

**PREA AUDIT REPORT**    Interim    Final

**ADULT PRISONS & JAILS**

**Date of Report:** October 7, 2016

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<b>Telephone Number:</b>	505-977-7607
<b>Date of Facility Visit:</b>	August 2-3, 2016
<b>Facility Information</b>	
<b>Facility name:</b>	Cass County Jail
<b>Facility physical address:</b>	450 34 <sup>th</sup> Street South, Fargo, North Dakota 58103
<b>Facility mailing address:</b>	SAA
<b>Facility telephone number:</b>	701-271-2958
<b>The facility is:</b>	<input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Military <input type="checkbox"/> Municipal <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<b>Facility type:</b>	<input type="checkbox"/> Prison <input checked="" type="checkbox"/> Jail
<b>Name of facility's Chief Executive Officer:</b>	Andrew Frobig, Captain
<b>Number of staff assigned to the facility in the past 12 months:</b>	90
<b>Designed facility capacity:</b>	348
<b>Current population of facility:</b>	310
<b>Facility security levels/inmate custody levels:</b>	Minimum, Medium Maximum
<b>Age range of population:</b>	16-80
<b>Name of PREA Compliance Manager:</b>	Lt. Amanda Henrickson <b>Title:</b> Assistant Jail Administrator
<b>Email address:</b>	<a href="mailto:henricksona@casscountynd.gov">henricksona@casscountynd.gov</a> <b>Telephone number:</b> 701-271-2915
<b>Agency Information</b>	
<b>Name of Agency:</b>	Cass County Sheriff's Office.
<b>Governing authority or parent agency:</b>	Cass County <i>(If applicable)</i>
<b>Physical address:</b>	450 34 <sup>th</sup> Street South, Fargo, North Dakota 58103
<b>Mailing address:</b>	<i>(If different from above)</i> SAA
<b>Telephone number:</b>	701-271-2958
<b>Agency Chief Executive Officer</b>	
<b>Name</b>	Paul Laney <b>Title:</b> Sheriff
<b>Email address:</b>	laneyp@casscountynd.gov <b>Telephone Number:</b> 701-241-5800
<b>Agency-Wide PREA Coordinator</b>	
<b>Name:</b>	Katie Fuller <b>Title:</b> Operations Lieutenant
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# AUDIT FINDINGS

**NARRATIVE:** On August 2-3, 2016 Shannon McReynolds, a USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Cass County Jail in Fargo, North Dakota. The facility point of contact was Amanda Henrickson, PREA Coordinator for the Cass County Jail. The pre-audit activities included a review of facility policy and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Lt. Henrickson supplied the documentation provided for pre-audit reviews and activities, and subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all service areas, program areas, and administrative offices.

In addition to document reviews and facility inspection, sixteen staff members were interviewed, including senior management, medical staff, members of the sexual abuse review team, and twelve inmates were interviewed as part of the audit, including those inmates who were screened as being at high risk for sexual victimization. No inmates were identified as being members of the LGTBI community, at high risk for sexual abuse, or disabled. Further, Myla Korbel from the Rape and Abuse Crisis Center and Tobi Jezzard, the director of the SANE program at the Essentia Healthcare Center were interviewed. The facility has 348 beds and an average daily population of 247 inmates/detainees.

Features of the Cass County Jail include:

1. It is a relatively new 14 year-old facility;
2. It houses male and female inmates;
3. The investigator has a close rapport with the district prosecutor's office.

The facility reports that there have been 0 substantiated reports of sexual abuse made by inmates at the facility within the past 12 months. Criminal investigations are conducted by the Cass County Sheriff's Office.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Cass County Jail is comprised of one building of predominantly multiple occupancy cells. The building is equipped with video monitoring cameras to supplement rounds by security staff at the entrance to the building as well as in the corridors of each area of the building. The physical plant also includes a food service facility, laundry facility, visiting space, and administrative offices.

The average length of stay at the Cass County Jail is over than one year and has in-facility programs available to inmates.

## **SUMMARY OF AUDIT FINDINGS:**

Inmates who were interviewed all cooperated with the interview process and those who scored as high risk for sexual victimization agreed to be interviewed. Most inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had received education on PREA through printed material and a video produced by Just Detention International that was shown during the booking process. The inmates indicate that have been through the formal PREA screening process, which was confirmed by the Pre-Audit Questionnaire submitted by the facility and by screening forms produced by the facility. All inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they knew the various mechanisms for reporting sexual abuse.

Cass County Jail staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received training on PREA. The Cass County Jail relies on the Essentia Healthcare Center to provide SANE exams and the Rape and Abuse Crisis Center provides advocacy services to victims of sexual abuse. Both Myla Korbel of the Rape and Abuse Crisis Center and Tobi Jezzard of the Essentia Healthcare Center indicated that their protocol for SANE exams and victim advocacy are based on the National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

**Standard**

**Number here: 115.11,** Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.11 has three elements that the facility must meet for a finding of "meets standard". The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. Policy #606 establishes the zero tolerance policy for all forms of sexual abuse and harassment and outlines the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and inmates, screening staff and inmates, a credible investigation process, and providing a multi-route reporting mechanism. Thus the facility meets this element.

The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. Cass County Jail produced documentation showing Katie Fuller as the Agency's PREA coordinator who reports directly to the Jail Captain Andrew Frobig. Lieutenant Fuller reported in her interview that she has sufficient time to develop, implement, and oversee efforts to comply with PREA. Thus the facility meets this element.

The third element requires that each facility designate a PREA Compliance Manager with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. The Cass County Sheriff's Office operates only one facility and identified Amanda Henrickson as the PREA Compliance Manager. Lieutenant Henrickson reported in her interview that she has sufficient time to develop, implement, and oversee efforts to comply with PREA. Thus the facility meets this element.

**RECOMMENDATION:** None

**Standard**

**Number here: 115.12** Contracting with other entities for the confinement of Inmates.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.12 has two elements that a facility must meet for a finding of "meets standard". The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. Lieutenant Henrickson indicates that the Cass County Sheriff's Office does not have a contract with any private facilities or other entities to house adult inmates or detainees remanded to their custody, so the audit tool shows "N/A". Thus the facility meets with this element.

The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. As previously noted, the Cass County Sheriff's Office does not have any contracts with any private facilities or other entities to house inmates, and in that case, the audit tool instructs that the standard is "N/A". Thus the facility meets this element.

