Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails					
🗌 Interim 🛛 Final					
Date of Report:					
Auditor Information					
Name: Shane Dotson		Email: sdotson@joplinmo.org			
Company Name: Correctional Consulting, LLC					
Mailing Address: P.O.	Box 362	City, State, Zip: Baxter Springs, KS 66713			
Telephone: 417-623-3131		Date of Facility Visit: October 12th and 13th, 2017			
Agency Information					
Name of Agency:			Governing Authority or Parent Agency (If		
Macon County Sheriff's Off	ïce	Applicable):			
Physical Address: 333	S Franklin St	Macon County Government City, State, Zip: Decatur, IL 62523			
Physical Address: 333 S. Franklin St					
Mailing Address: Same as above		City, State, Zip: Same as above			
Telephone: 217-424-1341		Is Agency accredited by any organization? □ Yes ⊠ No			
The Agency Is:	□ Military	Private for Profit	□ Private not for Profit		
□ Municipal	⊠ County	□ State	Federal		
Agency mission: The Office of Macon County Sheriff will strive to serve the community with a highly motivated, professional staff that will treat everyone with respect and courtesy. Our agency will provide a safe environment by preserving the peace and enforcing our government laws. Our men and women, through community service, will work diligently to ensure that Macon County will be a better place to live for everyone.					
Agency Website with PREA Information: www.sheriff-macon-il.us/corrections.html					
Agency Chief Executive Officer					
Name: Sheriff H.G. Buffet		Title: Sheriff			
Email: Click or tap here to enter text.		Telephone: 217-424-134	1		
Agency-Wide PREA Coordinator					

Name: Lt. Kristopher Thompson		Title: Lieutenant / Jail Administrator			
Email: kthompson@sherif	f-macon-il.us	Telephone: 217-424-0856			
PREA Coordinator Reports to:		Number of Compliance Managers who report to the PREA Coordinator Zero - 0			
Sheriff H.G. Buffet					
Facility Information					
Name of Facility: Ma	acon County Jail				
Physical Address: 333	3 S. Franklin St. Dec	catur, IL 62523			
Mailing Address (if differen	it than above):	Same as above			
Telephone Number: 217	7-424-1341				
The Facility Is:	Military	Private for profit Private not for profit			
Municipal	🛛 County	□ State □ Federal			
Facility Type:		Jail 🗌 Prison			
Facility Mission: None R	leported				
Facility Website with PREA	Information: ww	ww.sheriff-macon-il.us/corrections.html			
Warden/Superintendent					
Name:Lt. Kristopher ThompsonT		tle: Lieutenant			
Email: kthompson@sheriff	-macon-il.us	Telephone: 217-424-0856			
Facility PREA Compliance Manager					
Name: None Reported		le: None Reported			
Email: None Reported Te		lephone: None Reported			
Facility Health Service Administrator					
		Title: LPN			
Email: ksedlacek@sherif	f-macon-il.us	Telephone: 217-424-1341			
Facility Characteristics					
Designated Facility Capacity: 425		urrent Population of Facility: 329			

Number of inmates admitted to facility during the past	4738			
Number of inmates admitted to facility during the length of stay in the facility was for 30 days or mo	Unknown			
Number of inmates admitted to facility during the length of stay in the facility was for 72 hours or m	Unknown			
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			329	
Age Range of Population:Youthful Inmates Under 18:0Adults:18-78				
Are youthful inmates housed separately from the adult population?		🗌 Yes	🗌 No	⊠ NA
Number of youthful inmates housed at this facility during the	0			
Average length of stay or time under supervision:	171 days			
Facility security level/inmate custody levels:	Minimum – Maximum – No Youthful Inmates at time of audit			
Number of staff currently employed by the facility who may have contact with inmates:			70	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			4	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			3	
Physical Plant				
Number of Buildings: 1 Number of Single Cell Housing Units: 1				
Number of Multiple Occupancy Cell Housing Units:		22		
Number of Open Bay/Dorm Housing Units:		6		
Number of Segregation Cells (Administrative and Disciplinary:	18			
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
Approximately 200 IP cameras, DVR server storage, 95% of the jail is coverage by cameras.				
Medical				
Type of Medical Facility: Jail		Three cells in medical unit.		
Forensic sexual assault medical exams are conducted at: Decatur Memorial Hospital, Decatur, IL			ur, IL	
Other				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			, currently	35
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			3	
Audit Findings				

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

In July 2017 Correctional Consulting, LLC was awarded a bid by Macon County Sheriff's Office, IL to provide the PREA audit services. In September 2017 communications began with the Jail Administrator Lieutenant Kristopher Thompson and Auditor Notices was sent out via email both in Spanish and English. Thompson was advised to place the notices in housing units, common areas, booking area, visitation area, and staff breaks rooms and lobby of the facility. Pre-Audit Questionnaire was sent via email and was requested to be filled out sent back at least three weeks before the audit date.

