

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

Interim       Final

Date of Report    March 31, 2020

### Auditor Information

Name:    Kenneth VanMeveren

Email:    Cogent.view@gmail.com

Company Name:    Cogent, LLC

Mailing Address:    PO Box 88944

City, State, Zip:    Sioux Falls, SD 57109

Telephone:    605-368-4991

Date of Facility Visit:    October 22,23 & 24, 2019

### Agency Information

Name of Agency:

Minnehaha County Jail

Governing Authority or Parent Agency (If Applicable):

Minnehaha County Sheriff's Office

Physical Address:    500 N. Minnesota Ave.

City, State, Zip:    Sioux Falls, SD 57104

Mailing Address:    500 N. Minnesota Ave.

City, State, Zip:    Sioux Falls, SD 57104

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information:    www.minnehahacounty.org

### Agency Chief Executive Officer

Name:    Sheriff Mike Milstead

Email:    mmilstead@minnehahahcounty.org

Telephone:    605-367-4300

### Agency-Wide PREA Coordinator

Name:    Warden Mike Mattson

Email:    mmattson@minnehahacounty.org

Telephone:    605-367-4321

PREA Coordinator Reports to:

N/A

Number of Compliance Managers who report to the PREA Coordinator  
one

## Facility Information

Name of Facility: Minnehaha County Jail

Physical Address: 500 N. Minnesota Ave

City, State, Zip: Sioux Falls, SD 57104

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://jail.minnehahacounty.org/dept/so/divisions/jail/jail.php>

Has the facility been accredited within the past 3 years?  Yes  No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

### Warden/Jail Administrator/Sheriff/Director

Name: Warden Mike Mattson

Email: mmattson@minnehahacounty.org

Telephone: 605-367-4321

### Facility PREA Compliance Manager

Name: Sgt, Matt Aanenson

Email: maanenson@minnehahacounty.org

Telephone: 605-367-4321

Facility Health Service Administrator  N/A

Name: Director of Nursing Jen Cobb

Email: jcobb@minnehahacounty.org

Telephone: 605-367-4321

## Facility Characteristics

Designated Facility Capacity:	532	
Current Population of Facility:	391	
Average daily population for the past 12 months:	404	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	Adult 18-85	
Average length of stay or time under supervision:	7 days	
Facility security levels/inmate custody levels:	Minimum, Low, Medium and Maximum	
Number of inmates admitted to facility during the past 12 months:	21,102	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4,425	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1,259	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Zero – no juveniles placed as adults in last 12 months. <input type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input checked="" type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	141
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	34
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	one
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	47
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	125
<b>Physical Plant</b>	
Number of buildings:	one
Number of inmate housing units:	18
Number of single cell housing units:	8
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	34
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

## Investigations

### Criminal Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	1
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department (inmate/inmate) <input checked="" type="checkbox"/> State police (staff/inmate) <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

### Administrative Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	17
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

The standards used for this audit became effective August 20, 2012. As part of the audit, a review of all agency and local facility PREA policies was conducted, staff and inmates were interviewed, and a tour of the facility was conducted. The auditor spent three days at the facility conducting the on-site phase of the audit.

### Pre-Audit Preparation

Prior to the on-site visit, I met with Minnehaha County Jail (MCJ) PREA Coordinator, Warden Mattson and facility PREA Compliance Manager Sgt. Aanenson to review the July 2019 PRC changes to the audit forms and procedures. The facility sent date stamped pictures documenting the placement of the PREA Audit Notice in all inmate housing units seven to eight weeks prior to the on-site audit date. Six weeks prior to the on-site the facility delivered Agency and Facility policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, policies, brochures, staff rosters, staffing plans, training information, and other reference materials for examination on a flash drive. These documents included copies of the printed inmate educational products including: Inmate PREA Brochures and the PREA Posters posted in the facility. This auditor also contacted The Compass Center in Sioux Falls, South Dakota for an in-person meeting using the Supplementary Questionnaire on Community Advocate Engagement as a discussion guide.

The PREA Compliance Manager was available and did communicate with me regarding questions that came up through the PREA Pre-Audit Questionnaire review.

### Entrance Briefing and Tour

The on-site visit for the PREA compliance audit of Minnehaha County Jail (MCJ) was conducted on October 22<sup>nd</sup>, 23<sup>rd</sup> and 24<sup>th</sup>, 2019 by Cogent, LLC with certified auditor Kenneth VanMeveren. This is the second PREA audit for this facility. Upon arrival at the facility, an in-briefing meeting was held with Warden Mattson and PREA Compliance Manager Sgt. Aanenson. The Minnehaha County Jail facility contains has two dormitory-style inmate housing blocks in the lower level and another three floors (1<sup>st</sup>, 2<sup>nd</sup> and 5<sup>th</sup>). containing a total of 14 separate housing blocks.

The tour of the Minnehaha County Jail included the intake processing areas, all housing units, as well as the Segregated Housing Units, the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Rooms and programming areas.

During the tour, it was noted there was sufficient staffing to ensure a safe environment for inmates and staff. Audit Notice postings with the PREA auditor's contact information were located in the housing units. These notices were posted August 28<sup>th</sup>, 2019. The auditor did not received correspondence from either inmates or staff.

Additional postings and videos, regarding PREA violation reporting and the agency's zero tolerance policy toward sexual abuse and sexual harassment, were made available to inmates through an inmate kiosk and tablet system.

File sampling was conducted in the human resources, training, classification, and investigative sections. Documents related to background investigations for new staff as well as staff considered for promotions were reviewed. PREA training documentation for staff, volunteers, and contractors was reviewed. Inmate risk assessments for sexual victimization or sexual abusiveness were reviewed to determine use for prevention of sexual abuse. Health Services and Mental Health conduct their own assessment at intake relating to risk of sexual victimization or abusiveness. This information is used in conjunction with the facilities risk assessment.

## Staff & Inmate Interviews

The Minnehaha County Jail schedules its security staff and support staff into two shifts: 6:00 AM to 6:00 PM and a 6:00 PM to 6:00 AM shift. A total of 35 staff members were interviewed, to include 17 correctional officers, from the two shifts. Staff members were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment were made.

