

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: January 4, 2017

Auditor Information			
Auditor name: Timothy Pippo			
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Email: tim.pippo@co.wright.mn.us			
Telephone number: 763-684-2380			
Date of facility visit: November 28, 29, 2016			
Facility Information			
Facility name: Beltrami County Jail			
Facility physical address: 626 Minnesota Avenue NW Bemidji, MN 56601			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 218-333-4189			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Melissa Bohlmann			
Number of staff assigned to the facility in the last 12 months: 26			
Designed facility capacity: 140			
Current population of facility: 119			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 18-80			
Name of PREA Compliance Manager: N/A		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Beltrami County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Beltrami County Board of Commisioners			
Physical address: 613 Minnesota Avenue NW Bemidji, MN 56601			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 218-333-9111			
Agency Chief Executive Officer			
Name: Phil Hodapp		Title: Sheriff	
Email address: phil.hodapp@co.beltrami.mn.us		Telephone number: 218-333-9111	
Agency-Wide PREA Coordinator			
Name: Calandra Allen		Title: Assistant Jail Administrator	
Email address: calandra.allen@co.beltrami.mn.us		Telephone number: 218-333-4181	

AUDIT FINDINGS

NARRATIVE

The Beltrami County Jail is a medium size facility located in the city of Bemidji, MN which is in North Central Minnesota. The Jail is across the street from the Law Enforcement Center and the County Courthouse. The Jail operates under a conditional license from the Minnesota Department of Corrections. The Jail uses Minnesota Chapter 2911 Rules Governing Adult Correctional Facilities as a guideline for their Policy and Procedures. The Jail houses Adult Male and Female Offenders both Pre-Trial and Sentenced. The facility is only licensed to detain Juvenile Offenders for a maximum of 24 hours. The facility was built and occupied in 1989 with a capacity of 68. In 2001 25 beds were added to the jail. In 2004 a 60 bed minimum security male only unit was opened on the lower floor of the facility.

On November 28, 29, 2016 Timothy Pippo a Certified PREA Auditor conducted an audit of the Jail. I arrived at the Jail and met with the Assistant Jail Administrator. I was given a complete tour of the facility. After the tour, I was provided with private rooms allowing me to proceed to interview 21 randomly chosen inmates. I was given full access to all documents pertinent to the audit. There were 119 inmates housed in the facility on this date. The jail is licensed to a capacity of 126 inmates. I then interviewed a total of 15 staff members throughout the day on the 28th and I returned on the 29th to conclude interviews. I completed 4 additional phone interviews after the on-site audit.

MISSION STATEMENT

The Beltrami County Jail is dedicated to serving the citizens of Beltrami County and its neighboring communities. Our goal is to preserve the basic rights and dignity of those detained by employing trained professional staff to provide the care, structure and discipline to motivate positive lifestyle changes for detainees, while exceeding all standards set forth by law and maximizing the financial and social benefits to the communities we serve.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Beltrami County Jail is a three story complex located in downtown Bemidji, Minnesota. The facility has a secure elevator and stairwells to connect all three floors. The facility is comprised of 13 housing units including dormitory, single cell and podular design. Each housing unit has a dayroom area and private bathroom areas. All of the showers in the facility are single private showers with either curtains or saloon type doors to aid in privacy. The first or main floor of the facility has a public entrance and lobby. This floor contains 2 administrative offices and a staff training room and locker room. The kitchen is located on this floor also. The jail utilizes inmate labor in the kitchen. There is a Medical office a Sergeants Office and 3 program rooms and a conference room on this level along with 2 vehicle sally ports, an inmate storage room and a records storage room. This level has a control room that is staffed 24/7 and housing officers utilize the control room as a base office. The Jail has 110 cameras strategically located throughout the facility to aid in monitoring inmate movement and activities. This level has 1 holding cell, an 8 bed female dormitory style housing unit, two 12 bed female dormitory housing units and two 6 bed podular units. The second floor of the facility has a control room that is connected to the main floor control room by a secure stairway. Officers on all the floors do regular well-being checks on all the inmates housed in the facility. The booking intake area is on this floor along with 6 holding cells. This floor has a program room, a recreation room, another medical office and 2 conference rooms. There are two 12 bed and two 8 bed podular housing units on this level along with a 12 bed dormitory unit and a 2 bed maximum security unit. The basement or lower floor of the facility is an all-male minimum security 60 bed/bunk dormitory unit. The officers have a 24/7 work station in this unit. The unit contains a program room a private bathroom area, a laundry room and a locker room for inmate release programs.