No inmate letters were received by the auditor, despite Auditor Notices being abundantly posted around the facility.

The PREA Coordinator / Jail Administrator provided sufficient pre-audit documentation to include the completion of the Pre-Audit Questionnaire and supporting documentation before the on-site audit.

The morning of October 12, 2017 Correctional Consulting, LLC audit team which included Shane Dotson as Lead Auditor and Frederick G. Chinn as support staff for the audit when approaching the lobby of the Macon County Sheriff's Office large Zero-Tolerance signs in both English and Spanish which really stood out reference "Zero-Tolerance" to sexual abuse and harassment. This set the tone of the facility and they were very organized and prepared for the audit. We met with Lieutenant Kris Thompson (PREA Coordinator/Jail Administrator) and held an in-brief discussion was held regarding the PREA audit process and methodology as well as other audit and facility logistics. Following the inbrief, the on duty Corporal led the auditor through the site review and was able to observe the layout of the facility, placement of cameras, signs, signs announcing the audit, Zero-Tolerance signage in all cells, each phone had signage with the number how to report a sexual abuse in English and Spanish, this information was also in the booking area of the facility also. There were no "blind spots" in the facility and all areas were under video surveillance and the Jail Administrator and Central Control was able to monitor the surveillance system via their monitors. We were able to speak to both inmates and staff during our tour. Observed through the facility were; booking area, laundry, kitchen, and administrative offices. PREA signs, Growing Strong (local victim advocacy) signs, and Auditor Notices were abundantly observed in every living unit, visitation area, staff areas, jail entrance, booking, and common areas. I counted over 100 Auditor Notices posted throughout the facility.

As we were speaking with random staff they were able to describe how they would report a sexual abuse or sexual assault in accordance to their policy. Staff of the opposite gender knocked and announced before entering the housing unit.

I, obtained staff and inmate rosters with which to select random staff and inmates to interview in two private non-recorded rooms. The staff was from different shifts, and rank as well as specialized staff, a

contractor, and volunteer staff. Twenty-six female and male inmates were chosen at random from each unit during the site review and the course of the interviews they all were familiar how to report sexual abuse and sexual harassment. Numerous times during the interview process the inmates would make a reference to the PREA number for reporting. The facility had contacted their inmate phone system provider to develop an easy process and anonymous way to report sexual abuse and sexual harassment. This will allow inmates the ability to report quickly without dialing a long series of numbers. During the course of all the interviews I felt the inmates know how to report sexual abuse and sexual harassment in different ways, were educated on the "Zero-Tolerance" policy and were given access all information they would need to report, receive counseling and other services concerning sexual abuse. The inmate handbook was well written and the entire process concerning PREA has been outlined and contact information including names, addresses and phone numbers are provided.

During our course of interviews with staff it was evident that each of them had gone through PREA training and were well versed how to respond to a report of sexual abuse or sexual harassment. Each staff interviewed was very familiar with policy when it came to the reporting process, how to assist the victim, evidence protocol and scene security. During interviews the staff understood the proper dissemination of information on when they receive reports of sexual abuse or sexual harassment. The staff had been trained on how to conduct cross-gender pat down and searches of transgender and intersex inmates in a respectful and professional manner. As a part of their training they were trained how properly identify transgender and intersex inmates. The staff also knows to report any suspicion, knowledge, or information relating to sexual abuse or sexual harassment. The staff understands how to respond if an inmate reports to them privately about sexual abuse, sexual harassment, or retaliation. As part of their training they know how to properly handle evidence and protect the scene until the investigators and administration arrive. Overall, I feel the staff has been well trained and able to properly respond to a report of sexual abuse, sexual harassment or retaliation.

Interviews were conducted with specialized staff which included administrative staff and leadership as well as other specialized staff that perform specific PREA-relevant duties. Overall, the facility was clean and well maintained and staff was friendly and cooperative. The facility does have an intake/booking area and each inmate that enters the facility is screened for sexual victimization, given a brochure on the facility's Zero Tolerance policy. We observed an intake of an arrestee during our audit and all PREA standards were met at booking. We were able to interview someone in the medical/mental health field and they acknowledged they understand their reporting responsibilities as it relates to sexual abuse and sexual harassment. They also provided information on the services that are provided if someone is a victim of sexual abuse or sexual harassment. The services provided are comprehensive and would be a valuable tool if needed. One of the key components to the services offered is having an advocate available during the SAFE/SANE exam and providing follow up care after the exam.

We were also able to interview HR staff concerning background checks and the facility does background checks on all new hires to make sure there are previous history of misconduct as it relates to inmate management. The agency being law enforcement entity has access to local, state and federal criminal history repositories to verify past criminal conduct. If the facility does promote they will use a background check for consideration for promoting.

