and staff responsible for risk screening confirmed a transgender or intersex inmate's own views' regarding his/her own safety will be given serious consideration.
- F.** All the showers in the facility are private.
- G.** The facility is not under a consent decree, legal settlement, or legal judgment to place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated unit.

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 508
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Interview with staff responsible for risk screening

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Facility policy 508 prohibits inmates at high risk of sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation. The Administrative Sergeant confirmed involuntary protective custody would be used only if another means of separation was not immediately available.
- B.** The PREA Coordinator confirmed that inmates would have access to programs, privileges, education, and work opportunities. Any restrictions would be documented. Minnesota Department of Corrections 2911.2800 rules for licensure requires a deprivation report about the item or activity that was restricted.
- C.** An inmate at high risk for sexual victimization would only be placed in involuntary protective custody until an alternative means of separation can be arranged, generally no more than 30 days. The PREA Coordinator confirmed adherence to this policy.

D. If an inmate is placed in involuntary protective custody, the Jail Administrator or designee will document the basis for the safety concern and why no other alternative means of separation can be arranged.

E. The Jail Administrator or designee would reevaluate inmates classified to segregated housing on a weekly basis as part of the classification process.

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

During the on-site PREA Audit, there were zero inmates at risk of sexual victimization or alleged to have suffered abuse being housed in involuntary protective custody.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 508
- Completed Pre-Audit questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland

Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility provides inmates multiple internal ways to report sexual abuse and harassment, retaliation, and staff neglect. Inmates receive information during the booking process, inmate handbook, PREA education tab on the kiosk and through information posted in the jail. The reporting methods include request forms, verbal reporting, anonymous reporting, third-party reporting, and contacting New Horizons Crisis Center.
- B.** The facility has a signed Memorandum of Understanding (MOU) with New Horizons Crisis Center in Marshall, Minnesota <https://www.newhorizonscrisiscenter.org/> to act as an outside third-party reporting agency for inmates. Contact information and phone number is listed on posters visible throughout the facility. The phone call is a free call for the inmates. Random inmate interviews confirmed inmates are informed of the different ways they can report sexual abuse or sexual harassment including sending a message on their texting device. The facility does not detain inmates solely for civil immigration purposes.
- C.** Facility policy 606 requires staff to immediately report any verbal, written report, anonymous or third-party reports of sexual abuse or sexual harassment to administration. Staff are required to promptly document all verbal reports. Random staff interviews confirmed knowledge of their responsibility to accept any allegation of sexual abuse or sexual harassment verbally, in writing, from a third-party, or anonymously and would immediately document a verbal report. When inmates interviewed were asked if they thought the agency would take their reports of sexual abuse or harassment seriously, their responses were “yes.”
- D.** Staff may privately report any sexual abuse or harassment of inmates to their administration.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Interviews with randomly selected staff
- Interviews with randomly selected inmates
- Posters
- MOU with New Horizons Crisis Center <https://www.newhorizonscrisiscenter.org/>

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports there has been zero grievances filed alleging sexual abuse or sexual harassment in the past 12 months. The facility reports there has been zero emergency grievances filed alleging sexual abuse or sexual harassment.
- B.** The facility has a formalized grievance process which is outlined in policy 610. The inmate handbook includes information explaining the grievance process. There is no time limit on when an inmate can submit a grievance on any subject, including sexual abuse and sexual harassment.
- C.** Inmates can submit a grievance to any jail staff member.
- D.** A final decision will be issued within 90 days of the initial filing submitted by an inmate claiming sexual abuse or sexual harassment. An extension of up to 70 days may granted if reasonable to make an appropriate decision. The inmate will be notified of the extension and provided a date by which a decision will be made.
- E.** The facility allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for administrative remedies for allegations of sexual abuse and harassment and file a request on behalf of the inmate. Policy 610 the staff member who received the report shall inquire whether the inmate wishes to have the grievance processed and document the inmate's decision.
- F.** Emergency grievances are permitted if an inmate is subject to a substantial risk of imminent sexual abuse. Upon receipt of an emergency grievance alleging imminent sexual abuse, the supervisor to determine whether immediate action is reasonably necessary. An initial response will be provided within 48 hours and an agency decision will be provided within 5 calendar days.