**RECOMMENDATION:** None

**Standard**

**Number here: 115.13** Supervision and monitoring

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.13 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility develop, document, and make best efforts to comply on a regular basis with a staff plan that provides for adequate staffing and video monitoring, and take into consideration 11 conditions. The facility produced a staffing schedule that specifically addressed each of the 11 conditions consistent with the facility's mission and population size, and provided for a well-staffed facility. The tour of the facility confirmed that assigned staff and supervisors were actually at their assigned post.

The second element requires that where the staffing plan is not complied with, the facility documents and justifies the deviation. Lieutenant Henrickson reports that there have been no deviations from staffing plan. Thus the facility meets this element.

The third element requires that at least once each year, the agency, in consultation with the PREA Coordinator, assess, determines, and document where adjustments are needed to the staffing plan, technology assets, and resources to ensure adherence to the staffing plan. The Cass County Jail provided their staffing plan as the first of their annual staffing reviews. It meaningfully assessed, determined, and documented where adjustments were needed.

The fourth element requires that the facility have a policy requiring supervisors to conduct and document unannounced rounds for all shifts and that staff are prohibited from alerting other staff that these supervisor rounds are occurring. Policy #606 has these requirements, and logs provided by the Cass County Jail show that unannounced supervisor rounds are occurring on each of the three shifts. In an interview with two supervisors, they indicated that they makes unannounced rounds on a random basis in order to prevent staff from alerting other staff that he is making those unannounced rounds. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.14** Youthful inmates

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.14 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that youthful inmates will not be placed in a housing unit where they will have sight, sound, or physical contact with adult offenders through the use of shared day rooms, shower areas, or sleeping quarters. Youthful offenders are housed in a separate facility and the Cass County Jail does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non Applicable. Thus the facility meets this element of the standard. The second element requires that outside of the housing unit sight and sound separation is maintained for your offenders or that there is direct supervision when youthful inmates have contact with adult offenders. Cass County Jail does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non Applicable. Thus the facility meets this element of the standard.

The third element requires that agencies make its best efforts to avoid placing inmates in isolation and do not deny youthful inmates daily large muscle exercise or legally required education services. The Cass County Jail does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non Applicable. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.15** Limits to cross-gender viewing and searches.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.15 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy #514 has language prohibiting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by medical practitioners. Thus the facility meets this element.

The second element in the standard has a date parameter starting August 20, 2015 and it requires a prohibition on cross-gender pat searches of female inmates, absent exigent circumstances, and that

female inmates will not have access to programs restricted in order to comply with this element. Policy #514 prohibits cross gender pat searches of female inmates and provides that female inmates will not be denied access to programs in order to comply with this provision. Further, policy #202 requires that a female officer is on duty at all times to facilitate pat searches of female inmates and detainees. Additionally, interviews with female inmates confirmed that they are not pat searched by male officers and that they are not restricted from programs due to a shortage of female officers. Thus the facility meets this element. The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. Policy #514 requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. The facility reported in the pre-audit questionnaire that no cross-gender strip searches or cross-gender cavity searches had been performed in the past 12 months, so there was no documentation of any such searches to be reviewed. Additionally, interviews with staff and inmates also indicate that cross-gender strip searches and cross-gender visual body cavity searches are not performed. Thus the facility is determined to be meeting the intent of this element.

The fourth element requires that the facility have policies and procedures that enable inmates to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. Policy #202 prohibits cross-gender viewing and requires opposite gender staff to announce their presence when entering a housing unit. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing. However, interviews with officers, inmates, and supervisors did not uniformly indicate that staff announce their presence when entering a housing unit with opposite gender inmates, and policy 202 did not have a statement supporting a finding of meets for this element of the standard. Policy needed to be revised to require that staff announce their presence when entering a housing unit with opposite gender inmates, and staff need to be trained to make that announcement and staff needed to be trained to make the announcement. As corrective action, policy was revised and staff were trained to make the announcement. Thus the facility now meets this element of the standard.

The fifth element in the standard requires that the facility shall not perform strip-searches or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy 514.4 prohibits such searches. The interviews with the intake staff indicate that they do not perform such searches. The facility reported no incidents in which inmates who identified as transgendered were searched for the sole purpose of determining genital status. Thus the facility meets this element.

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex inmates in the least intrusive manner possible, consistent with security needs. Policy #514 has the protocol on performing cross gender searches and searches of transgender and intersex inmates. The Cass County Jail provided documentation that officers had received this training and interviews of staff establish that staff have received this training. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.16** Inmates with disabilities and inmates who are limited English proficient.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.16 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency shall take *appropriate* steps to ensure inmates with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse, including the use of written materials, interpreters, etc. Policy #602 has this requirement. However, the facility provided written materials available for hearing impaired inmates and those with developmental disabilities, and provided video information for those who are sight impaired on preventing, detecting, and responding to sexual abuse. Thus the facility meets this element of the standard.

The second element of the standard requires that the agency shall take *reasonable* steps to ensure meaningful access to the facility's efforts for inmates who are limited English proficient, including the use of interpreters. Policy #606.6 has this requirement. One inmate from Nepal was identified as being limited-English-proficient. Interviews with this inmate confirm that he had meaningful access to the facility's efforts to prevent, detect, and respond to incidents of sexual abuse. Thus the facility meets this element of the standard.

The third element of the standard requires that the facility shall not rely on inmate interpreters except in limited circumstances. Policy 606.6 reflects this requirement, and interviews with staff confirmed there are staff who are bi-lingual and can serve as an interpreter for inmates. Staff indicated in interviews that in the case of a sexual assault, they do not use other inmates to interpret for the victim. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.17** Hiring and promotion decisions.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.17 has eight elements that a facility must meet for a finding of "meets standard".

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates and who has engaged in certain prohibited behaviors. Policy #305 has language prohibiting the hiring or promotion of those who have engaged in those prohibited behaviors. The facility administrator indicated in his interview that the facility does not hire or promote anyone who has engaged in the prohibited behaviors. Thus the facility meets this element.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Policy #305.3.1 has language that requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. In an interview, Lieutenant Henrickson confirmed that the facility considers incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. Thus the facility meets this element.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation. Policy #305.3.1 requires such reviews, and a review of the documentation provided and of personnel documents indicated that criminal background checks are being conducted on new employees. Lieutenant Henrickson produced



documentation of background checks and documentation that prior institutional employers are contacted to acquire information related to substantiated allegations of sexual abuse or any resignation. Thus the facility meets this element.