The facility has an investigative staff which is utilized should the facility have a report of sexual abuse or sexual harassment. During our interview with the investigator we felt they were very knowledgably as it relates investigating sexual abuse or sexual harassment. The investigators have received specialized training in confinement settings. The investigators will investigate all reports of sexual abuse or sexual harassment and will use accepted practices as it relates to interviews, evidence collecting, report writing, and other investigative practices which would be beneficial to the investigation of the incident.

The investigative staff will provide the same services to an inmate victim as they would a victim in a non-incarcerated environment.

They were very involved in the audit process and had all the proper documentation to show compliance and adherence to all standards.

Overall, the facility was clean and well maintained and staff was friendly and cooperative. The PREA Coordinator was very receptive and accommodating and enabled an efficient audit and leadership was inviting and open to auditor feedback. Staff and inmates were positive and willing to converse with the auditor. During our complete audit of the facility I feel this agency as a whole is engaged and active in being compliant with the PREA Standards.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

In 1989 the Law Enforcement Center was constructed and the jail is located on the second floor. When it opened it housed approximately 195 inmates. In 2001 the Bivens Whitten Juvenile Detention Center was closed and in 2006 the building was remodeled to house adult female prisoners. With the remodeling, the current jail now houses 425 inmates. New technology in the jail includes digital video recording of 200 cameras and video visitation. The new cameras throughout the jail ensure better security for inmates, staff and volunteers.

Prior to 1989 the Macon County Jail was located above the Macon County Courthouse. It housed approximately 80 inmates.

The Jail employees 70 Full-Time correctional officers with no Part-Time officers.

On the day of the audit the facility had a total bed capacity of 425 and currently had an inmate population of 317. The jail is a podular/linear design with a central control where all cells are under video surveillance. The facility currently has 22 multiple occupancy housing units in the one facility they operate. Along with the 22 multiple housing units, they have 6 open dorm housing units, and 18 segregations cells used for administrative or disciplinary sanctions. The facility also incorporates medical units, trustee housing units, and holding cells in the housing units listed above. The facility also has phones in the appropriate housing units and have the proper "Zero Tolerance" signage posted along with contact numbers for reporting. The signage is in both English and Spanish. Based on the number of staff they meet the staffing plan set forth in the standards. The facility food service program is outsourced and their staff have been properly trained in the reporting as well. The recreation area is located outside and is also under video surveillance.

Agency's Mission Statement; The Office of Macon County Sheriff will strive to serve the community with a highly motivated, professional staff that will treat everyone with respect and courtesy. Our agency will provide a safe environment by preserving the peace and enforcing our government laws. Our men and women, through community service, will work diligently to ensure that Macon County will be a better place to live for everyone.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 0 - Zero

Click or tap here to enter text.

Number of Standards Met: 43 – Forty-Three

The culture of Macon County Jail's leadership was open and receptive to PREA compliance and the emphasis of sexual safety.

Number of Standards Not Met: 0 - Zero

The culture of Macon County Jail's leadership was open and receptive to PREA compliance and the emphasis of sexual safety.

Summary of Corrective Action (if any) -

During the course of the audit the facility had 3 standards which they were not in compliance. Standard 115.15 as it relates to cross-gender viewing. As we were conducting the facility tour we went into the central control center and noticed there were some areas in the temporary cells where the commodes were not blocked out allowing cross-gender viewing. We instructed the PREA Coordinator to get with their IT Department to get the black box installed to eliminate any cross-gender viewing. The facility has provided documentation of the cross-gender viewing concerns have been addressed and properly taken care of. They are now in compliance with the standard.

Standard 115.53 requires that inmates shall have access to outside victim advocates for services and the facility shall provide mailing addresses and telephone numbers. The facility currently uses Growing Strong as their Victim Advocacy Group and the PREA Coordinator was instructed to add their mailing address to the posters located in the inmate housing unit, inmate handbook, and brochure. The facility provided documentation the Growing Strong information has been added to the posters, handbook and brochures. They are now in compliance with the standards.

Standard 115.65 requires the facility to have a coordinated response plan. The facility had a policy for their coordinated response plan but had no physical documentation on how the coordinated plan would be activated or how the repose would be executed. The PREA Coordinator was asked to create a physical document outlining their response. Prior to the writing of the interim report, the PREA Coordinated developed a comprehensive flow chart which met the standard so this corrective action item has been corrected.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) \Box Yes \Box No \boxtimes NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The facility has a very well written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It outlines the agency's approach to preventing, detecting, and responding to such conduct. Zero Tolerance signage is conspicuously posted throughout the facility for inmates, staff, and guest to see. They have a flyer and inmate handbook that is given to each inmate upon intake. Lt. Kris Thompson is the PREA Coordinator and he does have sufficient time to preform those duties. As we toured the facility and talked with inmates and staff everyone was very familiar with the "Zero-Tolerance" policy on sexual abuse and harassment and what the meaning of PREA. During private interviews with staff and inmates it was evident that they were aware of the policy as well.