Specialized staff interviews conducted included the Warden / PREA Coordinator, PREA Compliance Manager, the agency contract administrator, the staff designated to monitor retaliation, staff on the Incident Review Team, two intermediate or higher-level facility staff, two intake staff, three investigative staff, three security staff that acted as first responders, two staff that perform screening for risk of victimization and abusiveness and security staff that supervise inmates in segregated housing. The agency head designated the Warden to address the PREA questions. Non-security staff interviewed included the administrative (HR) staff, two medical health staff and two contractors who have contact with inmates. In addition, the Director of the Compass Center (victim advocate and rape crisis center) was interviewed with the Supplementary Questionnaire on Community Activity Engagement form provided by Just Detention International. At total of 10 random interviews of staff was completed.

There were 27 inmates interviewed. Of the 27, one was a victim of sexual abuse discovered during intake screening, three had reported sexual abuse / sexual harassment, three were limited English proficient (Spanish), one was intersex and four were identifying as LGB. Two of the four LGB were also placed in segregated housing at the time – although not for their risk of sexual victimization. There were 15 random inmate interviews conducted of inmates from all housing floors.

The auditor concluded, through interviews and the review of policies and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving the PREA. During the interviews, the inmates acknowledged that they received information about the facility's zero tolerance policy against sexual abuse upon their arrival to the facility, that staff were respectful and that they felt safe at the facility.

## Investigations

During the current auditing period, there were a total of 18 reported allegations of sexual abuse. Of the cases reported and investigated, four were found to be substantiated, one was found to be unsubstantiated and 13 were found to be unfounded. The auditor reviewed the sexual abuse allegations and all pertinent documentation related to the allegations. All allegations were found to be appropriately investigated and adjudicated in accordance with the PREA standards

## Facility Characteristics

Minnehaha County is the largest county in the state in terms of population. The Minnehaha County Jail essentially serves as a 'regional jail' jail. Lincoln County, the county adjacent to the south and the third largest by population, does not have a jail and houses inmates at the Minnehaha County Jail. In addition, several nearby counties also use Minnehaha County Jail as an overflow or to house special needs inmates.

The new Minnehaha County Jail was built in 2003 as a 400-bed facility. It is located at 500 N. Minnesota Ave. in Sioux Falls, South Dakota 57104.

The jail has two dormitory-style inmate housing blocks in the lower level and another two floors (the 1st and 3rd floor) with six separated cell blocks each. The blocks are separated for male and female use and there are three specialty cell blocks on these floors: a disciplinary lock-down section and two mental health sections. Each floor has its own in-door recreation area that are used on a rotational basis. In total, these 14 housing blocks can house approximately 400 male/female inmates in all classifications – Minimum, low, medium and maximum levels.

A kitchen section was added in 2011 to prepare food for the inmate population. An additional 5th floor was added in September 2019 to house low-security inmates. This 5th floor consists of four 32-person dormitory style rooms, two recreational areas and conference rooms. With this addition the jail can now house up to 530 inmates.

The jail had a satellite facility for low-risk and work-release inmates located off-site at 1900 West Russell Ave in Sioux Falls since 1992. The building had a fire in 2018 and was shut down at the time due to damage. The inmates housed previously at the satellite facility had to be housed in the main Minnehaha County Jail or temporary housed in other counties until the 5th floor addition to the main jail was completed.

In addition to the 5th floor construction, the Minnehaha County Jail is currently constructing a three-floor jail building east of the existing jail to include inmate housing and jail related support areas. Once completed in September of 2020, this overall expansion (5th floor and building addition) will add 320 beds for a total of 720 beds.

The Minnehaha County Jail is currently staffed with 153 budgeted employees and contracted medical and food service staff.

Medical services are contracted through Armor Correctional Health, located in Miami Florida. Armor Correctional health provides on-site medical and behavioral health services.

The food and commissary services are contracted through Summit Food Services of Roseville, Minnesota. In November of 2017 Summit Food Services acquired CBM Managed Services, which had previously provided these services to Minnehaha County Jail.

Inmate programs available at Minnehaha County Jail include Electronic Monitoring, Jail Trustee, and the 24/7 program. Church and religious services include volunteers from the community providing these services on the housing units on a rotating basis. There is also a volunteer P-2 Program that pair visitors with inmates who do not have people on their visitors list.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 1  
**List of Standards Exceeded:** 115.43 – Protective Custody

### Standards Met

**Number of Standards Met:** 43

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:**



## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

The facility policies that covers this standard is the PREA Compliance policy and the Response and Investigation policy. Both policies state on the first page the facilities Zero-Tolerance directive. These

policies outline the facilities response to inmate sexual abuse and sexual harassment and the positions and duties of the PREA Coordinator and PREA Compliance Manager.

In interviews with the PREA Coordinator and PREA Compliance Manager both reported having sufficient time and authority to carry out their duties.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility does not maintain contracts with other facilities to house their inmates. There was an exception to this in 2018 when their satellite low custody facility had a fire and inmates had to be moved in an emergent situation. Inmates were moved to three other local county jails with a standard agreement that did not include PREA standards. The facility did conduct contract monitoring that included PREA standard checks and since have modified all standard contracts to include adherence to PREA Standards.

All inmates are now housed at the Minnehaha County Jail and any future emergent contracts will include compliance with the PREA standards.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  
 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  
 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility policy addressing these issues is the PREA Compliance policy with the attach Facility Staffing Plan form. The facility has filed a staffing plan every year since 2016. The plans on file do cover all of criteria listed in this standard. Also noted and documented times when the staffing levels per section fell below staffing plan levels. These times were documented and reviewed.

## 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*)

### Overall Compliance Determination Narrative

The facility does have a Juvenile policy in place that covers all of the criteria listed in this standard. The facility does not routinely house juvenile inmates, but the possibility exists that a juvenile may be court-

ordered to be housed at the facility. During this audit review period the facility did not house any juvenile inmates.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

Searches and related issues are covered in MCJ's policy "Inmate Pat, Screen, Strip and Property Searches, PREA Compliance Policy and the LGBTI & GNC Policy. Cross gender searches are only allowed in exigent circumstances and must be documented. The facility policy and practices does not allow transgender or intersex inmates to be searched solely to determine their sex.

The facility's policies fall short of the standards in requiring knock and announce procedures only in bathroom and shower areas. In both staff and inmate interviews this was substantiated. The standards require (115.15(d)) this announcement procedure when entering the inmate housing units (blocks). The current announcement procedure for the blocks is a standard announcement two times a day at shift change.

