# **PREA Facility Audit Report: Final**

Name of Facility: Pennington County Jail Facility Type: Prison / Jail Date Interim Report Submitted: 08/05/2019

| Auditor Certification   |  |                   |  |
|---|--|-------------------|--|
| 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.   |  |                   |  |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. |  | <li><b>A</b></li> |  |
| Auditor Full Name as Signed: Carol L. Powell Date of Signature: 09/15/20  |  | /2019             |  |

| AUDITOR INFORMATI               |                       |  |
|---------------------------------|-----------------------|--|
| Auditor name:                   | Powell, Carol         |  |
| Address:                        |                       |  |
| Email:                          | Cpowell1948@gmail.com |  |
| Telephone number:               |                       |  |
| Start Date of On-Site<br>Audit: | 2019-06-03            |  |
| End Date of On-Site<br>Audit:   | 2019-06-05            |  |

| FACILITY INFORMATION         |   |  |
|------------------------------|---|--|
| Facility name:               | Pennington County Jail                                |  |
| Facility physical address:   | 307 Saint Joseph st, Rapid City, South Dakota - 57701 |  |
| Facility Phone               | 605-394-6116  |  |
| Facility mailing<br>address: |   |  |

| Primary Contact   |                     |  |
|-------------------|---------------------|--|
| Name:             | Heather Pressley    |  |
| Email Address:    | pressley@pennco.org |  |
| Telephone Number: | 605-394-6116        |  |

| Warden/Jail Administrator/Sheriff/Director |                   |
|--|-------------------|
| Name:                                      | Rob Yantis        |
| Email Address:                             | yantis@pennco.org |
| Telephone Number:                          | 605-394-6116      |

| Facility PREA Compliance Manager |  |
|----------------------------------|--|
| Name:                            |  |
| Email Address:                   |  |
| Telephone Number:                |  |

| Facility Health Service Administrator On-site |                          |
|---|--------------------------|
| Name:   | Dr. Nathan Long          |
| Email Address:                                | nathanlong12@hotmail.com |
| Telephone Number:                             | 605-890-1435             |

| Facility Characteristics  |                        |  |
|---|------------------------|--|
| Designed facility capacity:   | 662                    |  |
| Current population of facility:   | 594                    |  |
| Average daily population for the past 12 months:  |                        |  |
| Has the facility been over capacity at any point<br>in the past 12 months?  | Νο                     |  |
| Which population(s) does the facility hold?   |                        |  |
| Age range of population:  |                        |  |
| Facility security levels/inmate custody levels:   | Minimum/Medium/Maximum |  |
| Does the facility hold youthful inmates?  | Νο                     |  |
| Number of staff currently employed at the facility who may have contact with inmates:                             | 139                    |  |
| Number of individual contractors who have<br>contact with inmates, currently authorized to<br>enter the facility: |                        |  |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility:                   |                        |  |

| AGENCY INFORMATION  |  |  |
|---|--|--|
| Name of agency:   | Pennington County Sheriff's Office                             |  |
| Governing authority<br>or parent agency (if<br>applicable): |  |  |
| Physical Address:   | 300 Kansas City St Suite 100, Rapid City, South Dakota - 57701 |  |
| Mailing Address:  |  |  |
| Telephone number:   |  |  |

| Agency Chief Executive Officer Information: |  |
|---|--|
| Name:                                       |  |
| Email Address:                              |  |
| Telephone Number:                           |  |

| Agency-Wide PREA Coordinator Information |                  |                |                     |
|--|------------------|----------------|---------------------|
| Name:                                    | Heather Pressley | Email Address: | pressley@pennco.org |

# AUDIT FINDINGS

#### Narrative:

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

#### **Pre-Onsite Audit Phase**

The Pennington County Sheriff's Department operates three residential facilities, including the Pennington County Jail (PCJ). This is the second PREA audit for the facility, which is located in Rapid City, South Dakota. The Pennington County Jail has a page on their website dedicated to PREA, which includes the facility's zero-tolerance requirements, as well as information as to how to make reports. Another section of the Jail's website provides all policies, including PREA policies to the general public. NOTE: The policy section of the website does not include policies that, if public, would be harmful to the safety and security of the facility.

