

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

Interim       Final

Date of Report    8/08/2019

## Auditor Information

Name: Greg Winston	Email: gwinston1993@gmail.com
Company Name: <a href="#">Click or tap here to enter text.</a>	
Mailing Address: P.O. Box 2634	City, State, Zip: Salem, Virginia 24153
Telephone: 540-520-0160	Date of Facility Visit: February 25-27, 2019

## Agency Information

Name of Agency: Sedgwick County Sheriff's Office		Governing Authority or Parent Agency (If Applicable): Not applicable	
Physical Address: 141 W Elm Street		City, State, Zip: Wichita, Kansas 67203	
Mailing Address: 141 W Elm Street		City, State, Zip: Wichita, Kansas 67203	
Telephone: 316-660-0900		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: In partnership with the citizens of Sedgwick County, to provide effective public service to all individuals in an impartial, ethical and professional manner.			
Agency Website with PREA Information: <a href="https://www.sedgwickcounty.org/sheriff/detention/prison-rape-elimination-act-prea/">https://www.sedgwickcounty.org/sheriff/detention/prison-rape-elimination-act-prea/</a>			

## Agency Chief Executive Officer

Name: Jeff Easter	Title: Sheriff
Email: Jeffrey.Easter@Sedgwick.gov	Telephone: 316-660-3900

## Agency-Wide PREA Coordinator

Name: KeeKee Taylor	Title: Administrative Lieutenant
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<b>Email:</b> <a href="mailto:keekee.taylor@Sedgwick.gov">keekee.taylor@Sedgwick.gov</a>	<b>Telephone:</b> 316-660-0900
<b>PREA Coordinator Reports to:</b> Captain Jared Schechter	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

### Facility Information

<b>Name of Facility:</b> Sedgwick County Detention Facility	
<b>Physical Address:</b> 141 W. Elm Street, Wichita, Kansas 67203	
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>	
<b>Telephone Number:</b> 316-660-5245	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail <input type="checkbox"/> Prison

**Facility Mission:** In partnership with the citizens of Sedgwick County, to provide effective public service to all individuals in an impartial, ethical and professional manner.

**Facility Website with PREA Information:** <https://www.sedgwickcounty.org/sheriff/detention/prison-rape-elimination-act-prea/>

### Warden/Superintendent

<b>Name:</b> Brian White	<b>Title:</b> Undersheriff
<b>Email:</b> <a href="mailto:brian.white@Sedgwick.gov">brian.white@Sedgwick.gov</a>	<b>Telephone:</b> 316-660-0900

### Facility PREA Compliance Manager

<b>Name:</b> KeeKee Taylor	<b>Title:</b> Administrative Lieutenant
<b>Email:</b> <a href="mailto:keekee.taylor@Sedgwick.gov">keekee.taylor@Sedgwick.gov</a>	<b>Telephone:</b> 316-660-0900

### Facility Health Service Administrator

<b>Name:</b> Sara Hallacy	<b>Title:</b> Health Services Administrator
<b>Email:</b> <a href="mailto:sara.hallacy@Sedgwick.gov">sara.hallacy@Sedgwick.gov</a>	<b>Telephone:</b> 316-660-0850

### Facility Characteristics

<b>Designated Facility Capacity:</b> 1338	<b>Current Population of Facility:</b> 1164
<b>Number of inmates admitted to facility during the past 12 months</b>	24,820
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	Unknown

<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			Unknown		
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			1		
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 16-17	<b>Adults:</b> 18-81			
<b>Are youthful inmates housed separately from the adult population?</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			2		
<b>Average length of stay or time under supervision:</b>			3.5 days		
<b>Facility security level/inmate custody levels:</b>			Minimum, Medium, and Maximum		
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>			290		
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>			48		
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>			3		
<b>Physical Plant</b>					
<b>Number of Buildings:</b> 1		<b>Number of Single Cell Housing Units:</b> 14			
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0			
<b>Number of Open Bay/Dorm Housing Units:</b>		8			
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		12			
<b>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.):</b>					
<p>The facility had a technology upgrade in 2014-2015. Master control was upgraded and an additional 550 cameras were placed throughout the facility. Master Control operates and monitors from the basement level where there is no inmate traffic. Cameras are also monitored by the shift supervisors via separate monitors installed in the sergeants' office. Each of the 4 Captains has surveillance ability from their offices and the Lobby Deputy has ability to view camera footage in the front of the building and in the lobby. All areas of the facility are monitored by Master Control and video retention is 90 days.</p>					
<b>Medical</b>					
<b>Type of Medical Facility:</b>		Private examination rooms and 24-hour medical room			
<b>Forensic sexual assault medical exams are conducted at:</b>		Local emergency department, Christi St. Joseph			
<b>Other</b>					
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>			224		
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>			1		

# 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.*

The Sedgwick County Sheriff's Office, located at 141 W. Elm Street, Wichita, Kansas 67203, contracted with Greg Winston, a U.S. Department of Justice Certified PREA Auditor, on January 8, 2019 to conduct a Prison Rape Elimination Act (PREA) Audit of the Sedgwick County Detention Facility. The onsite portion of the audit was conducted February 26<sup>th</sup> through February 28<sup>th</sup>, 2019. The purpose of this audit was to determine the Sedgwick County Sheriff's Office level of compliance with the standards required by the Prison Rape Elimination Act of 2003. This is the second Prison Rape Elimination Act Audit for the Sedgwick County Detention Facility. The previous audit was conducted November 6<sup>th</sup> through 8<sup>th</sup>, 2015.

On December 24<sup>th</sup>, 2018, audit notices were posted in all inmate living areas, as well as public areas, including the lobby and visitation areas announcing the upcoming audit and containing the Auditor's contact information. Audit notices were present and observed at the time of the on-site audit. The Auditor received one letter from an offender at the PREA Audit Post Office Box prior to the on-site visit. This offender was interviewed during the on-site portion of the audit.

On January 9<sup>th</sup>, 2019, the Auditor received the Pre-Audit Questionnaire (PAQ) and supporting documentation. In the weeks leading up to the on-site evaluation, the Auditor performed a comprehensive review of the agency policies, operational procedures, forms, and other related supporting documentation submitted by the agency to demonstrate compliance with the standards. All requests for additional documentation and clarification were provided promptly and reviewed by the Auditor prior to the on-site portion of the audit. As part of the audit, the auditors reviewed all applicable written policies and procedures, informational brochures and signage related to PREA. All investigative files related to PREA complaints were provided by the agency and were reviewed by the auditors. Medical records, employee, volunteer and contractor training records, and prisoner screening, training and classification records related to PREA were randomly selected and reviewed by the auditors.

During the review of the material submitted by the facility and review of additional documentation during the on-site visit, the Auditor identified several standards that appeared to be out of compliance. The Auditor communicated with the facility through the PREA Coordinator regarding these concerns. Details of these deficiencies and the resulting determination of compliance are listed under the related standards. Recommendations and corrective action were discussed with the PREA Coordinator and facility administration during the on-site portion of the audit. The facility immediately began making these changes.

The Auditor reviewed the Sedgwick County Sheriff's Office website. The website includes a link to access information on PREA, including the facility's zero tolerance policy and reporting information. The Auditor recommended the facility add the data and annual report for the most recent year per standard 115.88, which was completed prior to the completion of the on-site audit.

The Prison Rape Elimination Act (PREA) on-site audit of the Sedgwick County Detention Facility in Wichita, Kansas was conducted on February 25-28, 2019 by Greg Winston, a U.S. Department of Justice Certified PREA Auditor for Adult Facilities from Salem, Virginia. Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor for Adult Facilities from Salem, Virginia assisted with the on-site portion of the audit.

An entrance conference was conducted with facility administration on the morning of February 25, 2019. Present were Auditor Greg Winston, Auditor Lori Fadorick, Captain Jared Schechter, and PREA Coordinator Lieutenant KeeKee Taylor. After a brief overview and opening remarks by both the Auditor and Administrators, the discussion focused on the schedule for the audit and a review of the audit process. The Auditor asked if there were any questions regarding the on-site portion before proceeding.

Immediately following the entrance conference, the Auditors entered the facility escorted by Lieutenant Taylor. The Auditors conducted a sight review of all areas of the facility, including the offender housing areas, kitchen, laundry, medical, intake, classification, records and the program area. After the completion of the tour, the Auditors discussed document and file review with Lieutenant Taylor. On day two, the Auditors began interviewing random and specialized staff and inmates, as well as reviewing additional documentation on site. The Auditors observed and spoke with staff on the shifts, including specialized staff. On day three, the Auditors completed the specialized staff interviews and completed the random and specialized inmate interviews. Final document and file review was also conducted on day three, including training, personnel and offender files. A brief exit conference was conducted at the end of day three with Lieutenant Taylor, discussing corrective action and follow-up.

The Auditors had full, unimpeded access to all areas of the Sedgwick County Detention Facility. Throughout the facility tour, the Auditors spoke informally with both offenders and staff. The Auditors observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. Informational posters are present and were observed in the housing areas containing this information as well. The Auditor noted that the offender housing areas have shower areas that allow offenders to shower separately and privately and all showers have shower curtains. Throughout the tour, the Auditor was observing for blind spots in the facility and the overall level of offender supervision. The auditors did not observe blind spot areas that would restrict the agency's ability to detect sexual abuse and the facility had a total of 550 CCTV recording cameras.