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Agency Policy C 611.2 defines zero tolerance towards sexual abuse or harassment within the jail. Policy C611.4 outlines specific procedures to prevent, detect, deter and react to sexual abuse or harassment incidents. Policy 611.3 defines the responsibilities of the facility PREA Coordinator. The Assistant Jail Administrator is the PREA Coordinator for the Jail. Interviews with the PREA Coordinator, the Jail Administrator and the Sheriff confirm that the PREA Coordinator has ample time to implement and oversee compliance with PREA Standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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The Beltrami County Jail does not contract with any other entities for supervision of their inmates. Therefore this Standard is Not Applicable for this facility. They do however board inmates out to other local jails when overcrowded. The Agency uses only PREA compliant facilities to house their boarded inmates, such as Crow Wing County Jail <http://crowwing.us/1001/PREA>

Standard 115.13 Supervision and monitoring

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

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The facility has a Staffing Plan that is consistent with what is required by the Minnesota Department of Corrections Rule 2911.0900. The

plan includes video monitoring and adheres to all of the components of this Standard. Policy C 611.4.1 provides guidelines for the Staffing Plan. The Staffing Plan is never deviated from. Staff are required remain on duty until relieved. The Jail Administrator confirmed during interviews that PREA considerations are addressed when re-evaluating the Staffing Plan. The Jail has a policy C 611.4.2 and procedure in place to ensure that supervisors make unannounced random checks on staff to deter and detect staff sexual abuse or harassment and to document these checks. The Jail Sergeants frequently work alongside line staff. The Jail Administrator and the Assistant Jail Administrator have access to view and monitor the facility video system from their personal computers.

Standard 115.14 Youthful inmates

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

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The Jail can only hold a Youthful detainee for a maximum of 24 hours. The jail has not housed an inmate under the age of 18 during this audit period. There is a Juvenile Detention Center located within the city of Bemidji where all youthful detainees are taken instead of the Adult Jail.

Standard 115.15 Limits to cross-gender viewing and searches

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

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Policy C 611.4.3 covers this standard. The Jail does not perform cross-gender strip searches of any kind. The Jail does not perform cross-gender pat searches of any kind. Interviews with inmates revealed that they were never withheld from programs because of gender specific searches. The facility would not perform cross-gender searches but would document such searches that occurred under exigent circumstances. All of the housing units have individual showers that have privacy curtains or saloon type doors to provide for privacy. Interviews with both inmates and staff indicate that staff members of the opposite gender announce themselves when entering a housing unit and those inmates are never naked in front of opposite sex staff members. Staff indicated that they would take the inmate’s own view on gender to determine who would perform searches on Transgender inmates. The facility has a Transgender preference form that they utilize to help determine which gender staff would perform searches. Staff interviews determined that staff members are trained on how to conduct searches on Transgender and Intersex inmates.

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Facility P Policy C 611.4.4 covers this Standard. The Jail has a policy and a practice of providing interpreters if needed to assist Inmates with disabilities or limited English Skills with understanding the Facility zero tolerance policy towards sexual abuse and harassment. The facility has several resources available for staff to utilize when dealing with this inmate group. One of the Jail Sergeants is a capable interpreter. The facility may use “Language Line” through the Sheriff’s Office Communications Officers, an interpreter service and may contact a member of the U.S. Border Patrol or even utilize Professors from Bemidji State University to assist in interpretive services. There were no inmates housed in the facility that met the definitions of this standard in custody on the days of the audit.

Standard 115.17 Hiring and promotion decisions

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

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Facility Policy C 611.4.7 and Sheriff’s Office Policy 308 spell out disqualification for any employee that has committed any misconduct or has civilly or administratively been adjudicated of sexual abuse or harassment. The agency performs criminal background checks on every employee including contract staff that work within the Jail before hiring them or promoting them. All of these employees are also required to sign acknowledgment of a “Code of Conduct and Non Fraternalization” disclaimer forbidding them from engaging in sexual misconduct. The facility performs criminal background checks at least every 5 years. The facility has in place a procedure for employees to self-report previous misconduct during yearly performance reviews. Policy spells out discipline up to termination for false reports by staff. An interview with a person in the hiring process for the agency ensured that the facility complies with all aspects of this standard including reporting to other agencies upon request.