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

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

115.12 (a)

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

115.12 (b)

 Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) □ Yes □ No ⊠ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility does not contract with any other entity for confinement of inmates. Not Applicable, but the facility would be in compliance and meet the standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ⊠ Yes □ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?
 ☑ Yes □ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No □ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ⊠ Yes □ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility has a comprehensive staffing plan. Based on the staffing plan the facility has the appropriate amount of staff to respond to sexual abuse and sexual harassment. As I reviewed the staffing plan it meets each requirement found in 115.13(a). In reviewing their policy there are proper provisions if there would be a deviation from the plan and it would be reviewed and documented. Per policy the staffing plan will be reviewed annually including deployment of monitoring technology to stay in compliance with the standard. The facility does have intermediate to higher level staff doing random unannounced rounds. I was able to view and inspect log sheets which showed the proper documentation of the

unannounced rounds. The policy does prohibit any type of announced arounds are occurring. During the tour of the facility I did ask staff and inmates if supervisors made unexpected rounds and they all acknowledged this is being done.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

PREA Audit Report

Instructions for Overall Compliance Determination Narrative

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

The facility does not currently house youth inmates but in the event they would have to house youthful inmates that have a cell located away from the housing unit that would prevent any sight and sound contact with adult offenders. With their current housing cells for youthful inmates this would prevent any type of segregation or isolation for that sole purpose.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ⊠ Yes □ No □ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ⊠ Yes □ No
- Does the facility document all cross-gender pat-down searches of female inmates?
 ☑ Yes □ No

115.15 (d)

Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? □ Yes ⊠ No

■ Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ⊠ Yes □ No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility has a policy that prevents cross-gender viewing or searches unless it is an exigent circumstance. The facility had no documented cases of cross-gender searches or pat downs within the last 12 months. According to policy and procedure and private inmate interviews the facility allows inmate to shower, change clothes and perform bodily functions without being viewed by the opposite gender.

During my tour and private interviews with inmates and staff it is common practice for staff to announce they are entering a housing unit of the opposite gender. Also during my private interviews no one is searched or examined for the sole purpose of identifying genital status. All the staff has been trained and the training was verified in how to conduct cross-gender pat downs searches of transgender and intersex inmates in a respectful and professional manner.

Corrective Action Needed:

During my facility tour, I noticed in Master Control inmates housed in Temp Holding cells was being viewed by opposite gender and was unable to perform bodily functions due to being monitored by the camera system. This does not meet PREA Standard 115.15 (d).

Recommendations:

Get with IT and put a black box around the stool area of the temp cells so inmates of the opposite gender can perform bodily functions without being viewed by opposite gender working in Master Control.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ⊠ Yes □ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ⊠ Yes □ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ⊠ Yes □ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ⊠ Yes □ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ⊠ Yes □ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ⊠ Yes □ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☑ Yes □ No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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During the course of my facility tour and reviewing the inmate roster there were no known inmates who had any type of disabilities or limited English proficiency. The facility does have staff that is able to translate for their Spanish speaking inmates and a TTY System provides interpretation for those who have hearing loss or are deaf. The facility provides access to all education materials in accordance to the ADA Act. The PREA Video is available with closed caption and in Spanish as well. The facility also prohibits any use of inmate interpreters, readers or assistants. This was also verified when I conducted my private random interviews with staff. There were no documented instances of inmate interpreters, readers or assistants being used. The facility does have the inmate handbook in Spanish as well as the notifications in the cells.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ⊠ Yes □ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ⊠ Yes □ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ⊠ Yes □ No

115.17 (b)

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

115.17 (g)

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

115.17 (h)

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility currently runs background checks on anyone who might have contact with inmates including contractors. I was able to review background checks and also during my interviews the information regarding past behavior is asked during the interview process. The facility has the proper policy and procedures in making sure any hiring's or promotions that the individual has no prior incidents of sexual abuse or sexual harassment. Per agency policy they will conduct background checks a minimum of at least once every five years. If any employee or contractor omits any type of misconduct it is grounds for dismissal according to their policy. If any agency requests any information regarding substantiated sexual abuse or sexual harassment they will disclose the information.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The entire jail has recently undergone an upgrade to its security integration system, which included all new locks and computerized control. Additional cameras were installed with upgrades to HD for better monitoring of the facility.

RESPONSIVE PLANNING

PREA Audit Report

Macon County Sheriff's Office, IL

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ⊠ Yes □ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ⊠ Yes □ No
- Has the agency documented its efforts to secure services from rape crisis centers?
 ☑ Yes □ No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

Auditor is not required to audit this provision.

115.21 (h)

If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ⊠ Yes □ No □ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

PREA Audit Report

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

The facility currently has policy and procedures in place as it relates to evidence and medical examinations. The facility currently investigates claims of sexual abuse or sexual harassment. During my interview with the investigator in charge of sexual abuse or sexual harassment reports he was very knowledgeable in the proper evidence protocol and the evidentiary process. The process the facility has in place does consider youthful offenders that meet the federal standard. I was able to review the evidence protocol and it meets the qualification. In my interview with the investigator they use the local hospital for their SANE/SAFE exams. I was able to interview the SAFE/SANE nurse at the local hospital and the nurse advised they are available 24/7 days a week to perform all exams.