On April 1, 2019 – prior to the contract being signed - the PREA Coordinator/Manager and Office Manager had exchanged emails with the auditor regarding hotels, transportation and other audit logistics.

On April 9, 2019, prior to the auditor's contract being formally signed, the auditor and the PREA Manager/Coordinator reviewed the facility's Audit Notification to ensure it contained appropriate information. The PREAManager/Coordinator submitted photographic evidence that showed the notice was posted on 4/15/19. The auditor has not received any confidential letters or communication from inmates or staff before or after the on-site portion of the audit.

An introductory conference call was held with PCJ administrative staff on April 29, 2019 to discuss the upcoming audit. Specific items discussed included:

1. The auditor noted that the audit would be a collaborative effort between the auditor and facility to ensure the PCJ meets the goals of PREA Compliance and sexual safety for inmates and staff.

a. Timeframes were set for the submission of the Pre-Audit Checklist, the on-site portion of the audit, the Interim and Final Report.

b. The auditor advised that if any standards were found to be non-compliant, it should not be taken as a personal insult to the work the facility is doing. Instead, the facility has an opportunity to strengthen its program with the intent of ensuring sexual safety.

2. The team also discussed confidentiality agreements, the online audit system (OAS), and the audit calendar.

3. The auditor walked through the PREA Resource Center's resources, including the audit process map, PREA audit checklist for documentation, and the auditor compliance tool.

4. Audit logistics were discussed. The facility staff advised that a private room, with wi-fi would be available for the auditor to work and conduct interviews. Additionally, the auditor would be given access to all areas of the facility, as well as any documentation requested.

5. The PREA Manager/Coordinator was appointed the contact person for the audit. She and the Security Captain were given the main responsibilities for gathering information and completing the Pre-Audit Questionnaire.

Facility staff on the conference call included the Jail Commander, PREA Coordinator/Manager, Security Captain, and Office Manager.

On May 15, 2019, the PCJ submitted the Pre-Audit Questionnaire through the PREA On-Line Audit System and the auditor began the pre-audit review of policies. Throughout the pre-onsite audit process, the auditor and PREA Coordinator/Manager were in contact. Communications were largely through email. Emails were sent by the auditor to either request clarification or request additional documentation, and the facility responded promptly. Email exchanges occurred on May 17, 21, 22, 23, 24, 27, 28, 29, and 30.

On May 22, the auditor and Jail Commander had an in-depth telephone conversation. (The PREA Coordinator/Manager was unavailable during the scheduled call.) The audit process and the difference between a PREA audit and other correctional audits was discussed. The auditor also requested the following documentation for the audit:

- 1. The Federal contract for housing inmates and Federal audit reports;
- 2. Employee background investigations; and,
- 3. Updated Memorandum between the facility, local hospital, Rape Crisis Center.

The auditor noted that the Incident Review Team meetings submitted on the Pre-Audit Questionnaire, did not occur within the 30-day post-incident period required by standards. In discussing this information with the PREA Coordinator/Manager, she advised that prior to May 17, 2019 the PREA Incident Review Team was not meeting within thirty days of the incident. Jail Management staff realized this oversight prior to the on-site portion of the audit and has corrected the issue. Incident Review Team meeting reports submitted after May 17 met the established timeframe.

While researching news articles regarding the PCJ, the auditor found an article dated February 8, 2018 from the Rapid City Journal detailing the arrest of a female PCJ staff member being arrested for having sexual contact with a detainee. In reviewing the PCJ training video, the auditor noted that all aspects of this incident had been incorporated into the facility's training program. The auditor will review the investigation during the on-site portion of the audit.