(115.15(f)) The facility provides the staff with the opportunity to view the PRC video "Guidance on Cross-Gender / Transgender Pat Searches". When interviewed a significant percentage of staff were unable to describe the training or its procedures.

#### Recommendations:

115.15 (d): The recommendation for achieving compliance on this standard sub-section is to update facility policies to reflect the standard procedure of announcing cross-gender staff entering the block whenever the status-quo of the staff changes from same-gender to cross-gender supervision. Staff will

need to be trained on this procedural change and a system or documentation needs to be in place to ensure this is happening.

115.15 (f): The recommendation for achieving compliance on this standard sub-section is to retrain the staff on the PRC video "Guidance on Cross-Gender / Transgender Pat Searches". Using a class setting for guided discussions, a questions and answers section and a practice session. Reference the material on the National PREA Resource Center Training and Technical Assistance section on this. This section provides a video review, facilitators guide and a power point in addition to the video. Once this is completed have the staff indicate that they know and understand the training via a signed form.

**Corrective Action:**

Facility updated the PREA Compliance with Prison Rape Elimination Act Standards policy to require staff: *'Prior to entering any housing unit, Officers will announce their presence if officer is of the opposite gender from the inmate's present'*. The facility developed a lesson/training plan for staff to be trained on this policy change and documented their understanding with an Acknowledgement of Understanding form. In addition, staff were provided training on the PRC Video "Guidance on Cross-Gender/Transgender Pat Searches, this was also documented using the same forms and procedures.

Facility is now in compliance with this standard.

## **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*)

### Overall Compliance Determination Narrative

The facility policy covering this standard is the Obtaining Interpreter Services. Posted signs/notices and with inmate brochures share this information with inmates in both English and Spanish. Additionally, the facility has a contract with Language Line Services to provide interpreter services for any additional languages needed. The facility also has a TTY machine for deaf inmates and will assist blind inmates on a case by case basis utilizing individual staff instruction. The use of inmate interrupters is prohibited from any confidential reporting / communications.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

## 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facilities hiring, promotions, contract and volunteers' decisions are outlined in their policies 'Recruiting, Hiring, Selection and Training' and 'Background Investigations'. These policies outline the procedures listed in PREA standard 115.17 (a-e) and are compliant with the standard. Interviews with staff indicate these procedures are being followed, in fact exceed by covering social media behavior as well.

The issue is with the following subsections:

115.17(f) It is not in policy, forms or records that the facility asks applicants or employees about previous sexual misconduct. These questions are not asked or documented as a part of current staff reviews. The facility does not inform staff of a continuing affirmative duty to report such.

115.17(g) It is not in policy, forms or records that materials omissions regarding such conduct or false information is considered grounds for termination.

115.17(h) It is not in policy, forms or records that the facility requests any record of previous sexual misconduct from previous institutional employers.

When interviewed the staff were not aware of these requirements.

Recommendations:

To become compliant on this standard the facility needs to update its relevant policies with these requirements listed in sections (f), (g) and (h). In addition, the facility will need to develop a printed or electronic means of documentation that these questions have been asked, what the response was and the date it occurred.

Corrective Action:

The facility has updated and added forms and procedures to address the non-compliant subsections. Hiring and promotion forms now include: Pre-Employment Acknowledgement - this form has the applicants verify that they have not been criminally, civically or administrative sexual incidents in the past year, a Prior Institutional Employment Check – applicant authorized the facility to contact any prior institutional employers and document any previous sexual abusive activity, Employee Annual

(promotion) Acknowledgement form – this form has the staff verify they have not been criminally, civically or administrative sexual incidents in the past year, and finally a Background check and waiver form for any new hires and promotions. The Warden directed all relevant staff and departments to start using these new forms starting 11/25/2019. Continued use of these forms was verified on 02/23/2020 per communication with the Warden.

Facility is now in compliance with this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

This standard is covered by the facility police PREA Compliance. During interviews with staff involved in designing or acquiring new building, additions and technology, they identified inmate safety and observation as key concerns in planning. The facility recently added a new housing section (5th floor) and is currently building a new jail addition that includes offices and inmate housing. The facility showed current blue prints and design proposals that highlighted cameras and an effort to minimize

and identify any blind spots. New technology additions included upgrading to a high-definition camera system and a software tracking system. Staff reported this new tracking system should enhance investigations and promote inmate safety.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

## Overall Compliance Determination Narrative

The facility policies that cover this standard are PREA Compliance and Response and Investigation policies. The facility's protocol for addressing sexual abuse is outlined in these policies. In addition, the criteria involving victim advocates is stated in the MOU with the Compass Center in Sioux Falls. Sane/Safe nurses are provided at the local hospital and inmate victims are provided the same care as victims from the community. The Division of Criminal Investigations (DCI) investigates staff on inmate sexual abuse cases at the facility. The facility provided documentation they requested the DCI follow the relevant PREA investigative standards.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.



## Auditor Overall Compliance Determination

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

## Overall Compliance Determination Narrative

The facility policies that cover this standard are PREA Compliance policy and the Response and Investigation policy. The facility has a documented standardize procedure ensuring reported allegations are responded too. There is a checklist for the initial reporter, and investigator's form to guide the investigation and the PREA Compliance Manager tracks all incidents and outcomes on a tracking spreadsheet.

The facility has designated and trained staff to handle the administrative investigations, inmate on inmate criminal allegations are handled by PREA trained sheriff's deputy and staff on inmate criminal allegations are referred to the Division of Criminal Investigations (outside agency).

# 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*)

### Overall Compliance Determination Narrative

Facility policy on Inmate Supervision, and staff basic training (PREA Lesson Plan & PowerPoint and video) cover a majority of the requirements in 115.31. Staff interviews concerning PREA training verified this. Staff have reoccurring policy review and updates come up through an e-learning system that they have to acknowledge reading.

One sub-section of 115.31 (a) was not documented in the training and interviewed staff did not recall being trained on it. This was the section on how to communicate effectively with inmates, including LGBTI or other gender non-conforming inmates.

A second issue is with 115.31 (d) the documenting by employees' signature or electronic verification that employees understand the training they received. Although there is a printed form developed for this, there was no record kept either by printed or electronic methods.