As part of the advocacy program utilized by the facility they use Growing Strong. They currently have a signed MOU and this allows for a wide variety of services for victims. They offer victim advocate services, follow-up care beyond the abuse, and also will provide services if the incident happened prior to their incarceration. The facility also has posted in both English and Spanish the Rape Hotline numbers. As part of their comprehensive response plan they victim has multiple avenues that would allow someone attend the exam with them.

The facility has a very extensive section in their inmate handbook that explains every step in the process so the inmates can know what to expect in case of a sexual abuse. They have included all the information for Growing Strong to assist the victim.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

■ Does the agency document all such referrals? ⊠ Yes □ No

115.22 (c)

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

115.22 (d)

• Auditor is not required to audit this provision.

115.22 (e)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During my interview with their investigator he stated that all claims of sexual abuse or sexual harassment would be investigated. If the investigation reveals there is sufficient evidence for criminal prosecution it will be forwarded to the Prosecuting Attorney. The facility also has a way of third-party reporting on its website and PREA Hotline number. As of the date of the audit the facility had thirteen reports of sexual abuse and harassment and investigated by their investigation unit and two were substantiated and eleven were unfounded. The Sheriff's office does have statutory authority to investigate all reports of sexual abuse or sexual harassment. I was able to review all reports of allegations of sexual abuse and sexual harassment that were received.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?

 Xes
 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Ves Des No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Ves Does No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Xes
 No

115.31 (b)

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

115.31 (c) PREA Audit Report

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

115.31 (d)

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

Auditor Overall Compliance Determination

 \square

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

Instructions for Overall Compliance Determination Narrative

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During the course of my private interviews with staff they all were able to validate and verify training listed in 115.31(a). The training was also verified when I performed the facility tour and talked with staff about how they would respond if a sexual abuse or sexual harassment report was made to them. The training documents were reviewed and verified for the staff.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility does have a proactive PREA training program. The facility uses a PREA trainer to train all their staff. The staff receives all the appropriate training as it relates to 115.31(a) and I verified the training documents for each staff and contractor. This training was also validated when I did my private random interviews with staff. The training included how to properly communicate and treat transgender and LGBTI inmates. Included in the training documents was training for contractors and volunteers. The training provided was how to report sexual abuse, sexual harassment and the agencies Zero Tolerance policy. All training records are maintained by the agency.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? \square Yes \square No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Xes
 No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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Standard 115.34: Specialized training: Investigations

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

115.34 (a)

115.34 (b)

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

115.34 (c)

115.34 (d)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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During my interview with the investigator that is assigned to investigate sexual abuse and sexual abuse he shared his and other investigators training in the confinement setting of a jail. I was able to review their closed confinement sexual abuse training and it is PREA approved training. Since the agency has its own investigation division they are well equipped and trained in how to interview using Miranda and Garrity, collect evidence, rules of evidence and referral for prosecution. The investigator outlined their protocol for receiving the initial report through the investigative process and I was comfortable the agency can investigate the report without bias. The investigator addressed the victim in confinement would be treated no differently than a victim in the community.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ⊠ Yes □ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ⊠ Yes □ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ⊠ Yes □ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ⊠ Yes □ No

115.35 (b)

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

115.35 (c)

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 ☑ Yes □ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ⊠ Yes □ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ⊠ Yes □ No

Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
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Instructions for Overall Compliance Determination Narrative

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The agency has part-time nursing staff and no mental health staff in the facility. The facility relies on Growing Strong for their mental health services. The nursing staff does receive the appropriate training as it relates to standard 115.35(a). I was able to review the training documents of the nurse to validate the training. The on-site medical staff do not perform forensic exams the local SAFE/SANE medical personnel perform the exams. The nurse also receives training that is provided to contractors and volunteers.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ⊠ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ⊠ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Xes
 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Xes
 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ⊠ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 ☑ Yes □ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 ☑ Yes □ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ⊠ Yes □ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Xes
 No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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With being a small facility all officers are involved in the booking process and it is part of their standard procedure to screen every inmate for victimization. During my staff interviews the risk screening was validated that all inmates are screened upon intake. I reviewed the screening instrument that the facility uses and it meets the objective requirements for risk assessments. Most inmates are booked in to the facility within the hour of intake. In reviewing the screening instrument all the information included in 115.41(d) is included. The screening does include previous acts, convictions, or incarceration history for assessment. If additional information arises according to their policy the inmate will be screened once again. If an inmate refuses to answer or disclose required information they will not be disciplined according to policy and during my interviews this was confirmed. The facility dissemination of information gathered during the screening process will be sent to the appropriate staff as not to create an undue risk or exploitation of the inmate.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? X Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ⊠ Yes □ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ⊠ Yes □ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During the interviews with staff relating to screening the officer will take the information received and make the appropriate decision on housing, bed, work, education, programming assignments and cell