The fourth element requires that criminal background checks are conducted on contractors. Policy #305.3.1 requires background checks on contractors. Interviews and a review of records confirmed that criminal background checks are performed on contractors. Thus the facility meets this element

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. Policy #305.3.1 has language requiring background checks on employees at least every five years. Because the standards requiring the 5-year background check went into force only four years ago there has not been a sufficient passage of time to measure whether the 5-year background checks have been performed. Nevertheless, due to the policy statement, the facility is determined to be meeting the intent of this element.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. Policy #305.3.10 includes a policy statement that supports this requirement. Additionally, the facility produced an interview questionnaire that asks all applicants about incidents or prohibited behavior. Thus the facility meets this element of the standard.

The seventh element requires that material omissions or false information are grounds for termination. Policy #305.3.10 has a policy statement that material omissions or false information are grounds for termination. Thus the facility meets this element of the standard.

The eighth element requires that unless prohibited by law, the agency shall provide information on substantiated allegations involving former employees upon receiving a request from an institutional employer for whom the employee has applied to work. Policy #305 has language supporting this requirement and Lieutenant Henrickson indicated in his interview that employees are required to sign a release of information as a condition of employment. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.18** Upgrades to facilities and technologies.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.18 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that when designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect on the agency's ability to protect inmates. The facility has not experienced any new expansion or modification since August 20, 2012 and the audit tool directs that if there have been no expansions or modifications, then this element is N/A. Thus the facility meets this element of the standard.

The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect inmates from sexual abuse. The new facility design included updated video monitoring capability. Lieutenant Henrickson produced documentation showing that the facility considered their ability to protect inmates

from sexual abuse by the system's design and placement. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.21** Evidence protocol and forensic medical exams.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.21 has eight elements that a facility must meet for a finding of "meets standard".

The first element requires the facility follow a uniform evidence protocol. Policy #606.7 included the facility's evidence collection protocol. Interviews with staff confirm that they know the protocol for collecting and preserving evidence. Thus the facility meets this element of the standard.

The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Policy #606.7 has language that is materially compliant with "A *National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents*. The interviews with Myla Korbel of the Rape and Abuse Crisis Center and Tobi Jezzard of the Essentia Healthcare Center also confirmed that the protocol for gathering evidence is based on the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentiarily appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. Policy 606.10.h requires that victims receive SANE exams without cost. Tobi Jezzard of the Essentia Healthcare Center and Myla Korbel of the Rape and Abuse Crisis Center confirmed that SANE exams are provided without cost and that they receive and examine victims of sexual abuse from the Cass County Jail. Thus the facility meets this element.

The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. Telephonic interviews with Myla Korbel of the Rape and Abuse Crisis Center and Tobi Jezzard of the Essentia Healthcare Center confirmed that they provide victim advocates to victims from the facility in coordination with the SANE exams. Thus the facility meets this element.

The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. The policy provided by the facility requires that the facility allow the victim advocate to support the victim throughout the exam and investigation, and telephonic interviews with Myla Korbel and Tobi Jezzard of the Essentia Healthcare Center confirm that a victim advocate may accompany the victim through the exam process and investigatory process if the victim requests. In view of the policy requirement and the interviews with Ms. Korbel and Tobi Jezzard, the facility is meeting the intent of this element.

The sixth element requires the agency request that outside investigating agencies follow the requirements enumerated thus far. An interview with Ms. Korbel confirms that in the event of a sexual abuse investigation, the Cass County Sheriff's Office complies with elements a through e. An interview with

Detective Joe Gress also confirmed that the Cass County Sheriff's Office complies with elements a through e. Thus, the facility is meeting the intent of this element.

The seventh element requires that outside state agencies or DOJ component that conduct investigations comply with all the elements of this standard. However, guidance from the PRC indicates that this element is to be counted as N/A.

The eighth element requires that those persons providing advocacy services be screened for appropriateness and received education concerning sexual assault and forensic exams. However, guidance from the audit tool indicates that this element is to be counted as N/A.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.22** Policies to ensure referrals for investigations.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.22 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that an administrative or criminal investigation be completed for all allegations. Policy #606.7 requires that an investigation be completed for all allegations of sexual abuse and sexual harassment. A review of investigation records shows that investigations are completed on all allegations. Based on the policy statement and review of investigation records, the facility meets this element.

The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations, that the referral is documented, and that the policy is on the website. Policy #606 addresses referrals for criminal investigations and the policy is available on the facility website.

The third element requires that if a separate entity is responsible for criminal investigations, that the policy describes the responsibilities of the agency and the investigating entity. The Cass County Jail is operated by the Cass County Sheriff's Office who conducts the investigations. Thus the facility meets this element.

The fourth element requires that any state entity responsible for investigations in a prison or jail shall have a policy governing the conduct of investigations. The audit tool designates this element as N/A.

The fifth element requires that any DOJ component responsible for conducting criminal investigations or administrative investigations have in place a policy governing the conduct of such investigations. The audit tool designates this element as N/A.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.31** Employee Training

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.31 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency train all employees on 10 different topics related to PREA. Policy #310.3 requires employees to receive training. Interviews with staff confirm that they have received training on the 10 topics required by the standard. Thus the facility meets this element

The second element requires that training is tailored to the gender of the inmates at the employee's facility and that if an employee is re-assigned to a facility that houses a different gender then they will receive additional training. The facility houses male and female inmates. The training materials used to train employees included gender-specific training points. Thus the facility meets this element of the standard.

The third element requires that all current employees who have not received training shall be trained within one year of the effective date of PREA and shall receive refresher training every two years, and the facility provides refresher information in years when refresher training is not given. Policy 310.3 requires staff to receive annual refresher training. Documentation provided by the training officer, Sergeant Kevorkian, showed that all current employees have received training. Thus the facility meets this element of the standard.

The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. Policy #310.3 requires that employees acknowledge that they understand the material being presented before being credited with having completed the course. However, the facility did not provide signed verification forms to support this element. As corrective action, the facility produced documentation that staff understand the training that they have received.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.32** Volunteer and contractor training.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.32 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. Policy #606's section on training for employees, contractors, and volunteers supports this element. An interview with the contract food services provider and a volunteer confirmed that they had received training on PREA, and the facility also provided a copy of the training material and signature block acknowledging that volunteers/contractors understand the training. However, contract medical staff have not received the training. As corrective action, the contracted medical staff received the PREA training. Thus the facility now meets this element of the standard.