#### Recommendations:

115.31(a) The facility needs to update its lesson plans, PowerPoint, and video sections to include training on how to communicate effectively with inmates, including LGBTI and gender non-conforming inmates. Once updated staff will need to be trained on these updates.

115.31(d) The facility will need to document that all staff have been trained on and understand the basic PREA training course and updates. This includes the updated communication training covered in the recommendation for 115.31(a).

#### Corrective Action:

Facility has updated its Basic Correctional Officer Training policy, lesson plan and PowerPoint training. The plan updated its basic PREA training for new staff and added it to its staff continuing education program for existing staff. The staff basic PREA training and continuing education training now includes education on the following:

- Guidance on cross-gender and transgender pat searches
- Law Enforcement and the Transgender Community.

The continuing education course is presented on a bi-annual basis. The facility documents staff participation with electronic tracking and signed acknowledgement of understanding forms. Documentation for all current staff was provided.

Facility is now in compliance with this standard.

## 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*)

### Overall Compliance Determination Narrative

There are issues with all subsections of this standard.

115.32 (a) Current procedures allow contract staff to start working and supervising inmate prior to receiving basic PREA training. This was confirmed with a contract staff interview – the contract staff was currently spending time with and supervising inmates without any PREA training.

115.32 (b) There is no documentation that contract staff or volunteers received the training based upon the services they provide and level of contact with inmates.

115.32 (c) There is no documentation of contract staff or volunteers understanding the training they have received.

#### Recommendations:

Contract staff that spend the same amount of time and supervision of inmates as regular staff should receive the same basic training as staff. The facility shall provide the 'basic' PREA training to contractors and volunteers whose position has unsupervised contact and/or supervision of inmates prior to any contact. In cases where contact or supervision is more limited, the facility shall document this limitation and provide a more limited training that includes the facility's Zero-Tolerance Policy, policy review prohibits engaging in any sexual activity with inmates and how to report sexual abuse and sexual harassment.

The facility will need to document the type and level of training the contractors and volunteers have received. In addition, they will have to document that contractors and volunteers understood the training they received.

**Corrective Action:**

The facility developed a spread sheet method of tracking contracted staff and volunteers, identifying the type and level of PREA training provided / required. These charts track CBM (summit) Kitchen/Commissary staff and volunteers / clergy indicating completion of either staff basic PREA course and acknowledgement of PREA information and education. The facility provided documentation of this tracking and education.

Facility is now in compliance with this standard.

## **Standard 115.33: Inmate education**

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

#### **115.33 (a)**

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

#### **115.33 (b)**

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

#### **115.33 (c)**

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

#### **115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facilities PREA Compliance policy address this standard. Since the last PREA audit in 2016 all inmates have been provided this information as they enter booking / admissions and the information is provided to the inmates on a continuing basis through the inmate kiosk / tablet system.

The facility requires new admissions to watch the PREA inmate education video: 'PREA: What you need to know' during the booking process and then sign an acknowledgement that they viewed and understood this education. The video is made available throughout the inmates stay via inmate kiosk and tablet system.

The information is provided in both English and Spanish versions. If any other second languages or disabilities are identified, the information is provided on a one to one basis with the necessary translator/aid provided.

One non-compliance issue was identified:

115.33 (a) The information provided within the first 72 hours of an inmate's arrival does not contain specific information on the facilities zero-tolerance policy on sexual abuse and sexual harassment. There is no facility specific information provided on how to report incidents or suspicions of sexual abuse or sexual harassment. The facility does provide the inmate education video – 'PREA: What you need to know' in this time frame, the video does not give the facility specific information required. During interviews booking/admissions staff were unaware of this educational requirement or even during the presenting the inmate education video.

**Recommendation:**

The facility does have an inmate PREA brochure that contains all of the required information. I recommend a procedure in which the inmate is presented this brochure when they arrive in booking. The presenting staff would go over the brochure and ensure that the inmate understands the information presented. Staff would then document that the inmate received the information and that they know and understand the information received.

Staff presenting this information would need to be trained in the required procedures and the correct documentation.

**Corrective Action:**

The facility developed a procedure to offer and review the inmate PREA brochure when the inmates arrive at the facility (well within the 72-hour time frame). Admissions officers were presented instructions on this new process and are required to follow the new process. Admissions officers document this process and the participating inmates sign an Acknowledgement of Understanding booking card. Both the inmate PREA brochures and Acknowledgement of Understanding booking cards are offered in English and Spanish.

Facility is now in compliance with this standard.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facilities PREA Compliance policy addresses this standard. The facility has identified 17 staff trained as administrative investigators and one sheriff's deputy identified as a criminal investigator. The facility requires its PREA investigators to obtain the National Institute of Corrections E-Learning courses on PREA Investigations Specialty – Basic and PREA Investigations Specialty – Advanced training. This training is approved by the National PREA Resource Center and covers all the required training subjects. This e-learning course provides completion certificates to participants as documentation. All PREA investigators interviewed reported receiving this training and certificate.

There was a non-compliant issue on part (c) of this standard dealing with documentation of training. Documentation for six of the 18 PREA investigators listed was not provided originally. The facility had



difficulty tracking down the other documentation because the investigators had the documents and not the facility. The standard requires that the facility maintain this documentation.

**Recommendation:**

The facility needs to obtain all PREA Investigator documentation and create a method to simplify and track this on an on-going basis. This would involve ensuring the new investigators receive the training in a timely manner and that staff that are no longer investigators are removed. This new method would also keep a copy of all relevant investigator training documentation.

**Corrective Action:**

As a means of simplifying the investigative process the facility has implemented the following procedures:

- Identified and trained two primary administrative PREA investigators – senior jail officers.
- Identified and trained two primary criminal PREA investigators – county deputies.
- Identified other trained staff as primary reporters (first responders and preliminary reporters)

The facility developed a spread sheet method of tracking administrative / criminal PREA basic and specialty training. The specialty training was obtained at the National Institute of Corrections E-Learning program consisting of the PREA Investigator Training Basic & Advanced courses. Certificates of completion were provided.