G. The agency policy states misuse/abuse of the grievance process by inmates/detainees may be grounds for disciplinary action.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 610
- Completed Pre-Audit Questionnaire submitted by the Agency
- Inmate Handbook

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility has entered into an ongoing Memorandum of Understanding (MOU) for collaborative services with New Horizons Crisis Center <https://www.newhorizonscrisiscenter.org/>. Contact information for these services are visibly posted throughout the facility. The facility does not house inmates solely for civil immigration purposes. Calls to New Horizons Crisis Center are free calls.
- B.** The information for this service is visibly posted throughout the facility. Random inmates interviewed knew where to find the contact information for New Horizons Crisis Center. On February 12, 2021 the facility provided documentation that the inmate handbook has been updated with verbiage informing inmates that the call to New Horizons Crisis Center is a free, private call. During the call to New Horizons Crisis Center, inmates do not hear the message “the call is being recorded” which notifies inmates the call is private.
- C.** The facility maintains a Memorandum of Understanding (MOU) for collaborative services with New Horizons Crisis Center.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Completed Pre-Audit Questionnaire submitted by the Agency
- Posters
- MOU between the facility and New Horizons Crisis Center
- Random staff interviews
- Random inmate interviews
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

The facility did not meet this standard because:

115.53 (b) – Currently, the facility does not inform inmates the extent to which these communications will be monitored.

Corrective Action Required:

115.53 (b) – The corrective action to take would be to include the extent to which communications to New Horizons Crisis Center will be monitored.

Corrective Action:

On February 12, 2021 the facility provided documentation that the inmate handbook has been updated with verbiage informing inmates that the call to New Horizons Crisis Center is a free, private call. During the call to New Horizons Crisis Center, inmates do not hear the message “the call is being recorded” which notifies inmates the call is private.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

A. The facility has a method for receiving third-party reports of sexual abuse or harassment of inmates. Information on how to report is posted on the Agency’s website: <https://www.lyonco.org/departments/sheriff/jail/jail-policies> Reporting options available are reporting to the Lyon County Sheriff’s Office or to New Horizons Crisis Center. reporting directly to the Jail Administrator or Administrative Sergeant.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy J150.03
- Completed Pre-Audit Questionnaire submitted by the Agency
- Lyon County website: <https://www.lyonco.org/departments/sheriff/jail/jail-policies>
- Memorandum of Understanding between the facility and New Horizons Crisis Center
- Posted materials

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

A. Facility policy 606 outlines the procedures and expectation that any staff member who becomes aware of an incident of sexual abuse, harassment, or retaliation against staff or inmates shall immediately notify jail administration. Randomly selected staff interviews confirmed training and their responsibilities to report. Staff reported trust in their administration to take every allegation seriously and the allegation would be investigated.

B. Facility policy 606 and 1002 requires any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against inmates or staff shall immediately notify a supervisor. Interviews with randomly selected staff confirmed receipt of training and understood their responsibility and would report information directly to their sergeant.

- C.** Interviews with medical and mental health practitioners confirmed their knowledge of their duty to report. Medical and mental health practitioners understand their obligation to report to jail administration any knowledge, suspicion, or information regarding incidents of sexual abuse or harassment that occurred in any facility.
- D.** Staff understands their responsibilities as mandated reporters and would report allegations to the appropriate authorities if the alleged victim is under 18 or considered a vulnerable adult.
- E.** The facility reports all allegations of sexual abuse and sexual harassment to the designated facility investigator. The Sheriff and PREA Coordinator confirmed that all allegations of sexual abuse and harassment would be investigated.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy #606
- Facility policy #1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Interview with Sheriff Eric Wallen
- Interviews with medical and mental health practitioners
- Random staff interviews

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency

- Interview with Sheriff Eric Wallen
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Interviews with randomly selected staff

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Facility policy 606 states if there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Administrator shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation.
- B.** Facility policy 606 requires the Jail Administrator to notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation.
- C.** Facility policy 606 requires the jail administrator to ensure that the notification has been documented.

- D.** Facility policy 1002 requires that any allegations of sexual abuse or harassment will be investigated

The facility reported there has been zero allegations of sexual abuse the facility received from other facilities. The facility reported there has been zero allegations the facility received that an inmate was abused while confined at another facility

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Sheriff Eric Wallen
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The facility reports in the past 12 months, there have been zero allegations that an inmate was sexually abused. In the past 12 months, there have been zero allegations where a staff member was notified within a time that still allowed for the collection of physical evidence.

A. Facility policy details the duties of the first security staff member to respond.

A security staff first responder is required to:

- Separate the alleged victim and abuser;
- Preserve and protect the crime scene;
- If appropriate, request the alleged victim not destroy evidence (as detailed in this standard);
- If appropriate, ensure the alleged perpetrator not destroy evidence (as detailed in this standard)

B. If the first responder is not a deputy, policy 606 and 1002 states the responder shall request the alleged victim not take any action that could destroy physical evidence and then notify a law enforcement staff member.