Formal personal interviews were conducted with facility staff, contract and volunteer staff, and offenders. The Auditors were provided private space to conduct the confidential interviews. All staff

and offenders were made available in a timely manner. Formal personal interviews were conducted with facility staff, contract and volunteer staff, and offenders. The Auditors were provided private space to conduct the confidential interviews. All staff and offenders were made available in a timely manner. Overall, a total of 41 staff were interviewed during the on-site review. Included in the interviews was 14 random staff representing three different shifts. The Auditors were provided a roster for the shifts working the days the interviews were conducted. Staff were chosen randomly from the list provided. Specialty staff interviewed included medical, volunteer, investigator, intermediate level supervisors, staff who perform risk assessments, intake staff, and mental health staff. Also interviewed were the Agency Head, the Facility Administrator, and The PREA Coordinator. All staff interviews were conducted using the established DOJ interview protocols.

<b>Category of Staff</b>	<b>Interviews Conducted</b>
Random Staff (Total)	14
Specialized (Total)	27
Total Staff Interviewed	41
Breakdown of Specialized Staff Interviews	
• Intermediate or Higher-Level Facility Staff	4
• Medical and Mental Health Staff	2
• Human Resources Staff	1
• SANE Staff	2
• Volunteers and Contractors Who Have Contact with Inmates	7
• Investigative Staff	1
• Staff Who Perform Screening for Risk of Victimization	1
• Staff Who Supervise Inmates in Segregated Housing	1
• Incident Review Team Member(s)	1
• Designated Staff Charged With Monitoring Retaliation	1
• Line Staff Who Supervise Youthful Offenders	1
• Agency Contract Administrators	1
• First Responders	1

• Intake Staff	2
• Chaplain	1
Total Specialized Staff Interviews	27

The Auditors reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers.

There were 1164 offenders housed in the facility during the on-site review. The Auditors were provided an offender roster and randomly selected offenders from each housing area to be interviewed. A total of 43 offenders was interviewed. Included in the offenders interviewed were specialized interviews, including Limited English proficient, Disabled, Youthful Offender, Lesbian or Gay, Inmates Who Reported a Sexual Assault, Inmates Who Reported a Previous Victimization. Offender interviews were conducted using the established DOJ interview protocols.

<b>Category of Inmates</b>	<b>Interviews Conducted</b>
Random Inmates (Total)	31
Targeted Inmates (Total)	11
Total Inmates Interviewed	42
Breakdown of Targeted Inmate Interviews	
• Youthful Inmates	1
• Inmates With Physical Disability	1
• Inmates Who Are Blind, Deaf, Hard of Hearing	0
• Inmates Who Are LEP	0 (Refused)
• Inmates With a Cognitive Disability	1
• Inmates Who Identify as Lesbian, Gay or Bisexual	4
• Inmates Who Identify as Transgender or Intersex	0 (Refused)
• Inmates in Segregated Housing for High Risk of Sexual Victimization	0
• Inmates Who Reported Sexual Abuse	2

<ul style="list-style-type: none"> <li>• Inmates Who Reported Sexual Victimization During Risk Screening</li> </ul>	2
Total Number of Targeted Inmate Interviews	11

### Inmate Interviews

The auditors began inmate interviews on the second day onsite. Based upon an inmate population of 1164 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted, including a minimum of 20 random inmates and 20 targeted interviews. The PREA coordinator and other staff facilitated interviews of all inmates in private rooms in the Special Visitation area of the facility. The PREA coordinator provided the auditors with a complete list of inmates by housing unit, as well as a list of inmates who might meet a targeted category for an interview. The facility identified a youthful offender, inmates with disabilities, LEP inmates, one transgender inmate, inmates that identify as lesbian, gay or bisexual, an inmate who reported sexual abuse, and an inmate who had been previously victimized. For random inmate interviews, the auditors selected a minimum of one inmate per housing unit.

Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and booking procedures were observed.

The Auditors conducted the exit conference on the evening of the third day, February 27, 2019. Present were Auditor Greg Winston, Auditor Lori Fadorick, and PREA Coordinator Lieutenant KeeKee Taylor. The facility was open in the discussion of the PREA program and receptive to the feedback from the Auditors.

## 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.*

The Sedgwick County Detention Facility is an adult local detention facility, the only large jail in the state of Kansas out of 105 jails. It has a design capacity of 1,338 inmates and had an average daily population of 1,443 for the previous 12 months. The jurisdiction area is 1,009 square miles. The Sedgwick County Detention facility books inmates for all municipalities in Sedgwick County as well as



Federal inmates, Parole Violators, and newly arrested persons on misdemeanor and felony charges. The facility provides both indirect and direct podular observation models of inmate supervision. There are 14 single cell housing units and 8 open dorm housing units. The facility also has a 17 bed infirmary adjacent to medical and 12 restrictive housing cells. The jail holds minimum, medium and maximum security general population male and female inmates, maximum security mental health inmates, and youthful offenders (who have been adjudicated as adults). In the state of Kansas, individuals under the age of 18 are considered juveniles unless a judge determines that they should be tried under adult criminal statutes. When the judge makes such determination, juveniles may be transferred to adult local detention facilities for pre-trial and post-conviction detention.

Food services is provided by a contract service and inmates are fed inside their respective housing areas. Recreation occurs in common areas adjacent to the housing areas, under the general supervision of detention staff as well as recording CCTV devices. There are inmate work programs such as laundry services, food service, and housekeeping. The working conditions consist of detention officer supervision and monitoring by recording CCTV devices. Pat searches are conducted by officers of the same gender. There are private areas provided for conducting strip searches. The Auditors conducted an inspection of the physical plant and observed that there is a large number of recording CCTV cameras in place throughout the facility. However, their presence provided adequate privacy for inmates to perform bodily functions and change clothes. The elevators are monitored by both audio and CCTV. The shower areas were appropriately private, but not so secluded as to create an area for potential abuse. All showers were single unit and would allow any inmate the opportunity to shower in private. The lighting around the facility was bright and there were no obvious blind spots.

The Sedgwick County Detention Facility has a Memorandum of Understanding (MOU) with Via Christi Hospital. They also have an MOU with Wichita Area Sexual Assault Center to provide victim advocacy services to inmates. The auditors contacted the Wichita Area Sexual Assault Center as well as both Christi Hospital locations. All three agencies confirmed that they have a written agreement with the SCADF for advocacy and SANE services. None of the agencies would provide any patient specific information, but the auditor's review of the investigative files and interviews with investigators confirmed that none of the agency's services had been required during this audit period. The facility has MOU's with 6 facilities for the confinement of inmates. These facilities are monitored quarterly for compliance with the PREA standards. The contracted facilities are local county jails: Cowley, Sumner, Chase, Wilson, and Butler Counties.

Inmate movement throughout the facility is controlled by staff and monitored by the control room operators through the cameras.

The facility employs 290 staff that regularly has contact with offenders. There are currently 224 volunteers and contractors who are authorized to have contact with inmates. A review of training records indicates all staff, volunteers and contractors have completed training on PREA.

## 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.*

In the past 12 months, the Sedgwick County Detention Facility reported 34 allegations of sexual assault, harassment or abuse by offenders or staff at the facility. On site, the Auditors confirmed with the administration and PREA Coordinator that there had been no additional allegations since the submission of the PAQ.

Interviews conducted with the offenders reflected that they are aware of the facility’s zero-tolerance policy and understand the protections afforded to them under the PREA standards; however, interviews revealed comprehensive education is not being done on a consistent basis. Suggestions on how this process could be improved were discussed with the PREA Coordinator. It was discovered that the Medical Intake Nurse is completing the PREA screening with the offenders, and this screening was not being utilized or reviewed by Classification staff. Additionally, the screening did not contain all the required elements of the standard. This procedure was discussed with the PREA Coordinator and Administrative staff and the Auditors offered suggestions on the how the facility could correct the current process to meet the required elements of the standard. Through the offender interviews, the Sedgwick County Detention Facility has demonstrated that offenders have a general awareness and understanding of PREA. Offenders indicated that they understand the various ways they can report sexual assault or harassment and were able to articulate how and to whom they would report. However, many of the offenders were not aware of advocacy services or the availability of outside services. It was recommended to the facility that the availability of Inmate Education materials be increased. Offenders indicated that they felt safe in the facility and felt that the staff would immediately respond and take any reported allegation seriously.

Staff interviews indicated that the staff have been trained and understand the meaning of the agency’s zero tolerance policy. The staff was also able to articulate the steps to take if they were the first responder to a reported allegation of sexual assault. It was clear based on interviews with staff that they have a basic knowledge and understanding of PREA, as well as their roles and obligations. Overall, staff are also aware of the variety of reporting avenues for inmates, as well as staff. A review of the training outline revealed that all the required elements of the standard were included. Staff indicated that they felt the facility was a safe place and that the administration took PREA seriously and made sure it was a priority.

After reviewing all relevant information submitted by the facility, as well as additional documentation reviewed on site, and conducting the on-site review and offender and staff interviews, the Auditor found that the administration has made PREA compliance a priority for the facility. Discussions with administrators reinforced their commitment and dedication to this process.