The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with inmates and includes the agency's zero-tolerance policy and how to report sexual abuse. The facility provided written lesson material supporting this element of the standard. Thus the facility meets this element of the standard.

The third element requires that the facility maintain documentation confirming that contractors/volunteers understand the training they have received. The facility provided documentation confirming that food service contractors/volunteers understand the training they have received. However, there were no records

for the medical staff. As corrective action, medical staff received the training for contractors. Thus the facility now meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.33** Inmate Education

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.33 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that inmates are informed at intake of the agency's zero tolerance policy and how to report. Policy #606.3 requires that inmates receive and this information at intake and sign documentation acknowledging their understanding of it. Interviews with inmates confirmed that they are aware of the zero-tolerance policy and that they know how to report. The facility also produced records showing that inmates receive this information at intake. Thus the facility meets this element of the standard.

The second element requires that within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video on their right to be free from sexual abuse and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Policy #606.3 requires that inmates receive comprehensive training within 30 days of intake, and that this training developed by Just Detention International is delivered to inmates via video presentation and produced logs showing that it is presented weekly at the facility. Thus the facility meets this element of the standard.

The third element requires that current inmates who have not received the training receive it within one year of the effective date of the standards and receive training upon transfer to another facility to the extent that the policies and procedures of the new facility differ from the previous facility. Policy 606.3 has this requirement. Interviews with a sample of inmates confirmed that they had received the training materials, including materials for visually impaired inmates and for inmates who were developmentally disabled. Thus the facility meets this element of the standard.

The fourth element of the standard requires that the agency provide inmate education in formats accessible to all inmates including those who are LEP, deaf, visually impaired, or otherwise disabled. The material provided included materials for visually impaired inmates or inmates who are developmentally disabled. Thus the facility meets this element of the standard.

The fifth element of the standard requires the facility to maintain documentation of inmate participation in these education sessions. The facility produced electronic records as evidence that inmates received the training. Thus the facility meets this element of the standard.

The sixth element requires that the facility shall ensure that key information is continuously available to inmates through posters, inmate handbooks, and other written formats. A tour of the facility confirmed that this information was available to inmates. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard****Number here: 115.34** Specialized training: investigations.re

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.34 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. Detective Joe Gress produced documentation of his having taken a PREA training for investigators. Thus the facility meets this element.

The second element requires that the training include techniques for interviewing, Miranda/Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case. The lesson materials included all these topics. Thus the facility meets this element.

The third element requires that the facility maintain documentation that the investigators have completed the training. The training material provided by Detective Gress met this element of the standard.

The fourth element requires that any state entity that investigates sexual abuse in confinement settings provides training to its agents and investigators. Under interpretive guidelines promulgated by the PRC, the facility cannot be held accountable for agents not under its direct control. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard****Number here: 115.35** Specialized training: medical and mental health care

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.35 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. Policy #310.4 requires that medical staff receive such training. The Cass County Jail relies on a contractor to provide medical services. An interview with medical staff Conrad Binsfeld indicated that he had not received PREA-specific training. As corrective action, the facility provided documentation generated by the NIC showing that medical staff received this training. Thus the facility now meets this element of the standard.

The second element requires that *if* medical staff conduct forensic exams, that they shall receive the training referenced in this standard. Forensic exams are performed at the local medical clinic by SANE nurses employed there. The audit tool indicates that if this is the case, the element is N/A.

The third element requires that the agency maintain documentation that medical and mental health staff received the training. The training officer did not have documentation that medical staff received the

specialized training required by this standard. As corrective action, the facility provided the training and produced this documentation of the training. Thus the facility now meets this element of the standard. The fourth element requires that medical and mental health staff also receive the training mandated for employees. The facility did not have documentation to support this element of the standard. As corrective action, the facility provided this training to medical staff and produced the documentation of the training. Thus the facility now meets this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.41** Screening for risk of victimization and abusiveness.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.41 has nine elements that a facility must meet for a finding of "meets standard". The first element requires that all inmates are screened during the intake process and upon transfer to another facility. Policy #508 has this requirement. Thus the facility meets this element. The second element requires that the screening take place within 72 hours of arrival. Policy 508 has a statement that supports this element. The facility provided documentation showing that inmates at the Cass County Jail have been through the 72-hour screening process by classification staff. Thus the facility meets this element of the standard. The third element requires that the assessments shall be conducted using an objective screening instrument. Lieutenant Henrickson provided copies of its screening tool, which incorporates the PREA screening in the classification tool, with a separate tool to capture additional PREA related questions. Thus the facility meets this element of the standard. The fourth element requires that the screening consider 10 criteria for the risk of sexual victimization. The facility provided a copy of its classification tool and screening tool showing all 10 criteria. Thus the facility meets this element of the standard. The fifth element requires that the screening consider three criteria to measure an inmate's the risk of sexual abusiveness. The facility provided a copy of its classification tool and screening tool showing all three criteria. Thus the facility meets this element of the standard. The sixth element requires that inmates are re-screened within 30 days. Policy #508 requires re-screening within 30 days. However, the average length of stay at the Cass County Jail is less than 30 days, so documentation of 30-day re-screening was limited. However, based on interviews with inmates, and the limited documentation available, the facility is not re-screening inmates within 30 days. As corrective action, the facility began re-screening inmates 30 days after the initial screening and provided documentation showing the re-screening. Thus the facility now meets this element of the standard. The seventh element requires that an inmate's risk level will be re-assessed when warranted, requested, or additional information is received. Policy #508 governing PREA Victim/Predator Screening had language that supports this element. Thus the facility meets this element of the standard. The eighth element mandates that inmates may not be disciplined for refusal to answer questions or disclose information during screening. Policy #508 prohibits disciplining inmates for refusing to disclose or answer questions. No evidence was produced that inmates had been disciplined for refusing to answer or

disclose, and no inmates indicated in their interviews that they had received such disciplinary action. Thus the facility meets this element of the standard.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. Policy #606.14 requires that the screening tool and information is kept confidential in the inmate files, restricting access to areas where files are stored, and limiting authorized access to designated staff. Thus the facility meets this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here 115.42:** Use of screening information.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.42 has seven elements that the facility must meet for a finding of "meets standard".