Standard 115.18 Upgrades to facilities and technologies

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

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

There have been no major upgrades to the facility within the last year, however the Jail Administrator and Sheriff assured me in interviews
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that adherence to the PREA Standards would be considered in any facility upgrade. They would follow Policy C 611.4.8.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Policy C 611.5.6 outlines evidence collections protocols for sexual abuse incidents. Any sexual abuse victims would be transported to “Sanford Medical Center” Bemidji, MN for Forensic Medical Examinations. The hospital has 24/7 emergency services available per their web-site <http://www.sanfordhealth.org/newsroom/2010/04/improved-care-for-sexual-assault-victims> An interview with a nurse from the Emergency Department of the Hospital confirmed that they have SANE staff available 24/7 and that they would indeed treat victims from the Beltrami County Jail if needed. The facility would utilize “Support Within Reach” <http://www.supportwithinreach.org/> for victim advocate services.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Policy C 611.5.6 pertains to this Standard. The Beltrami County Jail will utilize Licensed Investigators from the Beltrami County Sheriff’s Office and may have the Minnesota Bureau of Criminal Apprehension assisting in performing criminal investigations of incidents that occurred in the Jail. This is referenced on the Beltrami County Jail web-site <http://www.co.beltrami.mn.us/Departments/Law%20enforcement/Jail.html>

Standard 115.31 Employee training

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

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

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

Policy C 611.6.1 outlines training for employees of the facility. Training curriculum covers all areas of this standard. The Jail has documentation of employee training. Interviews with Corrections Officers confirmed they had received training and understand the significance of the training and how it pertains zero tolerance of sexual abuse and harassment and how to avoid, respond to and or detect such incidents. Staff receive annual documented review training of PREA considerations.

Standard 115.32 Volunteer and contractor training

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

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

Policy C 611.6.3 refers to Volunteer and Contractor Training. The Jail has documentation of training for these persons. The facility contracts with "A'viands" <http://aviands.com/>. for its food service, A'viands provides PREA training for its employees in addition to what the Jail provides. Interviews with volunteers and contract employees affirmed that they were trained on their responsibilities concerning the PREA Standards and were well aware of how to report any incident.

Standard 115.33 Inmate education

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

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

Each inmate receives training during the intake process and signs receipt of this training, as per Policy C 611.6.2. Interviews with inmates confirmed they had received the training upon intake. Inmates are given the same information every thirty days through the facility's canteen kiosk when logging into the kiosk. All the inmates confined on the day of the audit had received training. The Jail has procedures to provide the training to all inmates regardless of any impairment of language barriers. An interview with a limited English speaking inmate confirmed that they had received and understood the facility training. The facility maintains documentation of all training. There are numerous postings throughout the Jail and the Inmate Handbook contains information for inmates on the policy and how to report sexual abuse or harassment, the handbook is printed in both English and Spanish. Pamphlets are available that outline definitions of sexual abuse and sexual harassment and provide guidance to the inmates on how to report such incidents.

Standard 115.34 Specialized training: Investigations

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

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

Policy C 611.6.1 pertains to this Standard. The Jail will utilize an investigator from the Beltrami County Sheriff’s Office <http://www.co.beltrami.mn.us/Departments/Law%20enforcement/Investigators.html> for criminal investigations of sexual abuse that occurred in the facility. The Investigator has documented receipt of specialized training sponsored by the “National Institute of Corrections. An interview with an investigator assured that they have experience investigating Criminal Sexual Conduct cases.

Standard 115.35 Specialized training: Medical and mental health care

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

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Policy C 611.6.1 covers this standard. The facility contracts with “MEND Correctional Care” to provide medical and mental health services to the inmate housed in the facility <http://mendcare.com/services/> MEND has documented specialized training for the nurses that work in the jails that they contract with. Interviews with 2 Registered Nurses and a Med Tech confirmed that they have received training pertinent to this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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The Jail has Policy C 611.4.5 to follow to comply with this Standard. Officers use an Assessment tool and a classification worksheet on each inmate during intake. The facility has a different Assessment tool for male and female inmates. Interviews with staff and inmates confirmed that the screening/assessment takes place within a few hours of intake. The Assessment tool considers numerous risk factors for potential victims along with indicators of potential abusers. The Assessment tool has questions pertaining to an inmate’s previous history of

institutional sexual abuse incidents. Re-classification of inmates takes place at least every thirty days and a Sexual Violence Re-Assessment tool is used to consider risk of sexual abuse or victimization. Interviews with staff show that an inmate's risk assessment would be completed following any information or incident that indicated a need. Interviews with staff and inmates assured that they were not disciplined for refusing to answer questions of a personal nature. Information contained on the screening tool is kept as confidential as possible, most staff are on a as need to know basis.