The final status of the standards that were exceeded, met, not met is shown below. The facility must achieve compliance in all areas and subsections of the standard to reach full compliance with that standard. An explanation of the findings related to each standard are provided and detailed in the report

below. The Pre-Audit Questionnaire, documents submitted during the pre-audit period, additional requested documentation, interviews, observations and additional documents reviewed on site have demonstrated that the SCADF has created a culture of sexual safety and commitment to compliance with the PREA Standards. There were 7 standards where the facility was not in compliance. Those corrective action plans are still in development with the facility, but none require a wholesale revision to business practices or cultural change in the facility.

### **PREA Standards Compliance Overview – Interim Audit Report**

**Number of Standards Exceeded: 1**

**115.43**

**Number of Standards Met: 36**

**115.11, 115.12, 115.13, 115.14, 115.15, 115.17, 115.18, 115.21  
115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.51, 115.53, 115.54  
115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.68, 115.71, 115.72, 115.73,  
115.76, 115.77, 115.78, 115.81, 115.83, 115.82, 115.87, 115.89, 115.403**

**Number of Standards Not Met: 8**

**115.41, 114.42, 115.52, 115.67, 115.83, 115.86  
115.88, 115.401**

**Summary of corrective action (if any) and final determination is included in the discussion of the individual standard.**

### **PREA Standards Compliance Overview – Final Audit Report**

**Number of Standards Exceeded: 1**  
**115.43**

**Number of Standards Met: 44** 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18 115.21, 115.22, 115.31 115.32, 115.33, 115.34, 115.35 115. 41, 115.42, 115.51, 115.52, 115.53, 115.54 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68 115.71, 115.72, 115.73, 115.76, 115.77, 115.78 115.81, 115.82, 115.83 115.86, 115.87, 115.88, 115.89 115.401, 115.403

**Number of Standards Not Met: 0**

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy, 120.03 PREA
3. SCADF Organizational Chart / Post Orders
4. Interviews with the following:
  - a. PREA Coordinator
  - b. Agency Administrator
  - c. Staff Interviews

### Findings:

The SCADF has a comprehensive PREA policy, 120.03, which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy clearly details the facility's overall approach to preventing, detecting and responding to sexual abuse and harassment. The culture of "zero tolerance" is apparent throughout the facility as evidenced by informational posters, information on the website, lobby and public areas, and interactions and interviews with both offenders and staff. The zero-tolerance mandate is clearly taken seriously by the staff at the facility and this is reflected in the offender interviews.

The SCADF has designated Lieutenant KeeKee Taylor as the department wide PREA Coordinator. He reports that he has sufficient time and by virtue of his position, the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. It is evident to the Auditor that he works closely with the Jail Administrator to ensure the facility's compliance efforts and the sexual safety of the offenders. There is an open line of communication between all levels of staff at the facility.

**Corrective Action: None**

## 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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policies: 120.03
3. Contract Monitoring Report Cards
4. Interviews with PREA Coordinator and Facility Administrator

The SCADF contracts with several other local jails to hold their prisoners. I have reviewed the applicable contracts with the local jails and their PREA compliance documentation. The SCADF has provided documentation of their ongoing audits of the contracting facilities and their efforts to ensure compliance with the PREA. Several of the facilities have not achieved full compliance with PREA. However, the SCADF provides contract monitoring in accordance with the standard. Compliance with this standard requires that the contracting agency demonstrate that they perform contract monitoring and can demonstrate that the contractors are making progress toward compliance with the PREA standards. Evidence from the contract monitoring forms and interviews with the Jail Administrator prove compliance with this standard.

**Corrective Action: None**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

*The 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.*

### **Evidence Reviewed:**

1. SCADF Completed PAQ
2. SCADF Policy, 120.03, 16.1.1, General Order 1.1
3. Staffing Plan
4. SCADF Organizational Chart
5. Duty Post Logs
6. On-site review of housing areas
7. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Intermediate or Higher-Level Facility Staff
  - d. Random Staff Interviews

### **Findings:**

**The SCADF has a written staffing plan that addresses all required elements of the standard. In interviews and discussions with the Sheriff, and the Jail Administrators, they indicated that in developing the staffing plan, they had discussed and considered the PREA standards,**

particularly with regard to staffing ratios, minimum staffing requirements, and shift assignments and the use of overtime. The facility has a large and sophisticated CCTV system comprised of multiple monitors located in the control room. The CCTV is monitored by security staff in a central control station at all times.

The staffing plan requires any deviations be documented and justified. According to my review of the relevant documentation, including the PAQ and interviews with the PREA Compliance Manager, there have been no instances where there have been deviations from the staffing plan.

The staffing plan was dated 1999. They have completed an annual review as mandated by the standard, which is dated 02-19-2019.

The agency reports that they conduct unannounced rounds on all shifts and a policy exists that prohibits staff from alerting other staff of the rounds. In policy 120.03, it is required that supervisors will conduct and document unannounced rounds each shift to identify and deter sexual abuse and harassment. In addition, the administrative staff conduct and document weekly unannounced rounds. The Auditor reviewed log books documenting rounds made. It is clear through observation that supervisors and administrators are conducting unannounced rounds. Interviews with shift supervisors, as well as line staff indicate that the rounds are unannounced and random.

Corrective Action: None

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The 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.*

**Evidence Reviewed:**

1. SCADF Completed PAQ
2. SCADF Policy, 120.03, 190.04
3. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Intermediate or Higher-Level Facility Staff
  - d. Random Staff Interviews

**The SCADF has a dedicated housing unit for youthful inmates. The facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area or sleeping quarters. Accommodations are made to ensure compliance on the rare occasion when a youthful inmate is in custody. During this audit period the SCADF reports there was one youthful offender held at the facility.**

**There was one youthful offender housed at the facility at the time of the on-site audit. This prisoner was interviewed as part of our targeted interviews. He reported that he was allowed to exercise during all hours of the day in his housing unit. He received regular time out of his**

housing unit to access the basketball courts in external rec yards. He said that he had access to recreational programming such as library, televisions, and similar things. This prisoner has access to educational programming. He was not confined to his cell except during normal lock down periods. He doesn't get to interact with other prisoners on a routine basis.

Corrective Action: None

## Standard 115.15: Limits to cross-gender viewing and searches

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

### 115.15 (a)

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

### 115.15 (b)

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

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03,105.09, 120.0
3. Staff training rosters and training curricula
4. On-site review of camera placement and monitors
5. On-site review of housing areas and location of showers and toilets
6. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Intermediate or Higher Level Facility Staff (Shift Supervisors)
  - d. Random Staff Interviews (Shift Officers)
  - e. Medical Staff

## **f. Random Offender Interviews**

### **Findings:**

**115.15 (a):** In accordance with Policy 109.05, Section IV, the SCADF does not conduct cross-gender strip searches or cross-gender visual body cavity searches. This is stated in policy and interviews with staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred. There were no reported instances of medical personnel performing cross-gendered searches.

**115.15 (b):** There is not a prohibition against cross gender pat down searches for female staff. There have been no instances of cross-gender pat searches during the audit period. Informal discussions with staff and supervisors indicated that they will call for assistance in searching female prisoners from law enforcement deputies of the same gender if there is not a female detention staff member available. In addition, during random female inmate interviews, they confirmed that male employees do not pat search female prisoners.

**115.15 (c):** SCADF policy 109.05, Section IV, prohibits cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical personnel. The SCADF policy states that all cross-gender pat-down searches will be documented. The facility reports on the PAQ and verified through interviews that no cross-gender strip searches, pat searches or visual body cavity searches have occurred.

**115.15 (d):** Policy 120.00, Section II, states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. Policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. Informal and formal random inmate interviews indicated that they are not supervised by staff of the opposite gender. Offenders indicated that announcements are made when opposite gender staff enter the housing units. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Cameras are placed appropriately so that shower and toilet areas are not in view without modesty screening. The auditors reviewed the CCTV monitoring stations and verified that shower and toilet areas were not observable. In addition, there is CCTV monitoring cameras in some single cells that are used for close observation, in those cells the toilet areas are viewable; however, there are electronic modesty boxes (opaque boxes) covering those specific areas of the cell.

**115.15 (e) and (f):** SCADF policy 109.05, Sections I and IV prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. During interviews, when asked what they would do if they were unable determine an offender's gender or genital status, staff generally suggested to call medical. Upon further questioning, they were able to articulate that they could determine this information other ways, including asking the offender. Based upon the responses from the security staff while being interviewed, the medical personnel were asked how they would handle the situation if she or one of her staff was called to determine the gender of an offender. They stated that she would first ask the offender. None of the staff suggested that the prisoner would be subject to a strip search for the sole purpose of determining gender.

Policy requires all officers to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender

searches and have received refresher training. Records of annual refresher training were reviewed by the auditor. The auditor reviewed the training curriculum to confirm that information related to the proper method for searching in a respectful and minimally intrusive manner.

Corrective Action: None

## 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

*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.*

**Evidence Reviewed:**

- 1. SCADF Completed PAQ**
- 2. SCADF Policy 120.03**
- 3. On site review, including observation of posters & informational material and interpreter services contract**
- 4. Interviews with the following:**
  - a. PREA Coordinator**
  - b. Facility Administrator**
  - c. Intermediate or Higher Level Facility Staff**
  - d. Staff Interviews**
  - f. Random Offender Interviews**

**Findings:**

The SCADF takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. Policy indicates that during booking, offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with the PREA Coordinator confirmed that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. Generally, the response from staff to the question about how inmates with disabilities would be given access to the PREA program, they responded that it would be handled on a case by case basis, depending on the disability. Rosters of inmates and targeted interview requests did not reveal inmates with any notable cognitive disabilities, only prisoners with physical handicaps, which required no specific action by the staff to accommodate them. Staff interviews indicated that offenders with disabilities or special needs that would require accommodations would be given access to the PREA information and protections. In fact, there have been no instances where non-English proficient offenders or others with disabilities have required accommodations in accordance with the standard.