Facility is now in compliance with this standard.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

#### **115.35 (a)**

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

or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes  No  NA

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facilities PREA Compliance policy addresses this standard. The facility has identified 25 medical and mental health staff. The facility requires its medical and mental health staff to obtain the National Institute of Corrections E-Learning courses on PREA for Medical and Mental Health Practitioners. This training is approved by the National PREA Resource Center and covers all the required training subjects.

The non-compliance issues are noted with sections (a) and (c) of this standard. Although the medical and mental health staff interviewed acknowledged knowing this training requirement and how to obtain the training, on two of the 25 medical and mental health staff had taken the training and obtained the

certificates. Should be noted that these two certificates are dated back to the 2016 PREA Audit, so since 2016 medical and mental health staff have not obtained any specialized PREA training.

**Recommendation:**

The facility needs to ensure that all medical and mental health staff obtain the required PREA Specialty training and the PREA documentation that goes along with it. The facility needs to create a method to simplify and track this training on an on-going basis. This would involve ensuring the new medical and mental health staff receive the training in a timely manner and that staff that are no longer employed are removed.

**Corrective Action:**

Facility developed a simple spread sheet tracking sheet that identified medical staff, mental health staff and detox staff. This spread sheet tracking form identified the type of training received (basic or specialty). This format will be easier to update and track as staff are hired and resign. In addition, the facility provided the specialty lesson plan, the specialty training PowerPoint presentation, a class sign-in sheet and the signed 'Know and Understand' acknowledgement forms from both the basic and specialty training presented.

Facility is now in compliance with this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

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

#### 115.41 (f)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

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

### Overall Compliance Determination Narrative

This standard is covered in the facility PREA Compliance policy and the Inmate Classification policy . Policy sets an objective PREA Risk Screen instrument as the facilities screening tool. This screening tool covers all of the considerations for assessing potential sexual victimization and potential sexual abusiveness as outlined by this standard. In interviews both staff and inmates reported having this screening tool used. Policy covers using this screening tool at booking and whenever a triggering event would occur.

There is a non-compliance issue with two subsections of this standard.

115.41 (f): The 30-day risk screen review is not in facility policy. The Inmate Classification policy does include a 90-day reclassification, but it is not clear if this includes the screening tool. During interviews staff identified the classification officer as responsible for conducting these reviews. A review of the electronic records tracking this screening indicate that the 30-day risk screen is being completed, but consistently completed over the 30-day mark.

115.41 (h) The requirement not to discipline inmates for refusing to answer sections of the risk screen tool is not covered in the Disciplinary policy or the PREA Compliance policy.

#### Recommendations:

It is recommended that the facility update the Inmate Classification policy to include the 30-day PREA Risk Screen review and that the procedures and staff responsibilities be outlined in this update. Additionally, a procedure should be developed to ensure that all PREA Risk Screen reviews be conducted within the 30-day limit.

Either the Disciplinary or PREA Compliance policy be updated to address the requirements in section (f).

Staff involved in these changes shall be trained on these policy updates.

#### Corrective Action:

Inmate Classification policy has been updated to reflect standard requirements and facility policy PREA Prison Rape Elimination Act Standards. Multiple staff per shift were assigned the responsibility of completing the 30-day review. Documentation of change notifications and procedure updates to staff. The facility provided additional documentation showing staff following these new procedures and documenting the 30-day PREA assessment of all existing inmates and bringing the facility up to the standard requirement.

Facility is now in compliance with this standard.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

The facility policies that cover this standard are the PREA Compliance policy and the Inmate Classification policy. The inmate PREA objective screen tool identifies inmates by risk screen categories: Potential victim, potential aggressor, not scored and mix potential. The facility uses this information to inform on housing, work, education and program placement. Staff interviewed identify as conducting this screen on all inmates entering the facility. The facility reviews transgender / intersex



inmate placement on a case by case basis with consideration of the inmate's own view. If the inmate has not released, the placement will be reviewed within 90 days, then as needed.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

### 115.43 (c)

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

### 115.43 (d)

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facilities policy covering this standard is the LGBTI and GNC policy. For the reporting period the facility has not housed any inmates (voluntary or in-voluntary) at high-risk of being sexually victimized in protective custody. When interviewed staff responsible for these placements report an effort to find alternative placements and protective custody would be a last resort. If an inmate was placed on protective custody, the inmate's placement would be reviewed at a weekly meeting. The review would consider any continuing need, or if any new alternative placements are available. This review is approximately four times more frequent that the standard requires.

# REPORTING

## Standard 115.51: Inmate reporting

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

### 115.51 (a)

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

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

### 115.51 (c)

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

### 115.51 (d)

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

## Auditor Overall Compliance Determination

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

## Overall Compliance Determination Narrative

The facility PREA Compliance policy covers this standard. Additional documentation is found in the Jail Inmate Guidebook and the Memorandum of Understanding (MOU) with the Compass Center. By policy and practice inmates can report verbally, in writing- using paper, kiosk or tablet system and to any staff. Staff are required by policy to accept any type of report received and respond to it appropriately.

There were two non-compliant sub-sections:

115.51 (b) Although the MOU with the Compass Center allows them to act as an outside reporter and their number is given in the Inmate PREA brochure, no inmate interviewed knew this was available.

Another point in this sub-section requires that inmates held for civil immigration purposes be given information on how to contact relevant consular officials and the Department of Homeland Security. Staff reported only giving relevant consular information.

115.51 (d) Requires the facility to provide a way for staff to privately report sexual abuse and sexual harassment of inmates. This requirement is not outlined in any facility policy or notice.

Recommendations:

115.51 (a) Recommend adding posters and notices (printed for inmate housing units, electronic for kiosk and tablets) outlining the outside reporting services of the Compass Center and how to contact them. Recommend adding posters and notices (printed for inmate housing units, electronic for kiosk and tablets) outlining the outside reporting services of the Homeland Security and how to contact them.

115.51 (d) Recommend developing a process for staff to be able to privately report any inmate sexual abuse or harassment. This process would then be added to policy. Staff would need to be made aware of this update and trained on the process.

Corrective Action:

Facility has placed English and Spanish language ICE PREA contact posters in its housing units and documented this with photographs of the placement. The Inmate PREA Brochures have been updated to include phone and mailing information for the local victim advocate/rape crisis center.

The facility has updated its policy- Response & Investigation, to include a procedure for staff to privately report to additional senior staff. Staff were notified of this update for review.