placement in order to keep potential victims separate from abusers. Each screening decision is solely based upon the inmate's screening. The facility did not have any transgender or intersex inmates housed at the time of the audit. Their policy and training require staff to make a decision on a case-by-case basis. Transgender or intersex inmates are reviewed to determine where they can be housed to ensure their health and safety and whether their placement would present management or security problems. Transgender and intersex inmates shower separately from other inmates. There is no dedicated housing for lesbian, gay, bisexual, transgender, or intersex inmates. Re-assessments are conducted every 60 days by classifications.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ⊠ Yes □ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ⊠ Yes □ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ⊠ Yes □ No

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During my interview with the Jail Administrator, the facility does not segregate based on the potential victimization. The facility will look and place them in an area which is safe and secure. If an inmate was placed in segregation they would have access to all opportunities the general population inmates do according to their policy. If they would be placed in segregation it would only be until reasonable

housing could be arranged. The policy states segregation housing would be reviewed every 30 days if needed.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ⊠ Yes □ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ⊠ Yes □ No

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During my private interviews both with staff and inmates they were able to share multiple ways inmates could report including the following; writing, grievance, verbal report to staff, speak with the Jail Administrator or family. During staff interviews if they received a verbal report they were required to immediately take appropriate action and report it to a supervisor. The facility also provides information in their inmate handbooks, inmate brochures, videos and signage for inmate reporting. The facility has a website and A PREA Hotline number for anyone to report sexual abuse or harassment. Federal inmates can write to the Office of the Inspector General in Springfield, IL address is provided in inmate handbook.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA

115.52 (e)

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
 Xes

 No
 NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes □ No □ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA

115.52 (g)

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

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility does have an inmate grievance procedure in place. During the audit I reviewed their grievance process and it is well written and well documented in their inmate handbook. The grievance process is fully compliant to standard 115.52(b). The policy also addresses if the grievance is against a specific officer they can submit the grievance to any officer and the grievance will not be referred to the staff member who is named in the complaint. The time lines outline in section 115.52(d) is addressed properly in policy and procedure. The policy also allows third party members, family, attorneys and others assist in the filing of the grievance. At the time of the audit there were no documented emergency grievances but is covered in the policy and procedure. The overall grievance procedure is well written and well documented to assist the inmates in understanding the process and timelines.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? □ Yes ⊠ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

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The facility has an active MOU with Growing Strong which is a local advocacy agency that specifically assist sexual abuse victims. All the information is listed in the inmates handbook how to contact Growing Strong including a free phone number through the inmate phone system, but no mailing address was listed which did not meet the reporting requirements. During my private interviews with the inmates they was able to tell me about dialing the number on the poster from the inmate phone system went to Growing Strong agency. During the facility tour I was able to make contact with Growing Strong via the inmate phone system by dialing the number located in the inmate handbook without any incident.

Corrective Action Needed:

The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates <u>mailing addresses</u> and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. This does not meet PREA Standard 115.53 (a).

Recommendations:

Add the address of Growing Strong to the posters located in the inmate housing units and inmate handbook and brochure.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility does have third-party reporting capabilities on their website and the website is available to anyone and the information is also listed on posters in the facility as well as in the inmate handbook.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a) PREA Audit Report

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

■ Does the facility report all allegations of sexual abuse and sexual harassment, including thirdparty and anonymous reports, to the facility's designated investigators? ⊠ Yes □ No

Auditor Overall Compliance Determination

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

PREA Audit Report

Instructions for Overall Compliance Determination Narrative

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During the audit there were over 12 different interviews with staff members. During all the interviews staff acknowledged receiving training in the area of reporting. We did not interview any staff which had received a report of sexual abuse or sexual harassment. If a report is made the facility has the proper chain of command in place to respond appropriately to the complaint. The staff which was interviewed understood the importance of keeping all personal information confidential. Also, during the interviews with the medical staff they too have been trained on the reporting process for the facility. Overall, each interview conducted with random staff and medical confirmed they have been trained in their responsibilities on how and to whom to report sexual abuse or sexual harassment.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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During interviews with staff, the PREA Coordinator, agency head, and Jail Administrator each one substantiated the proper response to an imminent threat. Each interviewer described the separation

policy which they have in place at the facility. Each interviewer knew to separate the victim and abuser and to place the victim in a safe and secure place.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

115.63 (c)

• Does the agency document that it has provided such notification? \boxtimes Yes \Box No

115.63 (d)

■ Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Ves Doe

Auditor Overall Compliance Determination

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

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During the interview with the agency head he has received no reports of any inmate being sexual abused or harassment from another facility. He did speak of his plan of action should this arise. If a report were made the facility would investigate the report just as they do all reports of sexual abuse or sexual harassment at the facility.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard	(Substantiall	y exceeds red	quirement of	standards)
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Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the
compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor'sPREA Audit ReportPage 51 of 79Macon County Sheriff's Office, IL

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

During all the interviews with staff and medical each one had been trained in the proper protocol in how to respond to a reported allegation of sexual abuse. The interviews which were conducted it was apparent each had received appropriate first responder training. Each interviewer could provide a detailed response to the questions pertaining to their first responders responsibilities. At the conclusion of all the interviews it was apparent the facility is providing appropriate training for their staff.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the course of the audit the facility did have a policy for their coordinated response but had failed to outline the proper response in a written document so they did not meet the standard. Since the conclusion of the audit they have provided a detail written flow chart on their coordinated response which has now brought them to compliance with their coordinated response.

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

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

115.66 (a)

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

115.66 (b)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During my interview with the department head he stated they do have collective bargaining but the agency does have the authority to remove any staff member involved in an alleged sexual abuse.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility has a comprehensive policy on retaliation and monitoring. The facility has no documented cases of retaliation within the last 12 months. In my interview with the agency head the topic of retaliation was discussed at length. Part of the policy is to do additional unannounced rounds if retaliation might be possible. Along with the unannounced rounds the facility would separate the victim and the individual to eliminate the retaliation. The facility would also provide different housing assignment as well. We also discussed if there was possible retaliation by a staff member and how the facility would address the employees conduct and work performance to see if there was any potential retaliation occurring. If there were documented evidence they would explore all the different avenues in which to address the retaliation concerns if posed by an alleged victim of retaliation.

During all the staff interviews the topic of retaliation was also discussed. All those who were interviewed understood how to report any potential sign of retaliation whether it was by an inmate of staff. Also, according to staff there has been no form of retaliation they are aware of.

The facility policy addresses all the areas of concern and time lines when retaliation is a possibility or is actively going on. The detection measures as in place. Although, the facility does not have a dedicated staff member assign solely to retaliation however, they would appoint officers if it were needed.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility currently has no victims of sexual abuse in involuntary segregation. During the course of interviews on the topic of retaliation the time liens and procedures listed in 115.43 would be followed and enforced. This information is contained in the facility's policy and procedure manual.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The interview was conducted with the agency's investigator who would be assigned in case there was an incident of sexual abuse. The detective has received training in investigation sexual abuse in a confinement setting. The agency does have the legal authority to file charges and request charges to be filled in a sexual abuse investigation.

The investigator has not only completed training in confinement but also other courses relating to common practices in the field of investigations. He was extremely familiar with how to process, maintain and document all evidence including any type of DNA evidence. As part of the investigative process the investigator noted they would collect all physical evidence, electronic data such as video footage and any type pf audio recordings which might be available. The investigation also would include interviewing everyone involved in the alleged sexual abuse including the victim, suspect, staff, volunteers, medical & mental health staff or anyone who might have information about the alleged sexual abuse.

The investigator also stated the victim would be treated as any other victim in their community. Their status of incarceration would not be a determining factor as to whether to investigate or not. The victim would not be asked or compelled to take a polygraph or any other truth telling device. Once the investigation is completed it is automatically turned over to the prosecuting attorney to make the decision to file charges.

If an administrative investigation is conducted the investigations considers all potential factors in the potential causation to the alleged sexual abuse including if staff actions or failures contributed to the alleged sexual abuse.

All investigations including administrative investigations is documented in a written report. The complete investigations is place in a written document and forward to whomever the governing body is such as the prosecuting attorney for criminal investigations.

The agency does retain all written reports as to the requirements relating to standard 115.71. If the alleged abuser or victim are no longer incarcerated the investigations continues as thought the individual is still incarcerated or employed.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility uses the preponderance of the evidence when they are investigating an administrative claim.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

■ Does the agency document all such notifications or attempted notifications? ⊠ Yes □ No

115.73 (f)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency has a complete policy on the notification or reporting investigation findings to the victim of the sexual abuse or sexual harassment. The facility has no documented cases of substantiated sexual abuse cases.

The policy directs that all findings involving a staff member be reported to the alleged victim. The reporting includes whether the staff member has been reassigned in the facility, the staff member is no longer employed, or if the staff member has been charged/indicted related to the sexual abuse.

The policy also directs that all findings involving another inmate be reported to the alleged victim. The reporting includes whether the inmate has been charged/indicted on the charge related to sexual abuse.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility does have policy in place concerning discipline for staff who engages in sexual abuse or sexual harassment of inmates. As part of the disciplinary process an investigation will be conducted. After the investigation, an employee could face termination if the act itself rises to the level of termination. The decision for discipline is based on several factors including the claim made by the alleged victim, employees past disciplinary record, and sanctions imposed on other staff who engaged in similar conduct.