SCADF Policy stipulates that offenders who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. This service is provided by a court interpreting service. Intake informational brochures were readily available in Spanish, which is the most common second language in the area. An English/Spanish handbook is available. The inmate video is done in English with English/Spanish subtitles, and any other language barrier training is provided by the translation service.

Interviews with staff indicate that offenders are not and would not be used as interpreters, unless there was an unreasonable delay in the provision of services by the courts. There were no instances where another prisoner was used as an interpreter during the reporting of a PREA complaint or investigation. While the SCADF was found to be compliant in this area, I recommended contracting with a telephone-based interpreting service to provide service in exigent circumstances in order to avoid ANY use of inmate interpreters for PREA related matters.

**Corrective Action: None**

## **Standard 115.17: Hiring and promotion decisions**

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

### **115.17 (a)**

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

### **115.17 (b)**

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

### **115.17 (c)**

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*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.*

#### **Evidence Reviewed:**

1. SCADF Completed PAQ
2. SCADF/SCSO Policy 32.1
3. Personnel Files (Criminal History Background checks)
4. SCADF/SCSO Policy 32.3.1
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Facility Investigator

#### **Findings:**

The SCADF does not hire or promote anyone who has engaged in sexual abuse or harassment as stipulated in the standard. The language in policies are consistent with that in the standard. The Auditor reviewed interview questions used by the SCADF and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Interviews with the Facility Administrator confirm that they are asking these questions during the interview process.

Policy indicates that the SCADF will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. The Facility Administrator stated that instances of sexual harassment would definitely be a factor when making decisions about hiring and promotion. Every employee and contractor undergoes a background check and is not offered employment or access to the facility if there is any disqualifying information discovered.

Consistent with SCADF policy, all employees undergo a criminal history check annually and volunteers and contractors must have a criminal background records check prior to employment and every 5 years thereafter. The Facility Administrator verified this information in interviews discussing this background process and provided supporting documentation. The Facility Administrator stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. They stated that most of the surrounding agencies were very good about sharing information with each other.

The SCADF asks applicants directly about misconduct as described in the standard. Interviews with the PREA Coordinator and the Facility Administrator indicate that the questions are being

asked and verified as required by the standard and SCADF policy. In accordance with the standard, the policy requires candidates for promotion to be asked questions regarding sexual misconduct. The policy also stipulates that employees will be asked these questions during periodic performance appraisals. The presence of this was confirmed with the Human Resources Manager. SCADF policies stipulate a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as attend annual refresher training. The auditor also reviewed records of employees indicating that they had been subjected to a criminal history records check and the PAQ reported that there have been new employees during the audit period that have had criminal history checks run in accordance with the standard.

In accordance with the standard, SCADF policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. The Facility Administrator verified that the SCADF would and has terminated employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct.

SCADF policy indicates that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer and a signed release of information. As noted above, the Facility Administrator stated that most surrounding agencies would share information out of professional courtesy. They stated he would share information upon request from another facility regarding a former employee.

**Corrective Action: None**

## **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

*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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. Previous Audit Findings
4. On-site review including facility layout, control room and monitors and camera placement
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Jail Administrator and Sheriff

### Findings:

According to the PAQ, the SCADF has updated the video monitoring system, electronic surveillance system or other monitoring technology. In discussions with the administrative staff, they indicated that there have been additions to the CCTV system.

The SCADF is not planning a major renovation or expansion. However, targeted interviews with the Sheriff and other administrative staff confirmed that during the most recent expansion of their annex facility they carefully considered how upgrades in technology and monitoring would improve the sexual safety of the prisoners.

During my document review, the PREA Coordinator pointed out very specific area where CCTV coverage was enhanced to ensure effective coverage and surveillance.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

**115.21 (a)**

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

**115.21 (b)**

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

**115.21 (c)**

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

**115.21 (d)**

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



**Evidence Reviewed:**

1. SCADF Completed PAQ
2. SCADF Policy 120.03, 83.1
3. Training Records for Investigators
4. Contract with local sexual abuse crisis services for victim advocacy
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Health Services Staff
  - d. Mental Health Services Provider
  - e. Investigator
  - f. Random Staff

**Findings:**

The SCADF (Detention Bureau) is responsible for only administrative investigations. The Law Enforcement Division of the Sheriff's Office conducts criminal investigations and the Sheriff confirms that they would be fully responsible for incidents that occur that are criminal in nature, including those related to violations of the PREA.

To the extent they are responsible for conducting investigations, the SCADF Detective Bureau follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff first responders in this protocol. The evidence protocol is specified in policy and described and confirmed by the Investigator. Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

SCADF policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost and that crimes would be investigated by the local police department. These exams would be performed off-site at the local emergency department by SANE/SAFE certified hospital employees. The availability of these services was confirmed by the Auditor with the Medical Personnel. She indicated they always had a SANE/SAFE employee on call and available and there would be no charge to the victim for this exam. The SCADF reported on the PAQ there had been no forensic exams conducted. This was confirmed by facility administrators and the medical personnel.

The agency has a MOU with SANE/SARE Units for forensic exams and a regional rape crisis center for victim advocates.

**Corrective Action: None**

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

### **115.22 (a)**

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

#### 115.22 (b)

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

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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

*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.

**Evidence Reviewed:**

1. SCADF Completed PAQ
2. SCADF Policy: 103.1, 120.03
3. Investigative Report
4. SCADF Website
5. Interviews with the following:
  - a. PREA Compliance Manager
  - b. Facility Administrator
  - c. Criminal Investigator
  - d. Random Staff

**Findings:**

The SCADF policy is written in accordance with the standard. The PREA Coordinator and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the shift supervisor, who will contact a patrol officer, if it is determined that a crime has likely occurred. If the initial investigation does not indicate that a crime has occurred, the shift commander will initiate an administrative investigation. The Facility Investigator coordinates with the PREA Coordinator to determine the course of action. A review of sexual assault and sexual harassment allegations for this audit period revealed that their actions were consistent with written policy.

The policy is posted on the SCADF website. The investigator conducts all administrative investigations at the facility and conducts all criminal investigations and documents findings.

SCADF policy ensures that allegations of sexual abuse are referred for investigation to a division with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All such referrals are documented.

**Corrective Action: None**

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

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

#### 115.31 (b)

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

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. Training Curriculum/PowerPoint Presentation/Video
4. Training Roster/Personnel Records
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Volunteer/Contract Staff

#### Findings:

**The SCADF policy is written in accordance with the standard. The training curriculum was reviewed by the Auditor and contains all required elements of the standard. This training is provided to current employees, contractors and volunteers via video. New employees / contractors and volunteers are provided the training in person prior to assuming duties. In additional sworn staff receive training during the correctional academy. The training is specific to both male and female offenders.**

**The Auditor reviewed training rosters where employees signed and acknowledged that they had received and understood the training.**

Interviews with staff revealed that they are clear on the zero-tolerance policy and their duties as first responders.

Corrective Action: None

## 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

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.*

**Evidence Reviewed:**

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. Training Curriculum/PowerPoint/Video
4. Training Rosters/Personnel Records
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Volunteer
  - d. Random Staff

**Findings:**

The SCADF policy is written in accordance with the standard. The training curriculum was reviewed by the Auditor and contains all required elements of the standard. This training is provided to contract employees and volunteers via video, prior to assuming their duties. All volunteers and contract staff are trained.

Volunteers and contractors receive the same training as line staff. All volunteers and contractors who have contact with inmates are notified of SCADF zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The Auditor reviewed training rosters to verify training and signature sheets where contract employees and volunteers signed and acknowledged that they had received and understood the training.

Interviews with civilian staff and several volunteers revealed that they are clear on the zero-tolerance policy and their duty to report, as well as how and to whom to report incidents. They also report understanding their responsibilities to try to preserve evidence by telling the offender not to take actions to remove or alter evidence and that they would immediately report anything unusual to the appropriate supervisory staff members.

**Corrective Action: None**

## **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?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. Inmate Handbook
4. Inmate PREA Screening and Training Form
5. PREA Informational Pamphlet including Spanish version
6. PREA Informational Posters including Spanish version
7. On-site Review, including housing areas and intake
8. Video of comprehensive PREA training for both men and women
9. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Medical Personnel
  - d. Random Offenders
  - e. Intake Staff

### Findings:

**115.33 (a):** The SCADF policy 120.03 is written in accordance with the standard. Upon admission to the facility, during the booking process, the prisoners are verbally informed of the agency's zero tolerance policy regarding sexual abuse and harassment. This was verified during both targeted staff interviews with intake staff as well as random interviews with prisoners. In addition, there are information poster placed at each booking station, in both English and Spanish with information on how to report sexual abuse and harassment as well as the agency's zero tolerance for such behavior. During both formal and informal interviews and the auditors observation of the intake process confirm that inmates are informed of the agency's zero tolerance policy and directed to read the informational poster.