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to inmates' safety. Policy #508.10 includes language that the information from the screening tool is to be used to inform housing and program decisions with regard to the inmates' safety. Interviews with supervisors and classification staff at the Cass County Jail also confirmed that this is the practice. Thus the facility meets this element of the standard.

The second element requires that the agency makes individualized determinations to ensure the safety of each inmate. Policy #508.10 has this requirement and interviews with classification and booking staff confirm that this is the practice at Cass County Jail. Thus the facility meets this element of the standard.

The third element requires that decisions are made on a case-by-case basis regarding the placement of transgendered inmates in male or female facilities. Policy #508.10 has this requirement and interviews with classification and booking staff indicate that this is the practice at the Cass County Jail. Thus the facility meets this element of the standard.

The fourth element requires that placement and programming assignments for each transgender or intersex inmate be reviewed every six months. Policy #508.6 has a statement that meets this requirement. The pre-audit questionnaire indicates that there are no transgender or intersex inmates at the Cass County Jail and a tour of the facility did not result in the identification of any transgender inmates, so no reviews had occurred. Nevertheless, based on the policy statement, the facility is found to be meeting the intent of the standard.

The fifth element requires that a transgender or intersex inmate's views are given consideration. Policy #508.10 has this requirement and interviews with staff confirm this is the practice. Thus the facility meets this element of the standard.

The sixth element requires that transgender and intersex inmates can shower separately from other inmates. Policy 202.3 has a statement that supports this element of the standard. A physical inspection of the shower facilities confirmed that each housing unit has showers with three walls and a door that can only be used by one inmate at a time, providing the ability for transgender and intersex inmates to shower separately from the rest of the inmate population. Thus the facility meets this element.



The seventh element requires that the agency does not place LGBTI inmates in dedicated facilities, wings, or units based solely on such identification or status. Lieutenant Henrickson indicated in her interview that no such units exist in the facility. The facility indicated that though they have housed transgendered inmates in the past, there are currently no transgendered inmates housed in the facility that the auditor could have interviewed. Interviews with the inmate population did not result in the identification of any transgendered inmates. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.43** Protective custody

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policy #508.10 has this requirement and interviews with inmates in segregation confirm that their placements were voluntary. Thus the facility meets this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy #505.6 has this requirement. No inmates were identified as being placed into involuntary segregation bases solely on their risk level. Thus the facility meets this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Policy #505.6 has this requirement. Thus the facility meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy #505 has this requirement. Thus the facility meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy #505 has this requirement. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.51** Inmates reporting

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.51 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency provide multiple ways for inmates to privately report sexual abuse and harassment, retaliation, or staff neglect. The inmates at the Cass County Jail have multiple ways to report sexual victimization, including a reporting hotline, telling any staff person, reporting it to outside contacts, submitting a complaint, or making a third party report. Thus the facility meets this element.

The second element requires that the facility provide at least one way for inmates to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the inmate to remain anonymous. The facility has an MOU with the Rape and Abuse Crisis Center allowing inmates to call them to report incidents of sexual abuse. Thus the facility meets this element of the standard.

The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Policy #606.4 requires staff to accept verbal, written, and anonymous reports, document verbal reports, and that third party reports will be accepted. Staff acknowledged this requirement in interviews. Thus the facility meets this element.

The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of inmates. Interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner that do not require following the chain of command, and include reporting directly to the jail administrator's office. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.52** Exhaustion of administrative remedies.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.52 has six elements that a facility must meet for a finding of "meets standard".

The second element requires that the agency shall not impose a time limit on when an inmate may submit a grievance alleging sexual abuse and that an inmate is not required to first use an informal grievance process. Policy #609.6 does not impose a time limit and specifically state that an inmate is not required to first use an informal grievance process. Thus the facility meets this element.

The third element requires that an inmate may submit a grievance without submitting it to a staff member who is the subject of the complaint and that the grievance is not submitted to the staff member who is the subject of the complaint. Policy #609.4 specifically states that an inmate may submit a grievance without submitting it to a staff member who is the subject of the complaint and that the grievance is not submitted to the staff member who is the subject of the complaint. In interviews with inmates, they indicated that they did not have to submit the grievance to the staff member who is the subject of the complaint, and that the complaint would not be submitted to the staff member who is the subject of the complaint. Thus the facility meets this element.

The fourth element requires that the facility shall make a decision on the grievance within 90 days, that the 90 days does not include time used by inmates to prepare an appeal, that the facility can claim an extension of up to 70 days and shall notify the inmates in writing of the extension, and that if the inmates does not receive an answer to his grievance within the time limits, the inmates may consider the grievance to be denied. Policy #606.6 has language that supports this element of the standard. Thus the facility meets this element of the standard.

The fifth element requires that third parties are allowed to assist inmates in filing requests for administrative remedies and can file such requests on behalf of inmates, and that if a third party files a request on behalf of an inmate, the facility may require that the inmates agree to have the request file for processing, and that if the inmates declines to have the request processed, it shall be documented in writing. Policy #609.6 allows inmates to have assistance in filing grievances. Interviews with staff and inmates established that third party reports are received by the facility, and inmates are required to agree to a third party report on their behalf. Policy also included language requiring the facility to document an inmate's refusal to have a third party report processed on their behalf. Thus the facility meets this element.

The sixth element requires that the facility establish a procedure for filing an emergency grievance of imminent sexual abuse and that the procedure include immediate corrective action, initial response within 48 hours and a documented final response within five days. Policy #609.6 has a provision for emergency grievances to a level of administration where immediate action can be taken within 48 hours and a final decision within 5 days. Thus the facility meets this element of the standard.

The seventh element requires that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse only when the facility demonstrates that the inmates filed the grievance in bad faith. Policy #609.6 has language that supports this element. Thus the facility meets this element

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.53** Inmates access to outside confidential support services.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.53 has three elements that a facility must meet for a finding of "meets standard".

The first element states that facilities shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and for persons detained solely for immigration purposes, immigrant service agencies. Policy #606.3 has this requirement and a tour of the facility showed that contact information for the Rape and Abuse Crisis Center and immigration service agencies is posted throughout the facility and in the inmate handbook. In interviews, inmates stated that they were aware of how to contact advocacy services. Thus the facility meets this element of the standard

The second element requires that facility inform the inmates the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. Policy #606.3 has this requirement and this information is provided in printed material provided to inmates. Thus the facility meets this element of the standard.

The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide inmates with confidential emotional support services. The Cass County Jail has an MOU with the Rape and Abuse Crisis Center. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.54** Third-party reporting.