## **Onsite Audit Phase:**

The onsite PREA audit of the Pennington County Sheriff's Department - Pennington County Jail was conducted June 3-5, 2019 by Department of Justice Certified Auditor, Carol L. Powell. During this time, the audit process was discussed. The onsite phase was formally initiated on June 3rd with an in-briefing with the Jail Commander and leadership staff. After introductory remarks, the auditor discussed audit methodology. A random sample of inmates would be interviewed, including a minimum of one inmate in each Cellblock, as well as specifically targeted inmates (special needs, victims of sexual abuse, etc.) The auditor advised that she would interview both random and specialized staff members. The auditor also discussed the facility tour and requested access to all areas of the facility. At that time, the auditor was provided with:

- 1. A list of inmates in the facility on 6/3/19, sorted by housing units,
- 2. A list of staff members, sorted by position;
- 3. Staff schedule;
- 4. The Federal Contract and monitoring reports;
- 5. The facility schematics;
- 6. Access to the facility's management information system for the duration of the onsite audit; and
- 7. Copies of the Inmate Handbook, in Spanish and English.

The auditor requested additional information, including:

1. Names/housing units of:

a. Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities);

b. Inmates who are limited English proficient;

c. Inmates who identify as lesbian, gay, bisexual, transgender, and intersex;

- d. Inmates who reported sexual abuse; and
- e. Inmates who reported sexual victimization during risk screening.
- 2. All grievances or allegations made in the 12 months preceding the audit;
- 3. All incident reports written in the 12 months prior to the audit; and

4. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months prior to the audit.

The following facility staff members attended the meeting:

- 1. Jail Commander
- 2. PREA Coordinator
- 3. Booking Lt
- 4. Housing Lt
- 5. Office Manager
- 6. Security Captain
- 7. Support Captain

Following the entrance meeting, the auditor conducted a comprehensive site review that began at approximately 9:00 a.m. and continued throughout the onsite visit.

Areas Visited During Facility Tour Facility Lobby **Reception Area Administrative Offices Booking/Intake Area** Sally Port **Control Room Program Room** 11 Housing Units, including all Cellblocks **All Recreation Areas Food Services Property Room** Laundry Area **Dry Storage Medical Office Mental Health Office Maintenance Offices** 

The auditor began the site review in the non-secure area of the facility. This area includes the public lobby, reception area, and administrative offices. Members of the public, including attorneys, inmate family members, volunteers, and contractors must initially check-in with the receptionist. The auditor observed a visitor being provided verbal and written PREA information. There was a PREA poster in the lobby that advised of the facility's zero-tolerance policy and provided information as to reporting requirements, as well as how to report. Two video cameras covered the lobby area. Inmate family members may schedule visitations by calling the facility. The PREA Audit Notice was posted on the public

entrance door. The auditor observer nine video screens in the lobby. After checking in, the family member may go to one of the screens to initiate a video (Skype) visit. The screens are separated from each other by a cubicle wall; however, the all activities by the visitors are clearly visible to the Reception staff. Program volunteers, including AA, NA, etc. may conduct meetings with eligible inmates via video programming. A large monitor is located in each of the cellblocks. Eligible inmates may participate in the program by watching the monitor. Other programs are provided in the programs room, located in the secured area on the first floor of the jail. This room is also used for video court. Inmates with scheduled appearances are escorted to the room by a Correctional Officer. A Correctional Officer is posted to the room during the hearings to provide supervision. After the hearings, inmates are escorted, as a group to their respective housing units.

After checking in with Reception, contractors, attorneys, etc. walk through a metal detector to enter the secure area. Staff enter the facility through a separate locked door in the lobby area. They go through Reception, down the administrative hallway, leave any personal items in a locker in the staff breakroom, and enter the secure area of the facility through a locked hallway next to the Control Room.