**115.33 (b)(c):** In accordance with policy 120.03, Section 3, offenders receive a screening and training regarding the facility's zero tolerance policy, prior to being moved into general population. Prisoner classification generally occurs the same day but not more than 72 hours. This is well within the 30 day requirement of the standard. This was confirmed during medical

and staff interviews as well as informal conversations with prisoners and the auditor's observations of the intake and booking process. The auditors reviewed records of prisoners who were being transferred from booking into general population and the training acknowledgement forms were present and signed by the prisoner. In addition, the auditors selected over 20 files randomly from the records filing cabinet and training signed acknowledgement forms were present in their files. During both informal and targeted interviews with intake staff revealed that all prisoners were informed and trained on PREA, regardless of whether they arrived from another facility or from the community.

115.33 (d): This information, along with the inmate handbook and informal posters provides offenders with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment. Intake deputies assure that inmates are directed to read the information and they confirm their understanding. During the audit, when intake staff were asked what would happen if an inmate did not understand the information provided, the interviewed staff said that they would try to determine what the barrier to understanding was and address that on a case by case basis. The staff offered several alternatives to written information including calling an interpretive service for non-English proficient, reading the material to the offender or providing court assigned signers for the deaf. One officer did mention during our informal discussion that the inmate telephones are equipped with volume control for prisoners who are hard of hearing. The comprehensive education is accomplished through the use of the PREA orientation video. The video is shown in the intake area. The video is available in both English and Spanish languages. The video, depending on the language has alternate language subtitles. The auditors personally viewed the videos and verified that they were operating and visible. Staff are available should the offenders have questions regarding the video. The Auditor reviewed the video to verify that it was in working order. The Auditor reviewed random inmate records files to ensure the training was being completed for all inmates. Interviews with staff and prisoners both formally and informally verified that prisoners are receiving the initial and comprehensive training.

Based upon the auditor's review of random inmate files and the signed training acknowledgement forms as well as interviews with prisoners, current offenders have received PREA training. Offender interviews indicate that the majority remember receiving information upon arrival and viewing the orientation video. They have an awareness of PREA information and how to report.

As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials, as well as the availability of telephone based translators. For offenders that are visually impaired, a staff member would read the information to the offender. As indicated in the policy, all other special needs would be handled in coordination with the PREA Coordinator on a case by case basis.

Information in English and Spanish languages were available throughout the facility. The Auditors observed PREA informational posters in offender housing areas, intake, and medical. The inmate handbook is available and provided to all prisoners including information on the kiosks in prisoner housing areas. The inmate information on the kiosks was available in two forms. Each prisoner is required to review the entire inmate handbook and acknowledge their understanding prior to accessing the commissary system. In addition, they are allowed to view the inmate handbook without access to the commissary at anytime by just clicking the available link to the inmate handbook. Further, above all of the inmate telephones is the PREA information poster with the numbers to available PREA reporting numbers. During the interviews with the

prisoners, both informal and formal, this was universally the most understood way to access information related to PREA.

Corrective Action: None

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03, 33.1.9
3. Documentation of Training for Investigators
4. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Agency Investigator

#### Findings

**115.34 (a):** SCADF policy is written in accordance with the standard. I reviewed the certificates of training for the assigned Sheriff's Office investigator and he has been trained and is qualified in accordance with the standards. In addition, interviews with the investigator, PREA Coordinator and Jail Administrator revealed that they understand the criteria for a substantiated finding in an administrative hearing as well as the criteria for referral for prosecution of criminal cases. The SCADF has a single dedicated deputy assigned to perform PREA investigations. However, during both interviews with the investigator and facility administrators and reviewing investigative files, I determined that several different investigators had conducted sexual abuse allegations that occurred in the jail. Through interviews with the PREA Coordinator, Agency Investigator and Agency Administrator, I was able to determine that all deputies of the agency, who are assigned to investigations, are given training in accordance with the standard.

**115.34 (b):** I have reviewed the training curriculum for the investigative officers who are assigned to cases referred from the jail. The curriculum contains the elements of the standard and each deputy has a certificate of completion.

**115.34 (c): Policy 33.1 has a large number of provisions. Sections 33.19 and 33.20 requires that all training records are preserved in the employee’s files and at the training academy. The auditors reviewed the training curriculums and certificates of completion of the investigators involved in PREA investigations.**

**Corrective Action: None**

## **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*)
- 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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#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. PREA Training Curriculum/PowerPoint
4. Documentation of Medical Staff Training
5. Interviews with the following:
  - a. Medical Staff and Mental Health Staff
  - b. PREA Coordinator
  - c. Facility Administrator

#### Findings:

**SCADF policy is written in accordance with the standard. The Auditor reviewed the curriculum and it covers all mandated aspects of the standard. Auditor was provided documentation of completion of training for medical staff, including professional medical staff. Medical staff interviews, both formal and informal indicate that staff are aware of their responsibilities with regard to PREA, how to respond and how to detect signs and symptoms of sexual abuse. Mental Health staff and medical staff are contracted and I reviewed proof that they also attended the required training using curricula in accordance with the standard.**

**The medical staff do not conduct forensic medical exams.**

**All medical and mental health staff receive training on PREA mandated by SCADF policy and standard 115.32.**

**Corrective Action: None**

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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?  
 Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03, 115.04, 109.00, 109.-1
3. Inmate Intake Screening Form / Classification Screening Form
4. Random Offender Records Files
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Booking Staff/Staff Responsible for Risk Screening (classification)

#### **d. Random Offenders**

##### **Findings:**

The SCADF policy is written in accordance with the standard. All offenders received at the SCADF are assessed for risk to themselves or others within 72 hours of admission to the facility, but always prior to being placed in population or confined with other inmates. The medical staff does an initial screening as part of the intake process; however, the screening does not contain all of the elements required by the standard. Within 72 hours (generally less) the Classification Officer conducts a comprehensive objective screening for classification purposes that subjectively addresses the risk of sexually predatory behavior or the risk of victimization. However, this classification screening does not contain all of the required elements of the standard. After the initial screening of the prisoner by the medical staff, and prior to assignment to permanent housing, the prisoner is shown a comprehensive PREA training and awareness video and signs an acknowledgement that they received comprehensive training.

Offender interviews indicate that they are offered the opportunity to watch the comprehensive training video and do acknowledge that in writing.

The PREA Coordinator and the Compliance Manager indicated that offenders would not be disciplined for refusing to answer risk assessment questions.

The screening forms and acknowledgement forms are kept confidential, in a locked records office in intake and only accessible by limited individuals. The auditor verified that the files are maintained securely.

**Corrective Action:** Generally, interviews with staff involved for the screening of prisoners for the risk of predatory behaviors or risk of victimization indicates that they fully understand the need to perform the risk assessment and the importance of the risk assessment. In this case, there is not a need for extensive education in the importance of the assessment. What is required to correct this deficiency is a formal risk assessment instrument that covers all elements of the standard. In most cases, when asked, staff involved in the risk assessments (medical and classification) informally and subjectively inquire about most all elements of the standard. However, it is not a single objective instrument. The work flow of the intake and screening of the prisoners lends itself to the introduction and associated training related to how to administer the instrument should be enough to bring the jail into compliance. Examples of the revised instrument as well as its use along with appropriate housing decisions and referrals if necessary, would show compliance. Additionally, review of the training associated with the use of the instrument and documentation of staff attendance would be required. Furthermore, the jail does not currently have a mechanism that triggers an automatic review of prisoner's screenings at a fixed period not to exceed 30 days. They do go back and assess an inmate's subjective risk factors anytime a prisoner is involved in acts of violence or negative behaviors related to PREA violations. In order to correct this deficiency, the jail has a mechanism to alert correction staff electronically through their JMS and schedule a task for classification. This is already in place for reassessments every 90 day for other classification purposes. The staff will establish an alert/ or task in the JMS for prisoners triggered at 30 days after their initial assessment. They will then reassess the prisoner using any new information gathered in their classification file. However, this reassessment would occur at any point before or after the initial assessment if there were an event that is PREA related.

**Corrective Action Summary and Determination of Compliance:** The SCADC has adopted an objective screening instrument and has established a process to share the results of the screening with the classification staff. The screening instrument contains all of the elements required by the standard. The jail's information management has been configured to trigger an alert to all classification staff upon a prisoner's 30<sup>th</sup> day in custody. Upon that alert and notification, the prisoner's classification file is reviewed and they are reassessed for their risk of victimization or abusiveness based upon any additional information received after the initial assessment. The auditor reviewed the screening instrument, training roster regarding the use of the objective instrument, and classification records in order to confirm compliance.

## Standard 115.42: Use of screening information

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

### 115.42 (a)

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

### 115.42 (b)

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

### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or

security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  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**

*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.*

#### **Evidence Reviewed:**

1. SCADF Completed PAQ
2. SCADF Policy 120.03,
3. Inmate Screening Forms
4. Random Offender Files
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Intake Staff/Staff Responsible for Risk Screening/Classification
  - c. Random Offenders
  - d. Staff
  - e. Supervisory Personnel

#### **Findings:**

**115.42 (a):** The provisions of this standard require very specific uses of information obtained during inmate screenings. The agency is not compliant with this standard. Screening information is being collected and that is verified by screening documents, as well as interview with medical staff as well as random prisoners. However, it is not being shared with classification staff. Based upon personal observations of the auditors, targeted interviews with intake staff, staff responsible for risk screening and the PREA Coordinator, there is no formal process to incorporate risk screening into the required elements of the standard. Anecdotally, interviews with targeted staff indicate that information obtained during classification screening is used to make decisions on housing and programming. These determinations are made on a case by case basis based upon the results of the subjective and objective classification assessment. The facility staff reports that they make individualized determinations about how to ensure the safety of each inmate. However, there is not a formal and objective process to assure that the use of screening information is applied in accordance with the standard.