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

**Auditor comments, including corrective actions needed if does not meet standard.**

Standard 115.54 has one element that a facility must meet for a finding of "meets standard". The standard requires that the facility shall establish a method to receive third-party reports of sexual abuse and harassment and publicly distribute information on how to report on behalf of an inmate. Policy #606.3.K.2 has this requirement and a dedicated phone line is published on the jail's website. During interviews, inmates also indicated that they were informed about their ability to make third-party reports. The Department's Webpage indicates that information on making a third-party report is also available at the facility. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.61** Staff and agency reporting duties

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.61 has five elements that a facility must meet for a finding of "meets standard". The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Policy #606.4 requires staff to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Interviews with staff confirm that they are informed of this duty in training they receive. Thus the facility meets this element. The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions. Policy #606.4 and policy #606.10.J establish this requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element. The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the inmate of this duty. Policy #606.4

supports this requirement and the interview with Conrad Binsfeld supports a finding of meets for this element.

The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. Policy #606.7 has this requirement. Thus the facility meets this element.

The fifth element requires that all third-party reports are reported to the designated investigators. Policy# 606.4 contains this requirement and interviews with investigators confirm that this is the practice at the facility. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.62** Agency protection duties

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.62 has one element that a facility needs to meet for a finding of "meets standard". The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates. Policy #606 has this requirement. Additionally, interviews with facility staff indicate that this is the established practice at the Cass County Jail and that the inmate is separated from the potential threat. Thus the facility meets this standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.63** Reporting to other confinement facilities.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.63 has four elements that a facility must meet for a finding of "meets standard". The first element requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Policy #606.4.1 contains this requirement, and Lt. Fuller indicated in her interview that this is the practice at the Cass County Jail. Thus the facility meets this element. The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation and Lt. Fuller indicated in her interview that this is the practice at the Cass County Jail. Policy #606.4.1 contains this requirement, thus the facility meets this element. The third element requires that the agency shall document that it has provided such notification. Policy# 606 has this requirement , thus the facility is meeting the intent of this element.

The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Policy #606 contains this requirement. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.64** Staff first responder duties.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.64 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that upon learning that an inmate was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. Policy #606.6, the coordinated response plan, and the lesson plan for employees include the requirement to preserve the crime scene and to instruct the victim to take no actions that could destroy evidence. The staff training lesson plan has this requirement. Interviews with inmates and staff show that this is the practice at the facility. Thus the facility meets this element.

The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. Policy #613.4.1 has a statement to support this element. Thus the facility meets this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.65** Coordinated response.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.65 has one element that a facility must meet for a finding of "meets standard".

This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical practitioners, investigators, and facility leadership. Policy #606, pages 6-10 are the written institutional plan to coordinate actions in response to an incident of sexual abuse. Interviews with facility staff confirm that they are familiar with this plan. Thus the facility meets this standard.

**RECOMMENDATION:** None.

**Standard****Number here: 115.66** Preservation of ability to protect Inmates from contact with abusers.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.66 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. Policy 606.15 has this requirement and in her interview, Lieutenant Henrickson indicated Cass County Jail employees are not represented by a collective bargaining unit. Thus the facility meets this element.

The audit tool marks the second element as non-applicable.

**RECOMMENDATION:** None

**Standard****Number here 115.67** Agency protection against retaliation.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.67 has six elements that a facility must meet for a finding of "meets standard".

The first element requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff, and designates staff members or departments with monitoring retaliation. Policy #606.5 protects inmates and staff from retaliation. Lieutenant Henrickson is designated as the person who oversees the process of monitoring inmates for retaliation. In her interview Lieutenant Henrickson indicated that she is responsible for monitoring for retaliation. Thus the facility meets this element.

The second element requires the agency to employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating. Policy #606.5 expressly prohibits retaliation and include instructions for the protection of those who fear retaliation, including housing changes and transfers to another facility. Lieutenant Henrickson outlined in her interview the multiple measures used to protect inmates and staff who fear retaliation, including reassignment and monitoring. Interviews with staff and inmates confirm that they know what these steps are. Thus the facility meets this element.

The third element requires monitoring those staff or inmates who make reports or cooperate with investigations for retaliation for 90 days. Policy #606.5 includes language to support this element. Lieutenant Henrickson stated that monitoring extends for at least 90 days. Thus the facility meets this element.

The fourth element requires that monitoring includes periodic status checks. Policy #606.5 contains language that establishes periodic status checks. Thus the facility meets this element of the standard.

The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Policy #606.5 contains language that includes "other individuals". Thus the facility meets this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.68** Post-allegation protective custody.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.68 has one element that the facility must meet for a finding of "meets standard".

The standard requires that the use of segregation to house inmates who are alleged to have suffered sexual abuse shall be subject to the requirements of 115.43.

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policy #508.10 has this requirement and interviews with inmates in segregation confirm that their placements were voluntary. Thus the facility meets this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy #505.6 has this requirement. No inmates were identified as being placed into involuntary segregation bases solely on their risk level. Thus the facility meets this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Policy #505.6 has this requirement. Thus the facility meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy #505 has this requirement. Thus the facility meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy #505 has this requirement. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.



**Standard****Number here: 115.71** Criminal and administrative agency investigations

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.71 has twelve elements that a facility must meet for a finding of "meets standards".

The first element requires that when an agency conducts its own investigations, it does so promptly. Policy #606.7 requires that investigations are initiated promptly for all allegations, including third-party and anonymous reports. A review of investigation documents confirms that allegations are promptly investigated. Thus the facility meets this element.

The second element requires that the facility uses investigators that have received the specialized training required by 115.34. The facility provided the training lesson plan in support this element. Thus the facility meets this element.

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. Policy #606.7 has this requirement. In an interview with Detective Gress, he indicated that this requirement was part of their investigative procedure, thus the facility meets this element of the standard.

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. Policy #606.7 has language to support this requirement. Detective Gress stated in his interview that if the evidence supports a criminal investigation, he initiates contact with the district attorney. Thus the facility meets this element of the standard.