Random staff interviews confirmed understanding of first responder duties.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Random staff interviews

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Facility policy 606 outlines the responsibilities of the first responder. The facility has not developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. On February 12, 2021 the facility provided a written coordinated response plan to coordinate actions taken in response to an incident of sexual abuse. The plan outlines responsibilities among first responders, medical and mental health practitioners, investigators, and facility leadership.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

The facility did not meet this standard because:

115.65 – The standard requires a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.

Corrective Action Required:

115.64 (b) – The corrective action to take would be to develop a coordinated action plan.

Corrective Action:

On February 12, 2021 the facility provided a written coordinated response plan to coordinate actions taken in response to an incident of sexual abuse. The plan outlines responsibilities among first responders, medical and mental health practitioners, investigators, and facility leadership.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Sheriff Eric Wallen

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports that in the past 12 months, there has been zero incidents of retaliation reported, known, or suspected. Facility policy 1002 ensures all inmates and members who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation.
- B.** The facility would use multiple protection measures such as housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignments, and support services for inmates or staff who fear retaliation. The Sheriff, and Administrative Sergeant verified that immediate action would be taken. Random staff interviewed were confident that administration would not tolerate retaliation and would take immediate action.
- C.** The Administrative Sergeant verified that monitoring would continue for 90 days and would continue monitoring after the 90 days if needed. The facility has not had an incident that required monitoring for retaliation.
- D.** Facility policy 606 requires status checks with inmates, the status checks would be conducted every week.
- E.** The facility would take appropriate measures to protect an individual who cooperates with an investigation and expresses fear of retaliation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- 90-day Retaliation Monitoring Form
- Interview with Sheriff Eric Wallen
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator) as designee charged with monitoring for retaliation and Jail Administrator designee

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Facility policy 508 prohibits inmates at high risk of sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation. The Administrative Sergeant confirmed involuntary protective custody would be used only if another means of separation was not immediately available.
- B.** The PREA Coordinator confirmed that inmates would have access to programs, privileges, education, and work opportunities. Any restrictions would be documented. Minnesota Department of Corrections 2911.2800 rules for licensure requires a deprivation report about the item or activity that was restricted.
- C.** An inmate at high risk for sexual victimization would only be placed in involuntary protective custody until an alternative means of separation can be arranged, generally no more than 30 days. The PREA Coordinator confirmed adherence to this policy.
- D.** If an inmate is placed in involuntary protective custody, the Jail Administrator or designee will document the basis for the safety concern and who no other alternative means of separation can be arranged.
- E.** The Jail Administrator or designee would reevaluate inmates classified to segregated housing on a weekly basis as part of the classification process.

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

During the on-site PREA Audit, there were zero inmates at risk of sexual victimization or alleged to have suffered abuse being housed in involuntary protective custody.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 508
- Facility policy 600
- Completed Pre-Audit questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Facility policy states all investigations of sexual abuse and sexual harassment, including third-party and anonymous reports will be conducted promptly, thoroughly, and objectively.
- B.** The investigator who conducts criminal investigation has received training pursuant to standard 115.34 and Corner House forensic interviewing. The investigator is well trained and experienced in conducting investigations.
- C.** The investigator interviewed was able to explain the investigative steps used which includes a collection of evidence, interviews, technology, reports, and any other pertinent information available.
- D.** The investigator will conduct interviews, complete the case file and forward to the County Attorney's Office to review. In complex cases the investigator would consult with the County Attorney's Office before conducting compelled interviews.

- E.** The credibility of the alleged victim, suspect, or witness is based on what the evidence supports as the investigation develops. Polygraphs would not be used in an investigation. Minnesota State Statute 611A.26.S.1 prohibits the use of polygraphs on victims of sexual abuse as part of or the condition for proceeding with the investigation, charging, or prosecution of such offense.
- F.** Facility policy 606 outlines the requirement of this paragraph in response to administrative investigations. The facility reported there was zero administrative investigations conducted. The administrative investigation would include descriptions of any physical, testimonial, and documentary evidence, the reasoning behind the credibility assessments, and investigative facts and findings.
- G.** Criminal investigations are documented and include interviews, evidence, a thorough description, and any additional information pertinent to the investigation.
- H.** An investigation that supports criminal conduct will be forwarded to the Lyon County Attorney's Office for prosecution.
- I.** The facility retains all written reports from administrative and criminal investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- J.** The Sheriff and Administrative Sergeant confirmed that an investigation would be completed even if the staff member were no longer employed with the agency.
- L.** The Lyon County Sheriff's Office conducts their own sexual abuse investigations.