**115.42 (b):** Interviews with facility staff indicate that placement of any transgender or intersex offenders would be made on a case by case basis. There were no transgender inmates available for an interview, but with regard to compliance with the standard, there were no objective processes in place that would allow for an assurance that this standard was met.

**115.42 (c)(e)(f):** In accordance with the standards, SCADF staff interviews indicate that a transgender inmate's and a transgender inmate's views with respect to his or her safety will be given serious consideration. This is a requirement that is included in policy 120.03, section III. SCADF provides space for prisoners to shower separately in most all housing units. In informal and formal staff interviews, staff told the Auditor that if an inmate was transgender and requested to shower individually, they would be easily accommodated. Staff working those few housing units with multiple occupancy showers the staff interviewed informally during the site review knew of their affirmative requirement to provide separate showers if requested. The other showers are designed in such a way as to allow privacy for all inmates. Interviews with facility administration corroborate these practices would be enforced if a transgender offender were received.

**115.42 (d):** There is no provision in policy to ensure that inmates who are transgender or intersex are reassessed each year. The targeted interviews with classification staff confirmed that

**115.42 (g):** LGBT offenders are not placed in dedicated housing areas. Interviews with staff and targeted interview with prisoners confirm this practice does not occur.

**Corrective Action:** In a similar manner as 115.41, corrective action for this standard begins with the use of a single objective instrument. The use of an objective instrument and controlled sharing of that screening with the classification staff along with the subjective elements of the standard (which is being done), would round out the assessment and classification process. Furthermore, the classification staff was not aware of their requirement to reassess transgendered prisoners every six months. Corrective action in this case would consist of setting a task in their electronic JMS to trigger staff to conduct a reassessment every 6 months. Currently, the intake process would not need to be modified beyond developing an objective screening form, assuring the confidential sharing of information of the results of the screening between medical and classification and adding the 6-month reevaluation trigger for transgendered prisoners. Proof of the training of the use of the screening instruments and proof of confidential transfer of information to classification and any examples of the use of screening information would confirm their compliance with this standard.

**Corrective Action Summary and Determination of Compliance:** The SCADC has adopted an objective screening instrument and has established a process to share the results of the screening with the classification staff. There is a secure email group established for the purpose of sharing screening results with classification staff. The classification staff members review the results of the screening and consider those results when making classification decisions. Furthermore, the jail has created a document to track any transgendered inmates admitted to the jail and assure that they are reassessed every six months. This document is reviewed and monitored by both classification staff and the PREA Coordinator in order to ensure compliance with the standard.

## **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

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 115.04
3. Inmate Screening Forms
4. Random Offender Files
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Supervisory Staff
  - c. Staff Responsible for Risk Screening and Classification

#### Findings:

**The SCADF reports that there were no inmates identified at risk of sexual victimization who were held in involuntary restrictive housing during the audit period. SCADF policies are written in accordance with the standard and cover all mandated stipulations. Interviews with staff indicate they would not involuntarily place an offender at risk of sexual victimization in restrictive housing except as a last resort when all other alternatives had been considered. Inmates placed in segregated housing for this purpose would have access to programs, privileges, education, and work opportunities to the extent possible.**



There have been no instances that required action with regard to this standard. Furthermore, the SCADF reported that they have multiple housing options at other contracted sites to accommodate prisoners that are identified as high risk.

Based upon my experience with multiple other jails, the SCADF does a remarkable job keeping prisoners out of restrictive housing.

Corrective Action: None

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03, 107.04, 103.01
3. Inmate Handbook
4. PREA Informational Pamphlet
5. PREA Informational Posters
6. On-site Review, including housing areas and intake
7. SCADF Website
8. PREA Training Curriculum
9. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Random Offenders
  - d. Staff / Supervisory Staff

#### Findings:

**SCADF policy is written in accordance with the standard. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous written reports, and third-party reports, as well as an electronic submission system through the inmate kiosk. This information is provided to prisoners upon admission, contained in the inmate handbook and on informational posters in offender housing areas. Prisoner interviews revealed that they would feel comfortable reporting to most staff. They feel that that the staff at SCADF would take a report seriously and act immediately. Several informal conversations with inmates revealed that they had witnessed staff**

taking action after a report of sexually abusive behavior in their housing unit. Prisoners felt that staff would ensure their safety. Random and Targeted Staff interviews revealed that they are aware of their responsibilities with regard to reporting and would accept and act on any information received immediately. Information on how to report on behalf of an inmate is clearly listed on the agency website.

Prisoners have the ability to report directly to the jail staff. In addition, they may report to a Crimestoppers Hotline, and the number is listed in the handbook as well as placards near the phones in the inmate housing areas. Prisoners may also anonymously make a report to the local sexual assault center or the district attorney's office. There have been no inmates held solely for civil immigration purposes; however, during informal supervisory interviews, they were aware of their affirmative requirement to allow the detainees to contact their respective consulates after booking.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or facility administrators directly. Staff interviews revealed that they are aware they can go directly to facility administration or relevant outside parties to report sexual abuse and harassment of inmates. Interviews with various levels of facility administration confirmed their commitment to allowing open and confidential reporting of incidents of abuse.

Corrective Action: None

## Standard 115.52: Exhaustion of administrative remedies

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

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  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
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

##### 1. SCADF Completed PAQ

- 2. SCADF Policy 42.1.6, 103.01, 115.04, 120.01
- 3. Inmate Handbook
- 4. Interviews with the following:
  - a. PREA Coordinator

**Findings:**

The SCADC has a formal grievance procedure. And according to policy, there is no time limit regarding the submission of grievances related to the PREA. However, the only other mention of PREA states that all PREA related grievances shall be referred to the PREA Coordinator for investigation. Interviews with the PREA Coordinator confirm that he is aware of the elements of the standards related to grievance, but the organization does not respond to grievances about PREA in the same way as other grievances. They conduct a full investigation in accordance with the other standards.

**Corrective Action:** In this case, we discussed whether they intended a PREA complaint to fall within the scope of the grievance procedure for the purposes of satisfying the prisoner's administrative remedies. This is an administrative decision and corrective action on this standard will depend on the Sheriff's independent judgement.

**Summary of Corrective Action and Determination of Compliance:** The Sedgwick County Sheriff's Office has revised its policy to reflect that there is no specific administrative remedy available for a sexual assault or harassment allegation. This type of allegation triggers an investigation and the process for that investigation is governed by associated policies and procedures. Thus, the provisions of this standard are not applicable, and they are in compliance.

## **Standard 115.53: Inmate access to outside confidential support services**

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

### **115.53 (a)**

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

### **115.53 (b)**

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. SCADF Website and inmate Handbook
4. MOU with local sexual assault center
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Random Inmates
  - c. Staff
  - d. Mental Health Staff

#### Findings:

**115.53 (a): The SCADF provides victims with confidential outside support services through a MOU with the local sexual assault center. Prisoner are supplied with information outside support services. Several female prisoners mentioned, during random interviews, mentioned**

that fact that they were aware of a number that they could call to discuss previous victimization as well as current victimization.

115.53 (b): SCADF enables necessary communication between inmates and these organizations and agencies, in as confidential a manner as possible. During the site review, telephones were tested in each housing unit and all phone were in working order. Further, during the site review, both auditors randomly checked inmate telephones to ensure that the prisoners had access to the services. However, there have been no instances during this audit period where they utilized this service.

They provided information that describes the limits of confidentiality and the interviews with the mental health staff indicates they are aware of their obligations under this standard.

115.53 (c): The agency has a MOU with Wichita Area Sexual Assault Center to provide inmates with confidential support services. The auditors reviewed the contract and verified the written MOU.

Corrective Action: None

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed:



1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. SCADF Website and inmate Handbook
4. Interviews with the following:
  - a. PREA Coordinator
  - b. Random Inmates
  - c. Staff
  - d. Mental Health Staff

**Findings:**

SCADF policy is written in accordance with the standard. The notice in the public lobby on how to make a report on behalf of a prisoner. Prisoners are provided this information and interviews indicate that they are aware that family or friends can call or write and report an incident of sexual abuse on their behalf. Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received.

Corrective Action: None

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.01, 103.01
3. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Medical and Mental Health Staff
  - d. Random Staff

#### Findings:

**SCADF policy is written in accordance with the standard. Interviews with staff indicate they are very clear with regard to their duties and responsibilities with regard to reporting PREA related information. In fact there is strong language in policy and commitment from staff and**

administrators regarding their duty to report. They understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation and the privacy of the victim and alleged abuser. Apart from reporting to designated supervisors or officials, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in policy, to make treatment, investigation, and other security and management decisions. Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality.

All allegations of sexual abuse and harassment are reported to the on-duty supervisor, who contacts the appropriate administrator who will assist in making the determination if a law enforcement response is warranted. In addition, the PREA Coordinator is notified who will then notify the agency investigator.