Facility is now in compliance with this standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (e)

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

### 115.52 (f)

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

## 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility Inmate Grievance Procedures policy covers this standard. This policy outlines all procedures in accordance with this standard sections (b), (c), (d), (e), (f) and (g). This policy is for staff guidance and use.

The non-compliance issue with this standard is the Inmate Jail Handbook which lays out the guidance for inmates for use of the inmate grievance procedure. This procedure is not the same as outlines in the facility policy – Inmate Grievance Procedures. Using the grievance procedures outlined in the Inmate Jail Handbook, it is non-compliance with sub-sections (b), (c) and (e). When interviewed most inmates identified the procedure outlined in the Inmate Jail Handbook as the procedure to use.

#### Recommendations:

The Inmate Jail Handbook needs to be updated to be consistent with the Inmate Grievance Procedures policy. Staff will need to be trained on this update, so they can respond to inmate requests appropriately. Inmates will need to be notified of this change by housing area notices and/or notices on kiosks and tablet system.

#### Corrective Action:

The facility has updated the Inmate Jail Handbook to match the already PREA compliant facility Inmate Grievance Policy. Handbook and facility policy are now consistent with each other and meet PREA guidelines outlined in this standard.

The updated Inmate Jail Policy handbook is made available to inmates in orientation and through electronic means (tablets and kiosks) to all other inmates. The facility provided a report listing individual staff completion of a review of the updated Jail Policy Handbook.

Facility is now in compliance with this standard.

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

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

#### 115.53 (a)

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

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility PREA Compliance policy covers this standard. Additional documentation is the MOU with the Compass Center – a victim advocacy/rape crisis center in Sioux Falls, SD. The inmate PREA brochure offers a phone number to contact the Compass Center for emotional support and reporting purposes.



The non-compliance issues with sub-sections (a) & (b) is that while present in policy and procedure, they do not go far enough for compliance. Sub-section (a) requires that in addition to phone numbers the facility provides the mailing address for victim advocates. In addition, the facility is to make an effort to provide communication between these advocates and inmates in as confidential manner as possible. Staff reported no additional confidentiality considerations in either phone or mailing procedures. Sub-section (b) requires that the facility inform the inmates prior to victim advocate communication the extent that communication may be monitored. None of the confidentiality requirements are covered in policy or procedure. During the inmate interviews most inmates were unaware of the Compass Center as a resource to them.

**Recommendation:**

The Inmate PREA Brochure needs to be updated with Compass Center mailing address and phone number. Notices or posters for both the Compass Center and the Department of Homeland Security outlining phone and mailing address should be posted on the housing units.

The facility should review its communication procedures with these victim advocate agencies and determine the reasonable confidential communication procedure in compliance with the Standards.

A notation should be made on the Inmate PREA Brochure and victim advocate posters to the extent their communications will be monitored.

**Corrective Action:**

The facility has updated the Inmate Jail Handbook to match the already PREA compliant facility Inmate Grievance Policy. Handbook and facility policy are now consistent with each other and meet PREA guidelines outlined in this standard.

The updated Inmate Jail Policy handbook is made available to inmates in orientation and through electronic means (tablets and kiosks) to all other inmates. The facility provided a report listing individual staff completion of a review of the updated Jail Policy Handbook.

Facility is now in compliance with this standard.

## 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*)

## Overall Compliance Determination Narrative

The facility has published reporting phone numbers on its website and placed posters in public areas that detail how to contact staff to report any type of inmate sexual abuse or sexual harassment. In the inmate education video and on the inmate brochure it informs inmates that they can have third-parties contact staff for them.

# 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*)

### Overall Compliance Determination Narrative

The facilities PREA Compliance policy covers the items in this Standard. When interviewed all staff (including medical and mental health staff) reported knowing and understanding the facilities policy and practice of immediately reporting, responding and documenting any type of report of inmate sexual abuse or sexual harassment. All staff reported understanding the confidential nature of the report.

One non-compliance issue with this standard is in sub-section (d). The facility does not have any written policy or procedure to cover the requirement of having any victim under the age of 18 or considered a vulnerable adult under the State's vulnerable person's statute – mandatory reporting laws reported to the applicable State or local services agencies.

#### Recommendation

The facility needs to develop or add to an existing policy a written procedure that outlines the facilities response to juvenile and vulnerable adult situations and identifies the applicable reporting agencies.

Corrective Action:

The facility has updated the facility policy 'Juveniles' that identifies juveniles and vulnerable adults and outlines the procedure to report to the designated state or local services agency under applicable mandatory reporting laws.

Facility is now in compliance with this standard.

## 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*)

### Overall Compliance Determination Narrative

The facility policy that covers this standard is the Response and Investigation policy. Policy states that any such reports should be treated the same as an initial report of sexual abuse or sexual harassment. Staff interviews with senior and random staff all reported that all reports of potential or actual sexual abuse or sexual harassment are responded to immediately and treated as a first responder issue. These reports are treated like an initial report of sexual abuse and sexual harassment and ran through the same investigatory steps.

## 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*)

### Overall Compliance Determination Narrative

The facility policy that covers this standard is the PREA Compliance policy. The facility policy details the criteria required in this standard's sub-sections. In interviews senior staff reported receiving one notification within the reporting period. This notification was referred to the PREA investigators and investigated using the same PREA investigative criteria as other allegations.

## 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*)

#### Overall Compliance Determination Narrative

The facility policy that covers this standard is the Response and Investigation policy. This policy covers in detail the criteria outlined in the sub-sections of this standard. During staff interviews all staff knew and reported complying to the first duties outlined in the policy. When inmates were interviewed about their experience involving a first response, they reported a slight delay in the initial response then immediate follow-up and appropriate staff response.

### 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*)

### Overall Compliance Determination Narrative

The facilities written institutional plan to coordinate prevention, training, response and reporting among all departments is laid out in its policy 'PREA Compliance'. Additional procedures in all of the departments coordinating their activities in responding is detailed in the facility policy 'Response and Investigation". In interviews with senior staff they identified these as their 'reference' policies.