The facility reported there was zero administrative or criminal investigations conducted in the past 12 months.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Facility policy 1002
- Agency policy 600
- Agency policy 604
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Sheriff Eric Wallen
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Licensed investigator interview
- Investigation reports

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Completed Pre-Audit Questionnaire submitted by the Agency
- Licensed investigator interview

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Facility policy 606 states the Jail Administrator or authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated, or unfounded. The facility reports in the past 12 months, there has been zero criminal or administrative investigations of alleged inmate sexual abuse completed by the agency.
- B.** This paragraph is not applicable, criminal investigations are completed by trained Lyon County Sheriff's Office licensed investigators.

- C.** Facility policy 606 outlines the information that would be provided to the inmate on the status of the accused staff member. (as detailed in this standard)
- D.** Facility policy 606 outlines the information that would be provided to the inmate on the status of the alleged abuser if another inmate is accused. (as detailed in this standard)
- E.** Facility policy 606 states all notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Licensed investigator interview

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports that in the past 12 months, there has been zero staff members from the facility who has been disciplined, terminated, or resigned prior to termination for violating agency sexual abuse or sexual harassment policies. Additionally, in the past 12 months, there has been zero staff members reported to law enforcement or licensing boards for violating agency policies. Facility policy 1002 outlines the disciplinary sanctions up to an including termination for violating sexual abuse and harassment policies.
- B.** Termination will be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
- C.** Policy 1002 outlines the progressive discipline of staff members for violations of policies related to sexual abuse or harassment (other than engaging in sexual abuse.)
- D.** All terminations or resignations for violating agency sexual abuse or harassment policies will be reported to law enforcement agencies unless the activity was clearly not criminal. The facility would be required to submit a special incident report to the Minnesota Department of Corrections.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Sheriff Eric Wallen

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports that in the past 12 months, there has been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of inmates.
- B.** The Administrative Sergeant was clear that any contractor or volunteer who engaged in sexual abuse of an inmate would not be tolerated and immediate actions would be taken. Regardless of the conduct, the contractor or volunteer would be banned from returning to the facility.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility has a formalized discipline plan applicable to inmates that is followed as outlined in policy and the inmate handbook. The discipline plan includes due process and a fair hearing conducted by an impartial person.
- B.** Disciplinary decisions are based on the nature and circumstances of the abuse committed, the inmate's discipline history, and the sanctions imposed for comparable offenses by other inmates.

- C.** The disciplinary process considers whether an inmate’s mental disability or illness contributed to the inmate’s behavior.
- D.** The facility does not offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for offending inmates. The facility does have a mental health practitioner available to provide mental health services to inmates.
- E.** An inmate would not be disciplined for sexual contact with a staff member unless there is a finding that the staff member did not consent to the contact.
- F.** The facility does not discipline inmates for a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- G.** The facility prohibits all sexual activity between inmates and disciplines inmates for such activity and deems such activity as criminal sexual abuse only if it determines the activity was not coerced.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 115.78
- Completed Pre-Audit Questionnaire submitted by the Agency
- Inmate Handbook
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- C.** The facility reports that inmates who disclose any prior sexual victimization during the risk assessment are referred to medical staff. Staff who perform risk screenings confirmed the inmate would be immediately referred to medical and/or mental health within 14 days. The PREA intake screening form has a notice to offer any sexually victimized or sexual abuser a follow-up meeting with medical staff who may refer the inmate to a mental health practitioner.
- D.** Medical and mental health practitioners are limited from disclosing information related to sexual abuse victimization that occurred in an institutional setting. Any information shared with other staff will be strictly limited to security and management decisions. Medical and mental health staff interviewed would notify the PREA Coordinator or Jail Administrator.
- E.** Medical and mental health practitioners disclose limitations of confidentiality and their duty to report at the initiation of services. Informed consent would be obtained before disclosing prior victimization that did not occur in a confinement setting.

During the on-site audit, there was not any inmates who disclosed sexual victimization during the PREA intake screening form being held in the facility.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Completed Audit Questionnaire submitted by the Agency
- Interviews with medical and mental health practitioners
- Interviews with staff who perform risk screenings

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** Inmate victims of sexual abuse will be transported to the nearest appropriate location for treatment of injuries, collection of evidence, and crisis intervention services.
- B.** Policy 606 requires staff take preliminary steps to protect the victim and immediately notify the on-call medical provider.
- C.** Inmates would be offered information about timely access to emergency contraception and sexually transmitted prophylaxis from the forensic examiner or advocate. If the inmate is not provided information at the hospital, jail medical will provide the inmate information. Medical staff would follow-up with the inmate to set up a treatment plan for continuing medical care after consulting with the facility's medical provider.
- D.** Policy 606 states treatment services shall be provided to the victim without financial cost and regardless of whether the names the abuser or cooperates with any investigation.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Medical staff
- Interview with Mental Health staff
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether*

such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility contracts with Avera to provide medical and mental health services to inmates in the facility. The services include a medical provider, mental health provider, and RN nursing services.
- B.** Interviews with medical and mental health staff confirmed they would provide follow-up services and treatment plans as appropriate to the inmate. Information for continued care would be sent with an inmate transferring to another facility.