Corrective Action: None

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The 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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 103.01, 109.00, 115.04
3. Interviews with the following:

- a. PREA Coordinator
- b. Facility Administrator
- c. Random Staff / Supervisors
- d. Random Inmates

**Findings:**

SCADF policy is written in compliance with the standard. Interviews with staff indicate they are very clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Offender interviews consistently revealed that they felt the staff would ensure their safety. SCADF reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. Informal prisoner interviews indicate that they believe that staff would intervene if notified of a risk and several indicated that they had witnessed such interventions.

**Corrective Action: None**

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03, 103.01
3. Interviews with the following:
  - a. PREA Coordinator
  - b. Facility Administrator
  - c. Investigator

#### Findings:

The agency's policy is written in accordance with the standard. During this review period, there have been instances where sexual abuse was reported that needed to be reported to another facility. Interviews with the Administrator, PREA Coordinator and facility investigator confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard. Such notification would be provided as soon as possible, but no later than 72 hours after receiving the allegation. All actions are thoroughly documented. Further, interviews with the staff, both formal and informal, revealed that there is a universal understanding and commitment to report any allegations of sexual abuse or harassment, which increases the probability that abuse will be detected, reported and investigated. The Auditor's targeted interview with the Sheriff indicated that many times, these types of notifications are made or received by him personally and he indicated the seriousness with which he takes the need to investigate these complaints.

Corrective Action: None

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The 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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 83.1, 106.01, 120.03
4. Interviews with the following:
  - a. PREA Coordinator
  - b. Staff / Supervisor
  - c. Medical Staff/Mental Health Staff/Volunteer

#### Findings:

**The agency's policy is written in accordance with the standard. There has been a number of reported instances of sexual abuse during this review period. A review of documentation related to these incidents indicates that appropriate actions were taken by staff in accordance with the**

standard. Interviews with facility staff, including volunteers and contract staff, demonstrated the facility's commitment to knowledge of this standard and their responsibilities as first responders. All of the staff interviewed demonstrated knowledge of the requirements to protect the victim, preserve any potential evidence by informing the victim and alleged abuser not take actions that could potentially destroy any physical evidence, and the requirement to notify security staff if the first responder wasn't a security staff member.

Corrective Action: None

## 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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03, 103.01
3. Interviews with the following:
  - a. PREA Coordinator
  - b. Random and Targeted Staff
  - d. Medical and Mental Health Staff
  - e. Facility Investigator

### Findings:

SCADF has a coordinated plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical and mental health, investigative staff and facility administrators/PREA Coordinator. Interviews with random and targeted staff indicate that they understand their duties in responding to allegations of sexual assault. Review of a number of reported incidents of sexual abuse during this audit period revealed that their response to allegations of sexual abuse are consistent with their written policy.

Corrective Action: None

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The 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.

### 1. SCADF Completed PAQ b. Facility Administrator



**Findings:**

**The SCSO does not have unionized staff.**

**Corrective Action: None**

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

**Evidence Reviewed:**

- 1. SCADF Completed PAQ**
- 2. SCADF Policy 120.03, 115.04**
- 3. Interviews with the following:**
  - a. PREA Coordinator**

**Findings:**

The agency's policy is written in accordance with the standard. There has been a number of reported instances of sexual abuse during this review period. A review of documentation related to this incident indicates that appropriate actions were taken by staff in accordance with the standard. According to the PAQ and interviews with staff, there have been no incidents of retaliation during this review period. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both prisoner and staff members. The facility has multiple protection measures, such as housing changes or transfers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment.

Staff are aware of the facility policy regarding retaliation against those that report sexual abuse. The facility has a policy regarding retaliation. Targeted interviews with facility administrators, including the Sheriff strongly affirmed how important and how seriously they took their obligation to provide protection from retaliation for reporters of sexual abuse, both staff members, and prisoners.

All staff members interviewed affirmed that they had a requirement to report any incident of retaliation and also reported that they know that they could report such incidents anonymously. The agency has a policy that would assure and verify compliance with the necessary elements of the standard.

According to policy, the PREA Coordinator is required to monitor the treatment of inmates or staff that report abuse, looking for any changes that suggest retaliation. The monitoring period is a minimum of 90 days and interviews with the PREA Coordinator confirmed that he knew of his responsibility to remedy any instances of retaliation promptly. If anyone who cooperates with an investigation expresses a fear of retaliation, SCADF would take appropriate measures to protect that individual against retaliation. However, despite their knowledge of the standard and their related commitment to protection against retaliation, there is not a formal process for documenting and assuring compliance with the standard. The staff interviews indicate that they do perform the required follow up; however, there is no proof of compliance.

**Corrective Action:** In order to comply with the standard, the agency must create a formal process for monitoring for retaliation. This can be accomplished in a number of ways including the use of a checklist for compliance in the case of substantiated allegations of sexual abuse. Compliance can be achieved by creating a formal method of triggering follow up interviews with victims and reporters of sexual violence and a formal method of documenting the monitoring.

**Corrective Action Summary and Compliance Determination:** The agency has provided a written policy that establishes a procedure and a person specifically designated to monitor retaliation.

As already stated, the agency has multiple protection measures in place. The agency has created a written document that is maintained by the PREA Coordinator (who is charged with monitoring for retaliation) and each person who makes a PREA complaint that is substantiated or unsubstantiated is entered into the tracking document. If the person is a prisoner, then the PREA Coordinator makes contact with the reporter or accuser as well as persons involved in the complaint and notifies them that they should report any acts of suspected retaliation. In addition, he informally meets with the involved prisoners periodically during the 90 period and documents those contacts in the PREA file. Furthermore, he personally reviews any actions taken with the prisoner during the review period (such as housing changes, disciplinary files, etc.). This was verified by personal interviews with the PREA Coordinator and review of the tracking document. The same process occurs when a staff member is involved in the report of a PREA incident. However, depending on the nature of the employee's involvement, the monitoring may be handled by the Jail Administrator and Administrative personnel above his rank. Such follow-up is documented in the employee's personnel file. This was verified by my personal interview with the Jail Administrator during the on-site portion of the initial audit.

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03, 115.04
3. Interviews with the following:
  - a. PREA Coordinator

## b. Supervisors

### Findings:

The agency's policy is written in accordance with the standard. The agency has had no incidents that have required restrictive protective custody. Interviews with the targeted staff as well as the PREA Coordinator and even the Sheriff confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse. Furthermore, the PREA Coordinator and Facility Administrators reported that there were multiple other housing options available to inmates requiring protection by moving them to other contracted jails if necessary.

Corrective Action: None

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

### 115.71 (a)

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

### 115.71 (b)

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

### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 52.3
3. Interviews with the following:
  - a. PREA Coordinator
  - c. Investigator

#### Findings:

**The agency's policy is written in accordance with the standard. The agency has had several instances of alleged sexual abuse during this audit period. A review of documentation related to these incidents indicate that appropriate actions were taken by staff in accordance with the standard. The SCADF conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Any investigations are conducted by an investigator with specialized training in conducting investigations of sexual abuse in a correctional setting. The targeted interviews confirmed that the administrative personnel know of their affirmative obligation to provide an adequately trained investigator for those purposes.**

There is a specific policy related to criminal investigations. All criminal prosecution cases are investigated by the law enforcement division of the Sheriff's Office. The Sheriff confirmed in his interview that there was an investigator assigned specifically to the jail for the purposes of conducting PREA investigations. While there are a number of deputies in the law enforcement division who have had the required training to conduct specialized investigations, there is an assigned deputy. The policy specifies that allegations of crimes will be referred for prosecution as well as prescribing the recordkeeping requirements of the standard. A review of substantiated cases of sexual abuse indicates that referrals have been made for prosecution. The agency never requires an inmate who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

The PREA Coordinator and Investigator confirmed their knowledge of the investigative regulations according to the standard.

Corrective Action: None

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The 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.*

### Evidence Reviewed:

- SCADF Completed PAQ
- SCADF Policy 120.03
- Interviews with the following:
  - PREA Coordinator
  - Investigator



## Findings:

The agency's policy is in compliance with the requirements of the standard. Interviews with the agency investigator as well as the agency administrators confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard that no standard higher than a preponderance of the evidence should be used to sustain an allegation of sexual abuse or harassment. A review of documentation related to this incident indicates that appropriate actions were taken by staff in accordance with the standard.

**Corrective Action: None**

## 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

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03, 155.04, 52.2
3. Interviews with the following:
  - a. PREA Coordinator

## b. Investigator

### Findings:

The agency's policy is written in accordance with the standard. Interviews with the facility investigator, administrators and PREA Coordinator confirmed their knowledge of their affirmative requirement to report investigative findings to prisoners in custody, as well as their obligation to comply with the other elements of the standard.

There have been several reported instances of sexual abuse during this review period. A review of documentation related to these incidents indicates that appropriate actions were taken by staff in accordance with the standard, and the auditor reviewed notices made to prisoners.

Corrective Action: None

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy Appendix A

#### Findings:

The agency's policy is in compliance with the requirements of the standard. A review of documentation and interviews with agency administrators indicate appropriate actions were taken in accordance with the standard. Informal discussions with facility staff and administrators verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. The staff was aware that the agency had a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary. No terminations have occurred related to this standard during this audit period; however, staff interview indicated that they were aware that for instances of staff sexual misconduct, termination of employment was the presumptive discipline.