Standard 115.42 Use of screening information

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

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Information from the screening tool is used to determine housing assignments. Each inmate's own safety is considered in housing assignments. Supervisors review all classification designations. The facility has not housed a Transgender or Intersex inmate within the last year, however procedures and interviews with staff indicate that persons meeting this criteria would be allowed programming and carefully considered housing. All the shower areas in the Jail are private. Any inmate identified as LGBTI would not receive dedicated housing assignments only because of such identification.

Standard 115.43 Protective custody

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

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

Facility Policy 510 outlines the Jail's approach to protecting inmates from victimization and separation from potential abusers. There have been no inmates placed into protective custody within the last year for potential victimization. Interviews with staff indicate that all measures would be taken to give protective custody inmates opportunities to participate in programs and that the status of this classification would be reviewed every 7 days at least every thirty days. The facility documents any segregation status.

Standard 115.51 Inmate reporting

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

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Inmates are provided with multiple ways to make reports immediately and or privately. Phone numbers of outside contacts, including victim advocates are posted and contained in the Inmate Handbook, on postings in the units and on a brochure, the canteen kiosk may also be used to make private reports. Staff and Inmate interviews confirm that they are aware of means and methods to report sexual abuse or harassment. Staff indicated that they would document any reports immediately.

Standard 115.52 Exhaustion of administrative remedies

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

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The facility has a grievance procedure for inmates and the inmates are informed of such in the Inmate Handbook. However the facility has a procedure that any grievance that is of sexual abuse or sexual harassment in nature would be treated as an Emergency Grievance and acted upon immediately.

Standard 115.53 Inmate access to outside confidential support services

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

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The will utilize “Support Within Reach “Bemidji MN provide support services for any inmate as per their web-site <http://www.supportwithinreach.org>. The facility has signed a memoranda of understanding with the organization to provide advocate and victim services to inmates. An interview with an advocate from the center confirmed that they would provide such services to inmates of the Beltrami County Jail. Contact information is readily available to all inmates. The jail can also use the Beltrami County Victim Services <http://www.co.beltrami.mn.us/Departments/Attorney/Victim%20Services.html>

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

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Interviews with staff confirmed that they would accept and act upon Third-Party reports and interviews with inmates indicated that they knew a third-party could make a report on their behalf. The Jail has contact information for third-party reporting posted on their web-site <http://www.co.beltrami.mn.us/Departments/Law%20enforcement/Jail.html>

Standard 115.61 Staff and agency reporting duties

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

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The facility follows Policy C 611.5.1 to satisfy compliance with this Standard. Staff interviews confirmed that they would report any and all allegations of sexual abuse, harassment or retaliation immediately to supervisors. Policy and Minnesota State Statutes are followed by facility staff regarding data privacy. An interview with a nurse, the kitchen supervisor and volunteers of the facility assured that they would inform facility supervisors of any sexual abuse reported to them. Minnesota has a Mandatory Reporting Law for persons under the age of 18 and Vulnerable Adults which the Agency abides by. Policy and practice require staff to report to designated investigators of any and all sexual abuse and harassment incidents.

Standard 115.62 Agency protection duties

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

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Policy C 611.5.3 adheres to this Standard. Staff members all stressed safety of victims or potential victims as their highest priority. They also realize that immediate separation of the abuser from the victim is paramount.

Standard 115.63 Reporting to other confinement facilities

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

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The facility has not had any inmate report to them abuse in another facility in the last year. Staff would follow Policy C 611.5.9 and would report to supervisors who would report to other agencies any allegations reported to them. Interviews with the Sheriff and the Jail Administrator affirmed that they would respond to any allegation of sexual abuse or harassment from any other facility and would report such finding to other facilities as reported to them.

Standard 115.64 Staff first responder duties

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

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

The facility has first responder duties spelled out in a detailed operational procedure and follow policy C 611.5.3 to obtain compliance with this standard. Staff members are trained on how to respond to any sexual abuse incident and interviews show that safety of the victim including separation from the abuser and crime scene preservation is of utmost importance. The jail has a first responder checklist to aid officers responding to an incident.

Standard 115.65 Coordinated response

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

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

The Jail has specific procedures spelled out in Policy C 611.5.3 for staff to follow when responding to incidents. Interviews show staff are knowledgeable of how to respond properly. The facility has a written procedure for staff members to follow and a form for supervisors to PREA Audit Report

complete to assure all necessary steps were taken and appropriate notifications were completed.