The auditor noted that all movements within the facility are monitored by the Control Room staff. At no time are both hallway doors opened at the same time. Cameras are located in each hallway. The control center houses the facility's electronic monitoring equipment and is staffed 24/7. The auditor observed Control Room staff conducting real-time monitoring of facility activities, including watching the housing units, elevators, and hallways.

After leaving the Control Room, the auditor, accompanied by the PREA Coordinator/Manager and Security Captain took an elevator to the jail basement. The auditor noted that there was a camera in the elevator. Upon exiting the elevator, the group visited the Booking Area. Physical characteristics of this area are described in the next section, Physical Characteristics. Inmates are brought into the booking area by law enforcement through the connected, secure sally port. Each new inmate only goes through a metal detector. Staff advised that the need to conduct strip searches has decreased since the installation of the metal detector. Strip searches are conducted in a private cell only when indicated by the metal detector. A staff member of the same sex conducts the strip search in a private holding cell in the Booking Area. Booking Techs also serve as Intake/Admissions Officers. The auditor observed Booking Techs asking inmates a variety of questions during the admissions process. It was noted that the facility assesses inmates for the risk of victimization and abusiveness, per Standard 115.41, but does not do so utilizing one specific form. Instead, the required information is obtained by using several objective screening instruments during the hour Booking/Intake process, which is completed in seventy-two (72) hours. The auditor observed inmates being given an Inmate Handbook, that contains PREA information and heard a Booking Tech reading PREA zero-tolerance information to an inmate. The auditor observed that PREA information is included on the Intake Screening form.

In addition to the Booking Area, Medical Offices, Kitchen Dry Storage, Food Services, Laundry, Mental Health Office, and Maintenance Offices are located in the **Excercise**.

Food Services is operated by contract employees, and trustees are given jobs in the kitchen. Meals are prepared in this area and delivered to each housing unit. Cameras are located throughout the kitchen area for supervision, with the exception of the **service**. The auditor observed that only contract employees were allowed to go into the freezer. On occasion, a trustee would stand outside the freezer door while a staff member handed him a box of frozen goods. The Food Services Director was well aware of this blind spot and indicated that it is closely supervised.

Trustees are responsible for laundry services. Washing machines and dryers are located in an area

between the food services and the mental health offices. Trustees are allowed to go in and out of the area as their duties require. A camera allows complete coverage of the area through video monitoring. Staff members are not always present.

The Pennington County Jail is in the process of constructing new food and laundry services areas, which will be located in the Jail's annex building. A review of the plans and discussions with administrative staff indicate that there will not be any blind spots in the new construction, including placing a camera in the **construction**. The laundry services area will be more open and easily accessible for staff supervision than

the current area.

The auditor observed the medical services area to be well-equipped, a private examination room, a dental chair and equipment. Cameras were located to provide coverage in open areas, as well as outside of any doors. The Security Captain pointed out cameras were located outside an due to a substantiated allegation of sexual contact between a medical assistant and inmate. It was noted that staff are no longer able to lock the door to the private medical office. Medications were kept locked. An informal conversation with a nursing assistant informed the auditor that medications were placed in a cart for delivery to each housing unit. The auditor later observed a medical staff member administering medications in one of the housing units. The cart was taken to a program room where the medical staff stood in an open doorway (inside of the housing unit), in front of the cart. Inmates came, one at a time to obtain their prescribed medication. The interactions between the nurse and inmates were supervised by video camera and staff supervision. There was no indication that the medical staff would be alone in a room with an inmate during medication distribution/administration.

The auditor observed that all other areas in the basement were well secured, Entrance and exits from these areas were strictly controlled by the control room. The movements of trustees, who were allowed to walk from their housing unit, take an elevator, and go to their designated work area without being accompanied by a staff member were strictly monitored by video cameras. After touring the basement area, the auditor began inspection of the housing units. The facility has eleven housing units. Each housing unit is divided into Cellblock units. One of the housing units, located on the **section** floor of the jail can be configured into two (2) or three (3) Cellblock units. Configuration is based on the number of female inmates and the need for maximum security cells. Within the 11 housing units, there are 19 Cellblocks. The housing units are located on the **secure** floors of the Jail. In addition, housing units are located on the **secure** floors of the Jail Annex.