Corrective Action: None

## 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

*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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 42.1, 120.03
3. Interviews with the following:
  - a. Staff
  - b. Mental Health Personnel/Volunteer/Medical Personnel

### Findings:

**The agency's policy is consistent with the requirements of the standard. There have not been any reported incidents of sexual abuse by volunteer or contract staff during the audits period. Interviews with the facility mental health personnel, medical providers and volunteers validated that fact that all such personnel are provided the required training regarding PREA as well as the**

presumptive corrective action for anyone found in violation of the PREA policy. The volunteer/contract staff acknowledgement also confirms their notice of the zero-tolerance policy.

Corrective Action: None

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

- 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**

*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.*

**Evidence Reviewed:**

1. SCADF Completed PAQ
2. SCADF Policy 120.01
3. Interviews with the following:
  - a. PREA Coordinator
  - b. Mental Health Staff
  - c. Random Inmates

**Findings:**

**The agency's policy directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. During this review period, there have been no incidents of non-coercive sexual contact for which inmates have been disciplined. Interviews with staff and inmates confirmed their knowledge of the policy regarding inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other prisoners and knew that they could be disciplined for sexual abuse. The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.**

**The policy is written in accordance with the standard and interviews with the mental health staff confirmed that they would be willing to offer therapy or counseling, or limited interventions related to the underlying reasons for the abuse. The mental health staff were quick to report that decisions to treat the underlying causes for sexually abusive behavior were strictly clinical judgement, and in many cases, initiation of such therapy could be detrimental with long term care.**

Corrective Action: None

## 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**

*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.*

#### **Evidence Reviewed:**

- 1. SCADF Completed PAQ**
- 2. SCADF Policy 120.03.00**
- 3. Interviews with the following:**
  - a. PREA Coordinator**
  - c. Medical and Mental Health Staff**

#### **Findings:**

**115.81(a)(c):** The agency's policy 120.03, Section VIII is written in accordance with the requirements of the standards and a review of a sampling of inmates who reported sexual victimization proved that they were providing follow up as required. Several prisoners identified as having previous victimization were interviewed by the auditors. One offender, responded that he had been referred and receive mental health treatment and follow up during their incarceration. Mental Health Staff interviews confirmed their knowledge of the policy as well as the requirement to gain informed consent from adults who report a history of abuse occurring outside of the confinement setting. Further, because the jail holds youthful offenders, medical and mental health staff were asked about their obligations for reporting sexual abuse against youthful offenders that occurred prior to their confinement.

**115.81 (d) (e)** The interviewed staff also acknowledged their obligation to maintain confidentiality of prior instances of institutional victimization or abusive behavior, unless it is used for security or management decisions. After interviews with the healthcare staff and interviewing them regarding their obligation to provide confidentiality, there were not any indications that they had broken confidentiality and each person interviewed said that confidentiality was a priority.

**Corrective Action: None**

## **Standard 115.82: Access to emergency medical and mental health services**

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

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03

3. Interviews with the following:
- a. PREA Coordinator
  - b. Medical and Mental Health Staff

**Findings:**

The agency's policy is written in compliance with the standard. While there have been several reported incidents of sexual abuse during the review period, no incidents required emergency medical or mental health services. However, the agency has contracted mental health professionals on staff to respond in the case of emergency. In addition, the medical staff are available and on-site 24 hours per day in the case of emergency. Any services that are outside the scope of their expertise, the local emergency medical services personnel can be summoned, and the victim can be treated at the local emergency department. This treatment includes forensic nursing. Medical and mental health staff, as well as the facility administrators were interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser. The acknowledged the requirement to make a provision for pregnancy related medical services and/or STI prophylaxis, if required.

**Corrective Action: None**

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. Interviews with the following:
  - a. PREA Coordinator

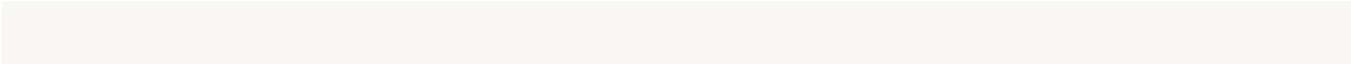
**c. Medical and Mental Health Staff**

**Findings:**

**115.83(a): SCADF policy directs that the jail offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail, and the care provided is consistent with the community level of care. There have been no documented incidents that required follow-up medical or mental health treatment related to the elements of this standard; however, interviews with the medical and mental health staff as well as review of documentation related to substantiated incidents of sexual abuse or harassment, indicated that no mental health follow-up was provided. Staff interviews indicated that unless the prisoner initiated contact with mental health staff, there wouldn't necessarily be any follow-up. However, if in their clinical opinion, it was appropriate to initiate treatment and further follow-up, they would. Interviews with medical staff indicated that they would follow-up with prisoners who required medical treatment for sexual abuse as needed for injuries, STI prophylaxis, pregnancy etc. These services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any part of the investigation.**

**Corrective Action: The SCADF should include the provisions of this standard into their performance checklist when any prisoner meets the criteria for services. According to their records, there have been no instances where prisoners have required services; however, there is no objective method for assuring that follow up is provided.**

**Corrective Action Summary and Compliance Determination: The SCADF has developed a specialized email group to notify medial administrative personnel of prisoners who were referred for mental health services related to sexual abuse and/or harassment. In addition, the have established a tracking document in which victims and abusers who have been referred for treatment are entered, and follow-up treatment is tracked. In addition, the medical services provider has a standing policy in place that requires that any prisoner undergoing ongoing treatment in custody is referred for treatment in the community upon release. This was confirmed during interviews with the staff during the onsite portion of the audit. The auditor also reviewed the tracking documents.**



**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

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

**115.86 (a)**

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. Annual Incident Review (One Instance of Sexual Abuse)
4. Interviews with the following:
  - a. PREA Coordinator
  - b. Agency Investigator

### Findings:

The agency has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. However, review of documentation and targeted interview with the PREA Coordinator indicates that they do not currently perform incident reviews in compliance with this standard.

**Corrective Action:** The agency shall develop a plan to review sexual allegations in compliance with the standard. They are performing annual reviews. They should mirror their annual review model for each incident of an allegation of sexual abuse/harassment.

**Corrective Action Summary and Compliance Determination:** The SCADF now currently meets on the fourth Friday of every month to review all substantiated and unsubstantiated allegations of sexual abuse. The members of the review team were included in accordance with the standard, according to my personal conversation with the PREA Coordinator. The auditor confirmed compliance with the standard by reviewing the meeting minutes, and verified the meetings were held in accordance with the revised schedule.

## Standard 115.87: Data collection

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

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The 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.*

#### Findings:

##### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 120.03
3. Agency Website / Annual SSV / Annual Reviews
4. Interviews with the following:
  - a. PREA Coordinator

#### Findings:



The agency's policy is consistent with the requirements of the standard. In addition, the auditor has reviewed the Sedgwick County Jail's website that includes the annual data. The agency is currently awaiting administrative approval to post its 2018 aggregate data. No current requests have been made by the DOJ for any additional data for the previous year and the jail does not contract with private facilities.

**Corrective Action: None**

## Standard 115.88: Data review for corrective action

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

### 115.88 (a)

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

### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (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.*

**Evidence Reviewed:**

1. SCADF Completed PAQ
2. Annual Reports / SSV
3. Interviews with the following:
  - a. PREA Coordinator

**Findings:**

The agency is up to date on the required annual reviews. I have reviewed the annual review for calendar year 2018, which was dated February 19, 2019. The reports consider all elements of the standard including identifying problem areas, assessing their progress in addressing sexual abuse as well as including and comparing current data with data from previous years.

**Corrective Action:** The agency needs to make this report available through their website.

**Corrective Action and Compliance Determination:** The Agency has made the reports available through their website. This was verified by the Auditor.

**Standard 115.89: Data storage, publication, and destruction**

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

**115.89 (a)**

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

**115.89 (b)**

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

#### 115.89 (c)

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

#### 115.89 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed:

1. SCADF Completed PAQ
2. SCADF Policy 82.2, 120.03, 81.1
3. SCADF Website
4. Interviews with the following:
  - a. PREA Coordinator

#### Findings:

**The SCADF has policies, which state that the SCADF shall ensure that data collected is securely retained. The agency shall make all aggregated sexual abuse data available to the public, at least annually, through the SCADF website. Before making aggregated sexual abuse data publicly available, the SCADF removes all personal identifiers.**

The SCADF maintains sexual abuse data for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise. According to policy, such data will be maintained and reported according to standards.

Corrective Action: None

## 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)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed:

1. Review of previous Audit reports
2. On-Site Review
3. Interviews with Staff
4. Interviews with Inmates

### Findings:

The Auditor was given full access to the facility. The facility administration was open to feedback and any recommendations were implemented immediately. The facility provided the Auditor with a detailed tour of the facility. All staff cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. Staff provided the Auditor with all requested documents, reports, files, and other information requested by the Auditor.

Prior to the on-site review, the Auditor sent a letter to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit that the Auditor emailed to the PREA Coordinator prior to the Audit.

**Corrective Action:** The audit was conducted outside of the 3-year requirement. However, there is not any further corrective action to be taken to comply with this standard. The agency should assure that they facilitate an audit within the required time period.

**Corrective Action and Compliance Determination:** The Audit has been completed.

## 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.*

#### **Evidence Reviewed:**

- 1. SCADF PAQ**
- 2. SCSO Website**

#### **Findings:**

**This is the second PREA Audit for the SCADF. The previous audit report is posted on the agency website as required by the standard.**

**Corrective Action: None**

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Gregory P. Winston \_\_\_\_\_

03-28-2019 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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