- C.** Community level of care is provided for all inmates. A victim would be transported to the emergency department for treatment and forensic medical examinations.
- D.** Medical staff confirmed pregnancy tests would be offered to inmates as medically appropriate.
- E.** Facility policy 606 states if pregnancy results from the sexual abuse, victims will receive information about and access to all lawful pregnancy – related medical services available.
- F.** Inmate victims of sexual abuse would be offered testing, treatment, and information for sexually transmitted infections. Medical staff confirmed an inmate would be offered testing, treatment, and information.
- G.** Facility policy 606 states treatment will be provided to all individual free of charge regardless of whether the victim names the abuser or cooperates with the investigation process.
- H.** This paragraph is not applicable.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 606
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with medical staff
- Interview with mental health staff
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reports that in the past 12 months, zero criminal or administrative investigations of alleged sexual abuse or assault were completed, and zero incident reviews were conducted. Facility policy 1002 states that an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.
- B.** Policy states the review should occur within 30 days of the conclusion of the investigation.
- C.** The facility reports the incident review team includes the Sheriff or designee, Chief Deputy, Jail Administrator, Investigator and Administrative Sergeant and would allow for input from supervisors, and medical or mental health practitioners.

D. The facility reports that the review team will consider (1)-(6) in the paragraph of this standard.

E. The facility reports any recommendations for improvement would be implemented or document its reasons for not doing so.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- PREA Sexual Abuse Incident Review Form

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The facility collects accurate, uniform data for every allegation of sexual abuse and sexual harassment at its facility using a standardized instrument and set of definitions.

A&C. The facility collects data for every allegation of sexual abuse and sexual harassment.

B. The Jail Administrator and Administrative Sergeant reviews the data annually.

D. The facility maintains, reviews, and collects data as needed from all available incident-based documents.

E. This paragraph is not applicable; the facility does not contract with a private facility for the confinement of its inmates.

F. This paragraph is not applicable; the Department of Justice has not requested agency data.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.89 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The facility reviews data collected and uses the data for ongoing improvement and corrective action in its facility.
- B.** The facility prepares an annual report that includes comparison between the current year's data and the previous years' data in its efforts to continue to address sexual abuse and harassment.
- C.** The facility completes an annual PREA report and publishes on their website: <https://www.lyonco.org/departments/sheriff/jail/jail-policies>
- D.** An explanation of redacted material is provided

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Sheriff Eric Wallen
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Lyon County website: <https://www.lyonco.org/departments/sheriff/jail/jail-policies>

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- A.** The Administrative Sergeant securely maintains documentation collected from standard 115.87.
- B.** The Agency's sexual abuse data is publicly distributed on the agency's website:
<https://www.lyonco.org/departments/sheriff/jail/jail-policies>
- C.** All personal identifiers are redacted before making the information public,
- D.** Policy dictates that sexual abuse data is maintained for a minimum of 10 years after the date of the initial collection.

Policy, Materials, Interviews, and Other Evidence Reviewed:

- Facility policy 1002
- Completed Pre-Audit Questionnaire submitted by the Agency
- Interview with Administrative Sergeant Gabriel Figueroa (PREA Coordinator)
- Lyon County website: <https://www.lyonco.org/departments/sheriff/jail/jail-policies>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

This is the Lyon County Jail's second PREA Audit. On September 6, 2016 Lyon County Jail was found to be in full compliance with the Prison Rape Elimination Act (PREA) Standard. Since the last PREA Audit, the Administrative Sergeant has taken over the responsibilities of the Agency's PREA Coordinator. I was given full access to the facility and was able to meet privately with staff and inmates without interference. PREA audit posters in English and Spanish were posted 6 weeks prior to the audit and were hanging in all common areas throughout the jail. My name and address were visible to inmates. Zero correspondence was received during the audit process.

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The facility has the final audit report issued on September 6, 2016 posted on its website: <https://www.lyonco.org/departments/sheriff/jail/jail-policies>

The contract agreement requires the facility to post a copy of the final PREA Audit Report within 90 days of receipt.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darnel Carlson

March 1, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.