Cellblocks 4, 6, and 7 are utilized for restrictive housing for males. These cellblocks contain single cells only. Female inmates are housed in cellblock 11-East; Trustees are housed in cellblock 11-W. Cellblocks 4,5,6,7, and 8 are used to house maximum security inmates. Cellblock 19 is used for placement of the more vulnerable population. Females requiring medium security are housed in cellblocks 13 and 14. Females requiring higher security are housed in cellblocks 12 and 15.

Each housing unit is supervised by at least one Correctional Officer. The Shift Supervisors provided backup supervision in the maximum-security housing units, and Correctional Officers designated as Rovers are available on all shifts to either provide additional supervision or take over supervision when the Correctional Officer goes on break. The Correctional Officer assigned to the housing unit is stationed outside of the cellblocks and observes video monitors. At least once every **Sector**, the Officer walks through the Cellblocks. It is noted that the housing units are also monitored by the control room staff. There are no cameras in the individual cells or showers. The auditor was able to view video monitors in each housing unit. Cameras provide coverage of the dayroom, stairs, and upstairs. Each Cellblock includes one meeting room which is utilized for visitations with attorneys. There are no cameras in this room. When such a visit occurs, the Correctional Officer physically checks the room. Each of the rooms has a window on the door. The facility is considering including a video camera, with no audio capabilities in each of these rooms to ensure that there are no blind spots.

Prior to entering a housing unit, the Correctional Officer on duty, who monitors entrances into the unit, will press a button to audibly notify inmates if a person of the opposite sex is entering the unit. The auditor heard the warning prior to entering male housing units. Informal conversations with inmates confirmed that the were notified of the female auditor's presence prior to her entry.

The auditor observed inmate kiosks in each cellblock. The kiosks are multi-purpose, and inmates use them for a variety of reason, including reporting grievances, communicating with other agencies, including the Rebound Program, making program requests, filing a PREA complaint, requesting medical or mental health services, etc. The video monitor on the kiosks enable eligible inmates to participate in various programs or family visitation. The auditor observed several inmates utilizing the kiosks. Casual conversations between the auditor and inmates and/or Correctional Officers indicated that inmates were aware of and allowed to use the kiosks.

Informal conversations with Correctional Officers confirmed that administrative staff make unannounced visits to the unit to check for, among other things, the sexual safety of inmates. These visits occur at various times during each shift, and the Correctional Officers are not allowed to notify other housing units of the visits.

The auditor noted that all housing units had a television monitor, hung from the ceiling in a position that could be seen from all cells. At 3:15 each day, an orientation video is played. The video, which contains PREA information is available in Spanish. The auditor observed that the video is close captioned for inmates with visual problems. Inmates who are hearing-impaired are provided with a recorded voice reading of the material on the video.

Inmates utilize the kiosk to obtain program information, make requests to staff, file grievances, PREA Complaints, and receive the results of an administrative PREA investigation. Inmates interviewed knew that there were multiple ways to file a PREA complaint. Some inmates did not immediately know the term "PREA"; however, they knew multiple ways to report sexual abuse, harassment, or misconduct. They also understood their right to be sexually safe. The auditor observed an orientation video being played in the housing units. The video is played daily at 3:15 and discusses sexual safety as one of many topics. Since the audit, the facility has developed a new orientation video that emphasizes PREA. The video is available in English and Spanish. The auditor also reviewed the Inmate Handbook, which is provided to inmates upon admission. The Inmate Handbook, which is available in English and Spanish, provides multiple reporting methods for inmates, including the address for the local Rape Crisis Center, Working Against Violence, Inc. (WAVI). The Jail has since revised the Inmate Handbook to include WAVI's phone number.