The fifth element requires that the credibility of a person is not determined by their status as an inmate or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. Policy #606.7 has a statement on the determination of the credibility of a person that is consistent with the standard and that there is no requirement to submit to a truth telling device. Detective Gress also indicated that there is no requirement that a person submit to a polygraph test or truth-telling device as a condition of proceeding with the investigation. Thus the facility meets this element of the standard.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Policy 606.7 has a statement that meets this element of the standard. Thus the facility meets this element of the standard.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. Policy #606.7 has a policy statement to support this element and the facility provided copies of written investigation reports. Thus the facility meets this element of the standard.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The investigators indicated in their interviews that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy #606.7 also has language that supports this element of the standard.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. Policy #606.14 requires that case files are kept for as long as the abuser is incarcerated or

employed plus 5 years. However, the audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date. Nevertheless, the facility is determined to be meeting the intent of this element.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. Policy #606.7 has a policy statement to support this element and the interview with Detective Gress confirmed that this is the practice. Thus the facility meets this element of the standard.

The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, the facility is not held accountable for other State investigation components.

The twelfth element requires that when outside agencies investigate, the facility cooperates with outside investigators and remain informed of the progress of the investigations. The Cass County Sheriff's Office conducts internal investigations. Pursuant to the interpretive guidelines promulgated by DOJ, this element is to be marked N/A if an outside agency does not conduct administrative or criminal investigations.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.72** Evidentiary standard for administrative investigations.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.72 has one element that the facility must meet for a finding of "substantial compliance". The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. Policy 606.7.1 establishes preponderance of evidence as the standard of evidence in administrative investigations. An interview with Detective Gress confirmed that this is the standard of evidence used to make a finding of substantiated. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.73** Reporting to inmates.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.73 has six elements a facility must meet for a finding of "meets standard". The first element requires that at the completion of an investigation, the facility must inform the inmate whether the allegations were substantiated, unsubstantiated, or unfounded. Policy #606.7.2 has a policy

statement to support this element, and a review of investigation documentation evidenced that inmates were informed of the outcomes of the investigations into their allegations. In his interview, Detective Gress also indicated that they informed inmates of the outcome of investigations. Thus the facility meets this element.

The second element requires that if the agency did not conduct the investigation, it will request relevant information in order to inform the inmate. Pursuant to the interpretive guidelines promulgated by DOJ, this element is N/A if the agency is responsible for conducting administrative and criminal investigations. Thus the facility meets this element.

The third element requires that inmates must be informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. Policy #606.7.2 has a policy statement to support this element. Detective Gress also indicated in his interview that inmates were informed of investigation outcomes. Thus the facility meets this element.

The fourth element requires that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. Policy #606.7.2 has a policy statement to support this element. Detective Gress also indicated in his interview that inmates were informed of investigation outcomes. Thus the facility meets this element.

The fifth element requires that all such notifications are documented. Policy #606.7.2 has a policy statement to support this element. Thus the facility meets this element.

The sixth element requires that an agency's obligation to report the above is terminated if the inmate is released from the agency's custody. No finding is required for this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.76** Disciplinary sanctions for staff.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.76 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. Policy #606.7.1 has a policy statement to support this element. However, there have been no findings of substantiated on investigations of staff members. Based on the policy statement and the available documentation, the facility is determined to have met the intent of this element. The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching. Policy #606.7.1 includes this requirement. Based on the policy statement, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Policy #606.7.1 reflects the requirements of this element. Based on the available policy documentation and in the absence of any evidence in the past twelve months that the facility is not doing this, the facility is determined to have met the intent of this element.

The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. Policy #606.7.1 has a policy statement to support this element. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.77** Corrective actions for contractors and volunteers.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. Policy #606.8.1 has a policy statement to support this element and an interview with Lt. Henrickson confirms this is the practice at the Cass County Jail. Thus the facility is meeting the intent of this element.

The second element requires that facilities take remedial measures and consider whether to prohibit further contact with inmates when contractors or volunteers violate sexual abuse or harassment policies.

Policy# 606.8.1 has a policy statement to support this element. Thus the facility is meeting the intent of this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.78** Disciplinary sanctions for Inmates

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.78 has seven elements that a facility must meet for a finding of "meets standard".

The first element requires a formal disciplinary process for inmates who engage in sexual abuse. Policy# 600 has a policy statement requiring a formal disciplinary process used for inmates who engage in sexual abuse. Thus the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates. Policy #600.7 has a policy statement that supports this element. Thus the facility meets this element.

The third element requires that the disciplinary process consider an inmate's mental disabilities or mental illness when determining what type of sanction is imposed. Policy #600.5.8 has a policy statement that supports this requirement. Thus the facility meets this element.

The fourth element requires that *if* the facility offers interventions to address the abuse, the facility shall consider requiring the inmate to participate in such interventions as a condition of access to programming or other benefits. Policy #600 has a policy statement that contains this requirement, thus the facility meets this element.

The fifth element requires that inmates are sanctioned for contact with staff only if staff did not consent to it. Policy #600.6 has a policy statement that meets this requirement. Lieutenant Henrickson confirmed that this is also the practice at this facility. Thus the facility meets this element.

The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. Both policy# 600.6 and the employee training material have a policy statement that supports this requirement. Thus the facility meets this element.

The seventh element requires that a facility may prohibit all sexual activity between inmates, but that non-coerced activity does not constitute sexual abuse. Policy #600.6 has a policy statement that supports this requirement. Lieutenant Henrickson indicated in her interview that the Cass County Jail prohibits sexual activity between inmates and the practice at the Cass County Jail is that non-coerced activity does not constitute sexual abuse. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.81** Medical and mental health screenings; history of sexual abuse.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.81 has five elements that a facility must meet for a finding of "meets standard".

The first and third elements require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility policy statement meets this element of the standard.

The second element requires that if intake screening indicates that a prison inmate has perpetrated sexual abuse, staff shall ensure that the inmate is offered a follow up meeting with a mental health practitioner within 14 days of the screening. The audit tool indicates that this element is N/A if the facility is not a prison.

The third element requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Policy#606.10.j includes language that supports this element of the standard. Interviews with staff who perform screenings indicate that the information is used only to inform treatment plans and security/management decisions. Thus the facility meets this element.

The fourth element requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Policy #606.10.i has a statement that supports this element of the standard. In his interview, Conrad Binsfeld

indicated that he obtains informed consent before reporting prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Thus the facility meets this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.82** Access to emergency medical and mental health services.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.82 has four elements a facility must meet for a finding of "meets standard".

The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. Interviews with Conrad Binsfeld, Myla Korbel of the Rape and Abuse Crisis Center and Tobi Jezzard of the Essentia Healthcare Center indicate that inmates at the Cass County Jail have unimpeded and timely access to medical and mental health services as determined by their professional judgment. Thus the facility meets this element.