### 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*)

## Overall Compliance Determination Narrative

The facility provided the auditor with a copy of the agreement with the Deputy Association. A review of the document did not indicate any language 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. When interviewed senior staff reported that the Sheriff maintained the authority to remove or repost any staff during an investigation.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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



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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

## Overall Compliance Determination Narrative

The facility policies PREA Compliance and Response and Investigation, both outline all of the requirements of this standard and its sub-sections well. Retaliation monitoring and the authority to immediately respond to any type of retaliation is assigned to the line sergeants. The line sergeants are expected to report any issues to a weekly management meeting.

The non-compliance issue with these standards sub-sections (b), (c) and (d) is documentation and follow through procedures. There is no documentation that any incident of sexual abuse that the agency followed up with protection measures, monitored for at least 90 days with the recommended criteria, had any periodic checks.

### Recommendation

The facility needs to develop a procedure and documentation process that:

- Monitors inmates and staff that report sexual abuse (substantiated & unsubstantiated) for at least 90-days after the incident occurred.
- Monitors inmate victims of sexual abuse (substantiated & unsubstantiated) for at least 90-days after the incident occurred.
- Allows for and documents incremental monitoring within the 90-day period.
- Allows for and documents and extension of time beyond the 90-day mark if needed.
- Responds to any allegation of retaliation.

### Corrective Action:

The facility has developed a spread sheet tracking form and a procedure for inmates who reported sexual abuse and/or victims of sexual abuse. This procedure tracks these inmates for at least 90 days from the date of the incident. The tracking may continue beyond the initial 90 days if the situation warrants it. The new procedural form involved mandatory 30-60-90 day checks, or more frequent staff checks if needed. The form also provides guidance on the substance of the questions asked – disciplinary issues, housing issues, program/education issues, other issues, etc.

Facility is now in compliance with this standard.

## 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*)

### Overall Compliance Determination Narrative

This standard covering the application of protective custody guidelines to inmates housed in segregated housing due to sexual victimization is not covered in any facility policy or procedure. When interviewed about this staff reported any measures taken is on a case by case basis.

#### Recommendation

Facility would need to update current policies addressing these issues to include the Standard requirements. Additionally, a method of documenting the procedure and/or process would be needed.

#### Corrective Action:

The facility has updated the facility policy 'PREA Response and Investigation'. This policy now contains PREA compliant guidance on housing inmates in segregated housing due to their risk of sexual victimization.

Facility is now in compliance with this standard.

## 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*)

### Overall Compliance Determination Narrative

The facilities policies PREA Compliance and Response and Investigation cover this standard and its sub-sections. These policies and attached forms cover this standard in detail. The facility conducts all administrative investigations and criminal investigations of inmate to inmate sexual abuse allegations. Criminal allegations involving staff to inmate sexual abuse are referred to the state's Division of Criminal Investigation. The facility currently uses all of its line supervisors as trained PREA Investigators, who conduct initial information gathering. When this initial information gathering is complete the investigation is turned over to a dedicated administrative (jail) investigator. When interviewed the facilities investigators all demonstrated a satisfactory level of knowledge of the procedures.

The only compliance issue on this standard sub-section (b) ties in with a compliance issue on Standard 115.34 Specialized Training: Investigators. The facility did not track and document the all of the identified PREA Investigators specialized training. As such, the facility does not have documentation that it is using investigators with specialized training.

#### Recommendation:

As outlined in the recommendation in standard 115.34 - The facility needs to obtain all PREA Investigator documentation and create a method to simplify and track this on an on-going basis. This would involve ensuring the new investigators receive the training in a timely manner and staff that are

no longer investigators are removed. This new method would also keep a copy of all relevant investigator training documentation.

**Corrective Action:**

As a means of simplifying the investigative process the facility has implemented the following procedures:

- Identified and trained two primary administrative PREA investigators – senior jail officers.
- Identified and trained two primary criminal PREA investigators – county deputies.
- Identified other trained staff as primary reporters (first responders and preliminary reporters)

The facility developed a spread sheet method of tracking administrative / criminal PREA basic and specialty training. The specialty training was obtained at the National Institute of Corrections E-Learning program consisting of the PREA Investigator Training Basic & Advanced courses. Certificates of completion were provided.

Facility is now in compliance with this standard.

## **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*)

#### **Overall Compliance Determination Narrative**

The policies that covers this standard are the Response and Investigation policy and the Inmate Disciplinary policy. When interviewed investigative staff identified a preponderance of evidence as the standard that they use to determine administrative investigations.

## **Standard 115.73: Reporting to inmates**

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility policies that address this standard are the PREA Compliance policy and the Response and Investigation policy. The facility investigators document inmate notification through a computerized tracking system and a printed form that goes to the inmate. When interviewed senior staff and investigators both reported use of the form and notification to the inmate victim within 7 days of the investigative conclusion. The investigators also noted that they maintain a continuing contact with the DCI when the case involves staff on inmate sexual abuse. No current inmate victims of staff sexual abuse were still incarcerated at the jail, but 50% inmate victims did remember receiving an outcome notification of the investigation. The other 50% did not remember receiving any notification, but did not deny it may have been sent.

## 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*)

### Overall Compliance Determination Narrative

The facility policies that cover this standard are the PREA Compliance policy and the Response and Investigation policy. These facility policies detail the criteria required in all sub-sections of this standard. The sexual incident tracking spreadsheet did not identify any staff sexual abuse or sexual harassment cases were substantiated. Policy does identify a standard compliant criterion in disciplining these cases when substantiated.

## 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*)

### Overall Compliance Determination Narrative

The facility policies that cover this standard are the PREA Compliance policy and the Response and Investigation policy. These facility policies detail the criteria required in all sub-sections of this standard. Facility records identified one substantiated case of a contractor engaging in inmate sexual abuse. This contractor was banned from access to the facility and the criminal investigatory case was referred to the Division of Criminal Investigation. The facility sexual incident tracking spread sheet reports that there was one case of contractor sexual harassment in the year prior to the reporting period. Because of the nature of this incident that contractor was also banned from the facility, but the State's Attorney office decided not to prosecute. The facility has responded appropriately in these incidents with a priority given to inmate safety.

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

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

## Overall Compliance Determination Narrative

Several facility policies are used, including PREA Compliance policy, the Response and Investigation policy - section D.1 'Disciplinary Sanctions for Inmates' and the Formal/Informal Discipline policy to cover this standard and its sub-sections in detail. Interviews with staff identified that staff do follow these policies, including considering an inmate past history, medical and mental health.