With the agency being a law enforcement agency, the notification is made internally and the findings are not determined by the employment status of the staff member. If there is a governing licensing body the agency would report the findings of the investigation. The facility currently has both sworn and civilian employees so depending on the status would determine if the findings would be submitted to the licensing body.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency policy concerning volunteers and contractors addresses misconduct and if they engage in sexual abuse of an inmate they are prohibited from any further contact. During the interview with the jail administrator he stated that any misconduct of contractors or volunteers is unacceptable and they would have no contact with inmates.

With the agency being a law enforcement entity, they would take appropriate steps to handle the misconduct and if there were other licensing bodies they would make the notification of the sexual abuse or sexual harassment.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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



Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

If a report of sexual contact is made against a staff member and the staff member did not consent the inmate will be disciplined according to the policy. If a report is made in good faith the facility will not seek charges or administrative discipline for the inmate.

The agency does not allow consensual sex between inmates.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility has a comprehensive policy on medical and mental health care and along with screening. During the audit, a booking process was observed along with the screening for victimization. As part of the policy, if an inmate acknowledges they have been a victim of sexual abuse they will be offered a follow-up with medical or a mental health provider. If any abuse or victimization has occurred the screening officer will only notify those who have a direct need for the information.

In the interview with the medical practitioner they would obtained informed consent prior to reporting this information.

The standard 115.81 (a&b) are not applicable since they are a jail and not a prison.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ⊠ Yes □ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility does have policy addressing emergency medical and mental health services. In the event an inmate is a victim of a sexual abuse they will receive medical and crisis intervention services. Crisis services are offered by Growing Strong Sexual Assault Center. This information is in both policy and the inmate handbook.

During interviews with random staff each staff member knew the proper steps to take to protect the victim after an alleged sexual abuse. The staff acknowledged once the victim was safe they would start the notification per their operational plan.

The victims are offered free of charge access to timely emergency contraception and sexually transmitted infection's prophylaxis regardless if they name an abuser or not.

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

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

115.83 (a)

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

115.83 (b)

115.83 (c)

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

115.83 (d)

 Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ⊠ Yes □ No □ NA

115.83 (e)

 If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancyrelated medical services? (N/A if all-male facility.) ⊠ Yes □ No □ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance to policy and procedure the facility does offer medical and mental health evaluations to all inmates who have been victimized by sexual abuse. As part of the facility's screening tool, if the inmate has been victimized they will be offered follow-up service, treatment, even if they have been transferred to another facility or released and these services will be free of charge.

The level of care offered by the facility will be consistent with the community level of care.

If a female inmate has been sexually abused she will be offered pregnancy testing, if positive, she will receive timely access to pregnancy related service and these services will be free of charge as well as sexually transmitted infection testing.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The incident review team is in place. The facility has not had any documented sexual abuse cases within the last 12 months. The policy and procedure calls for a review with 30 days after the completion of the investigation. The review team consists of upper level management, line supervisors, investigators, and mental or medical health providers.

The review process does consider any physical barriers which might have contributed to the sexual abuse as well as staffing issues, or if it was motivated by race, ethnicity, gender identity, bisexual, transgender, or intersex identification. The facility will also look as to whether monitoring technology should be deployed or augmented to support supervision by staff.

At the conclusion of the review the audit review team will make any recommendations and prepare a report with such findings.

Standard 115.87: Data collection

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

115.87 (a)

 \square

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

 \square

Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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

The facility does have a process in place to collect date to reflect every allegation of sexual abuse. The facility has no documented cases of sexual abuse within the last 12 months. The data which is collected is sufficient to answers all the answer on the Survey of Sexual Violence conducted by the DOJ.

All reports are maintained and collected by the facility and are kept in a secure location and will be retained per the requirements of the DOJ.

They have begun compiling data for their annual report.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Sime Yes Delta No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Xes
 No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

The agency is currently compiling data for its annual report. The data collected will used to assess and improve the effectiveness of it sexual abuse prevention, detection, and response. The data will also be used to improve training, policy and practices. Once the annual report is completed the facility will begin to compare data from the previous year. All information contained in the annual report will redact any personal information that would be a threat to the safety and security of the facility.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

Auditor Overall Compliance Determination

Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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

All the information retained in the reports is securely placed to protect the identity of those involved. The agency on has one facility to operate and all records and reports will be maintained for at least 10 years according to the policy and procedure manual.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes
 No
 NA

115.401 (b)

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is the first audit for compliance the facility has had. The entire agency was extremely accommodating during the audit process. The agency made available all requested information, reports, documents which were requested.

The posting of the audit was found through the facility however there were no correspondence send to the auditors from any individuals from the facility.

Standard 115.403: Audit contents and findings

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

115.403 (f)

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) □ Yes □ No ⊠ NA

Auditor Overall Compliance Determination

Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

This is their first PREA audit.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Shane Dotson

Auditor Signature

11/20/2017

Date

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

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