The second element requires that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. Policy #606 has a statement that meets this element and staff indicated in their interviews that this was the practice at Cass County Jail. Thus the facility meets this element of the standard.

The third element requires that inmates are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. Policy #606.10.e has a statement to support this element. Interviews with Conrad Binsfeld, Myla Korbel of the Rape and Abuse Crisis Center and Tobi Jezzard of the Essentia Healthcare Center also confirmed that this is the practice in place. Thus the facility meets this element.

The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. Policy #606.10.h has a policy statement to support this element and interviews with Conrad Binsfeld, Ms. Korbel and Tobi Jezzard confirmed that this is the practice at the Cass County Jail. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.83** Ongoing medical and mental health care for sexual abuse victims and abusers.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.83 has eight elements that the facility must meet for a finding of "meets standard". The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. Policy #606.10.g has a policy statement to support this element. In her interview, Conrad Binsfeld also indicated that this is the practice at the Cass County Jail. Thus the facility meets this element.

The second element requires that evaluation and treatment include follow up services, treatment plans, and referrals for continued care following transfer, placement in, or release from custody. Policy #606.10.g has a policy statement to support this element. Interviews with Conrad Binsfeld, Ms. Korbelt and Tobi Jezzard confirmed that evaluations, treatment, and referrals are made for inmates. Thus the facility meets this element.

The third element requires that the level of care provided is consistent with community levels of care. Policy #606 has a policy statement to support this element. Conrad Binsfeld in her interview indicated that the level of care provided is consistent with community levels of care, as did Ms. Korbelt and Ms. Jezzard. Thus the facility meets this element of the standard.

The fourth element requires that victims of vaginal penetration are offered pregnancy tests. Policy #606.10.e has a statement that meets this element. Interviews with Conrad Binsfeld, Ms. Korbelt and Ms. Jezzard confirmed that pregnancy tests are offered to victims. Thus the facility now meets this element.

The fifth element requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Policy #606.10.f requires that victims receive such information. In their interviews, Conrad Binsfeld, Ms. Korbelt and Ms. Jezzard also stated that victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Thus the facility meets this element.

The sixth element requires that victims are offered tests for STIs as medically appropriate. Policy #606.10.e has this requirement. Interviews with Conrad Binsfeld, Ms. Korbelt and Ms. Jezzard confirmed that this is the practice. Thus the facility meets this element.

The seventh element requires that on-going treatment is provided without cost. Policy #606.10.h has this requirement. Interviews with inmates also indicate that this is the information they received at this facility. Thus the facility meets this element.

The eighth element requires that known inmate abusers have a mental health evaluation within 60 days of learning of such abuse history and are offered treatment. The audit tool indicates that this element is N/A if the facility is a jail. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.86** Sexual abuse incident reviews.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.86 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. Policy #606.12 has a policy statement to support this element. Thus the facility meets this element.

The second element requires that such reviews occur within 30 days of the conclusion of the investigation. Policy #606.12 has a policy statement to support this element. A review of the documentation shows that this is the practice at Cass County Jail. Thus the facility meets this element.

The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. Policy #606.12 has a policy statement to support this element. Thus the facility meets this element.

The fourth element requires the incident review team to include six specific requirements in the incident review. Policy #606.12 has a policy statement to support this element including the six specific elements. In the interview with the Incident Review Team, they indicated that they review the six specific requirements. Thus the facility meets this element.

The fifth element requires that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Policy #606.12 has a statement to support this element that is verbatim from the standard. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.87** Data Collection

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.87 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the agency collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions, and that it shall include at a minimum all the data necessary to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). Policy #606.13 requires the facility to collect data, and provided a copy the most recent version of the Survey of Sexual Victimization (SSV) used to collect information. The facility provided the data collection form. Thus the facility meets this element of the standard.

The second element requires that the agency shall aggregate incident based data annually. Policy #606.13 has a verbatim statement to support this element. The facility produced the annual report.

The third element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. Policy #606.13 has a statement that supports this element. Thus the facility meets this element of the standard.

The fourth element requires that the agency collect information from every privately operated facility with which it contracts to hold inmates. The Cass County Jail does not contract with privately operated facilities, so this element is N/A.

The fifth element requires that the agency provides upon request all such data to the DOJ no later than June 30. The DOJ has not made this request and the instructions from the audit tool indicate that in the case where the DOJ has not made the request, this element is to be considered N/A.



**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.88** Data review for corrective action.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.88 has four elements a facility must meet for a finding of "meets standard".

The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. Policy #606.12 requires the facility to collect and review the data and make the required assessments. The facility developed a report identifying problem areas and recommending corrective action. Thus the facility meets this element of the standard.

The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. Lieutenant Henrickson provided a copy of Cass County Jail's first annual report prepared with findings and corrective action, though because it was the first, it did not contain a comparison of data from the previous year. Nevertheless, thus the facility is determined to be meeting the intent of this element of the standard.

The third element requires that the report be approved by the agency's head and that it is made readily available to the public through its website. Policy #606.13 requires the report to be developed the website indicates that the report is available from the facility and the county clerk's office. However, the report has not been posted on the agency's website. As corrective action, the developed report was published on the agency website. Thus the facility now meets this element.

The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. Policy #606.13 has a policy statement to support this element of the standard, and the facility produced the developed the report. Thus the facility now meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.89** Data storage, publication, and destruction.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.89 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency ensure that the data collected is securely retained. Policy #606.14 requires that data is securely retained in a designated area with restricted access. Thus the facility meets this element.

The second element requires that the agency makes aggregated data available to the public at least annually through its website or if it does not have a website, through other means. The facility website does not have the report available for the public for review. The facility has placed the report on the agency website.


The third element requires the agency to remove all personal identifiers before making the data publicly available. Policy #606.14 requires that personal identifiers be removed from the report. Thus the facility meets this element.

The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. The data collected by the agency only goes back to 2014, so the ten-year threshold has not yet been met. Having determined that the data goes back to at least 2014, the date when the facility began gathering data, the Cass County Jail meets the intent of this element.

**RECOMMENDATION:** None.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/his knowledge and no conflict of interest exists with respect to his or his ability to conduct an audit of the agency under review.

  
\_\_\_\_\_  
Auditor Signature

October 7, 2016  
\_\_\_\_\_  
Date