The facility does offer counseling, therapy and other interventions to address the underlying issues associated with sexual abuse, but they are limited due to the short average incarceration time of most inmates.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to

inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

In addition to the facility PREA Risk Screen, the medical staff also perform an initial health screen on all inmates arriving in intake/booking. This initial health screen that address sexual victimization. Medical services reported using the 'Amour Informed Consent' form before disclosing inmate victimization that occurred outside of the facility and informing inmates of the relevant mandatory reporting laws.

All facility screening staff reported contacting medical services / mental health about any reports of sexual victimization. During inmate interviews, inmates verified that they were offered additional services based upon prior victimization.

### 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*)

### Overall Compliance Determination Narrative

Medical services at the facility provide emergent 24-hour care for the facility inmates. All medical records are kept as electronic storage and retrieval via a custom computerized system. Access to these records are protected and password protected. This system is independent of any facility computerized systems. Facility staff are trained as first responders, but medical staff are available on a 24-hour basis.

Medical interviews reported that inmate victims of sexual abuse are offered timely access to emergency contraception and sexually transmitted infections prophylaxis by an outside provider. Medical services are provided at a community level of care and are offered to inmates without cost.

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

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

#### 115.83 (a)

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

## Auditor Overall Compliance Determination

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

## Overall Compliance Determination Narrative

The criteria in this standard is covered by facility policy Response and Investigation. Medical and Mental Health, as well as outside providers would offer follow-up evaluations and treatment to any victims of sexual abuse in the jail. These programs would be followed up upon release, but most jail inmates release without any type of supervision program. Inmate medical mental health recommendations for release on court supervision or transfer to state incarceration are forwarded.

When interviewed most medical health service reported a higher than community level of care for inmates while at the jail, precisely because they are supervised and follow-up is easily managed. Inmates victims of sexual abuse are offered all of the treatment options available to the community and are provided without cost while incarcerated.

# 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*)

### Overall Compliance Determination Narrative

The facility policy that covers this standard is PREA Compliance policy. This policy identifies a procedure and has an accompanying form (SI Review Form) that is compliant with every sub-section of this standard.

The non-compliance issue with this standard is that through interviews staff identified a totally different procedure by which they conduct SI reviews. This identified process meets weekly, but not with the recommended staff. The procedures and review questions are not documented in this process. The review committee does not prepare a written report for the Warden's review and response.

**Recommendation:**

The facility needs to adopt its procedure identified in its PREA Compliance policy and use the accompanying SI Review form to document its procedures and review. For compliance the facility will need to document this process for several months.

**Corrective Action:**

The facility was using the standardized SI Review form and the process outlined in its policy. These forms were not a part of the incident documentation process. In addition, the facility was not receiving any input from the medical or mental health staff in the review. The facility has now included the SI Review form with all sexual abuse incident documentation. Medical and mental health staff are now included in these reviews. Documentation of this updated process has been provided and demonstrates PREA compliant reviews of sexual abuse incidents that are substantiated or unsubstantiated.

Facility is now in compliance with this standard.

## **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*)

### Overall Compliance Determination Narrative

The facility policy that covers this standard is the PREA Compliance policy. The facility uses standardized incident reports designed to collect the data needed in the BJS Survey of Sexual Violence. The facility does complete the BJS Survey of Sexual Violence as requested.

In addition, the facility PREA Compliance Manager utilizes a sexual incident tracking spread sheet to track compliance on each investigation. The facility maintains copies of these standardized investigative reports and tracking spread sheet, sorted by calendar year.

With the exception of one short term emergent situation during this reporting year, the facility does not contract out placement of its inmates. During this short-term placement, the facility did maintain contract PREA compliance and review.

## 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*)

### Overall Compliance Determination Narrative

The facility policy that addresses this standard is the PREA Compliance policy. This policy outlines a procedure that would address all of the sub-sections of this standard.

The non-compliance issue on this standard is when staff were interviewed, they were not able to identify the criteria needed review and corrective action needed in the review. A review of the data review reports since the last audit showed that the reports did not review the data to identify any problem areas, did not engage in any type of on-going corrective action or review for any type of response. The current reports are very general and do not go into the detail needed for this evaluation.

#### Recommendation

The facility will need to go into much greater detail in its data collection:

- Identify problem areas – breakdown data by floors, sections, blocks.
- Document any corrective action taken on an on-going basis (individual responses to reports).
- Prepare a report incorporating this information on an annual basis.

For compliance on this standard the facility will need to reassess the 2018 incident reports for the required data and prepare a new 2018 report based on these standard requirements. This process should be used for all future reports.

Corrective Action:

The facility prepared a revised 2018 Review of Sexual Incidents / Annual Report. The review included all data collection from the 2018 calendar year, identified areas where incidents occurred and problem areas. It documented a corrective action procedure and the actions taken to prevent further incidents. All personal identifiers were removed from the report. This report meets all the criteria outlined. Facility is now in compliance with this standard. The facility replaced the previous 2018 Review of Sexual Incident / Annual Report with the updated PREA compliant version on its website.

Facility is now in compliance with this standard.

## 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*)

## Overall Compliance Determination Narrative

The facility policies that cover this standard is the Confidentiality of Inmate Information policy and the PREA Compliance policy. All sexual abuse and sexual harassment data are collected, either electronic or paper and maintained by the facility PREA Compliance Manager. The facility has stored all data since its first PREA Annual Reports in 2014.

There was one incident during the reporting period when an incident tracking report with personal identifiers was inadvertently placed on the website. Once staff became aware of this the document was immediately removed from the website. There have been no other incidents of this type.

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

### 115.401 (i)

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

### 115.401 (m)

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

### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The Minnehaha County Jail is the only facility in the counties jail system. The facility did obtain a PREA Audit during the first cycle and the current audit is for the second cycle time frame.

The auditor was granted access to all areas of the facility and all requested records and documents. The auditor was granted access to all available inmates and staff for interview purposes.

### 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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### **Auditor Overall Compliance Determination**

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

#### **Overall Compliance Determination Narrative**

The facility conducted its first cycle audit in July of 2016. The audit involved a corrective action period that included in November of 2016 with full compliance. This final audit report was published on the facilities website afterwards.



# 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.

Kenneth VanMeveren

March 31, 2020

**Auditor Signature**

**Date**

<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.