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

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

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

Interviews with the Sheriff and the Jail Administrator assured that the collective bargaining agreement that the security staff work under does not prohibit the Sheriff's Office from disciplining or removing potential or suspected abusers from the facility.

Standard 115.67 Agency protection against retaliation

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

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

The Jail follows policy C611.5.7 to comply with this standard. Interviews with supervisors tasked with monitoring retaliation assured that they would make every effort to protect inmates and staff from any type of retaliation. All the supervisors confirmed that they would monitor for retaliation for at least 90 days but realistically for the entire stay of the inmate. Inmates are made aware of their right to be free from retaliation.

Standard 115.68 Post-allegation protective custody

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

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

The facility would make every effort to not isolate victims and provide them with alternative housing and programming.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policy C 611.5.6 pertains to this standard. The Jail has an assigned Detective from the Beltrami County Sheriff's Office to do criminal investigation of sexual abuse incidents within the jail. The Detective has received specialized training through the National Institute of Corrections online training site. Results of an interview with the investigator indicated adherence to investigative protocols required by the standard. Criminal charges will be determined by the Beltrami County Attorney's Office for prosecution <http://www.co.beltrami.mn.us/Departments/Attorney/Attorney.html> The facility has 2 designated administrative incident review team members that have received specialized training also. The Sheriff's Office has Policies and Procedures in place to assure complete investigations as outlined by the standard. There have been no investigations of sexual abuse within the audit period.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Interviews with supervisors and an investigator, substantiated the fact that investigations follow the required evidentiary standard.

Standard 115.73 Reporting to inmates

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

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

corrective actions taken by the facility.

The facility will follow Policy C 611.5.6 to maintain compliance with this standard. Supervisory staff confirmed that they would keep inmates apprised of any investigative findings that would be relevant to them and document such notifications.

Standard 115.76 Disciplinary sanctions for staff

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

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

Facility policy C 611.5.8 spells out disciplinary procedures and sanctions for employees up to termination. Termination would be presumptive for criminal sexual abuse and or sexual harassment. The Sheriff stated in an interview that officers would be disciplined according to this standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

The facility would refer any criminal incident for prosecution and would remove any volunteer or contract employee and terminate their services in accordance with Policy C 611.5.8

Standard 115.78 Disciplinary sanctions for inmates

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

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

corrective actions taken by the facility.

Policy C 611.5.8 covers the requirements of this standard and the Inmate Handbook define inmate disciplinary sanctions. The facility has a due process procedure for inmate discipline.

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

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

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

Policy C 611.5.4 complies with this Standard. Intake staff indicated that they would refer victims of sexual abuse and sexual abusers to medical staff for follow-meetings. Medical staff confirmed through interviews that they would set up sessions with a mental health provider.

Standard 115.82 Access to emergency medical and mental health services

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

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

The facility has Policy C 611.5.4 to follow to provides services outlined in this Standard. Inmates would be transported to “Sanford Medical Center” Bemidji MN for medical and mental health emergency services. Facility Medical Staff would provide services for inmates while in the facility at no cost to the inmate.

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

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

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

corrective actions taken by the facility.

The Agency contracts with “MEND Correctional Care” for medical services. The 2 Registered Nurses I interviewed assured compliance with all aspects of this Standard.

Standard 115.86 Sexual abuse incident reviews

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

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

Policy C 611.5.6 outlines the procedures and responsibilities of an Incident Review Team. The facility has 2 supervisory staff designated as team members. The facility has created an incident review form and has trained its members on the requirements of this standard.

Standard 115.87 Data collection

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

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

The facility has a process for collecting incident-based data and an incident review log to document incidents. The Jail Administrator and the PREA Coordinator are responsible for reviewing and maintaining this data.

Standard 115.88 Data review for corrective action

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

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

Policy 612.13 pertains to all aspects of this Standard. The Jail Administrator prepares and annual report that is approved by the Sheriff that includes comprehensive reviews of data collected concerning sexual abuse detection and prevention. The Jail posts this data on their website <http://www.co.beltrami.mn.us/Departments/Law%20enforcement/Jail.html>

Standard 115.89 Data storage, publication, and destruction

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

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

The facility has policies and procedures concerning data retention and dissemination Policy 611.7.3. The Beltrami County Jail also abides by MN State Rules 2911.2100, 2200, 2300 and MN State Statute 609.344 dealing with inmate records.

AUDITOR CERTIFICATION

I certify that:

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

Timothy Pippo

January 4, 2017

Auditor Signature

Date