The auditor observed that each housing unit contained two side-by-side showers on the first and second levels. Only one inmate at a time is allowed to shower, and inmates are allowed to shower at any time they are out of their cells. Shower curtains allow for privacy in the event a staff member, during the course of their duties walk into the shower room. Every inmate interviewed agreed that they have privacy. They noted that the shower area is strictly monitored. In the very rare instance that another inmate walks into the shower, a staff member immediately removes them. A few of the female inmates complained that they wanted to meet another inmate in the shower so they could "braid each other's hair" but were not allowed to do so - and they had tried.

During the audit, the auditor inspected each housing unit/Cellblock unit. The auditor developed a pattern of inspecting a housing unit and stopping the inspection to interview inmates. Upon completion of interviews, the auditor would continue inspection of another housing unit. The physical layout of the housing/Cellblock units is described in the Facility Characteristics section of this report. On the second day of the audit, the auditor continued the pattern of conducting a formal tour of housing

unit and, subsequently interviewing inmates. The Pennington County Sheriff stopped by the jail to meet the auditor and to express his support for the work conducted by PCJ staff. Additionally, the auditor walked to the Sheriff's Department, which was adjacent to the PCJ and interviewed two Sheriff's Deputies who conducted sexual abuse investigations for the jail and the Director of Human Resources in charge of all hiring and promotions. It was noted that investigators for the Rapid City Police Department are colocated with the Sheriff's Department investigators. The auditor observed that there did not appear to be any territorial issues between the two departments. Assignment of sexual abuse investigations at the jail were dependent on the investigator's workload, not Department. The Sheriff's Department investigator charged with assigning the cases showed the auditor how he was able to track investigations and review investigative reports through the computerized information management system.

The Director of Human Services indicated that after the Pennington County Jail's initial PREA audit, the Sheriff's Department revised their hiring and promotional policies to specifically include each of the PREA requirements. The Sheriff's Department has hired investigators who conduct intensive background checks, contact all references, as well as contact previous employers, including other institutions to ensure the potential employee does not have any history of sexual abuse, misconduct, or harassment. The auditor noted the Director of Human Resources was so knowledgeable of the PREA standards that she answered PREA questions during course of conversation, without the auditor having to specifically ask about the standards.

Since dinner was being served, the auditor returned to the Conference Room in the unsecured area of the facility and conducted staff interviews.

The auditor returned to the PCJ to continue touring and interviewing. The auditor observed dinner being delivered to a female housing unit by a male trustee. The trustee delivered the dinner cart to the housing unit but was not allowed to enter or linger at the door. The cart was taken into the unit by the Correctional Officer, who proceeded to hand out meal trays. Inmates ate in the dayroom.

Since dinner was being served, the auditor returned to the Conference Room in the unsecured area of the facility and conducted staff interviews.

On the final day of the on-site phase of the audit, the auditor arrived early to view facility activities and interview staff from the 3rd shift. Random PCJ staff arriving for the 1st shift were formally interviewed. The formal tour and inmate interviews were completed by 10:00 a.m. on June 5, 2019. The remainder of the day was spent completing targeted and random staff interviews.

An out-briefing was held at approximately 5:00 pm with key administrative staff. The auditor reiterated that the audit had been process-oriented, and provided the staff with time frames for reports, corrective actions, etc. Staff were advised that the auditor would review facility policy, procedures, observations from the site review, as well as notes made during staff and inmate interviews before being able to make final determinations on each of the standards. The auditor advised that while inmates felt sexually safe at the facility, several did not immediately recognize the term "PREA" without some prompting. As a result, the auditor made recommendations regarding the PREA program to inmates. Recommendations included making a separate PREA video instead on including it in the Orientation video, including additional information such the Rape Crisis Center's phone number in the Inmate Handbook, and adding information about the PREA Coordinator to the Inmate Handbook and the Jail's website. The auditor addressed a concern that the facility did not have a specific PREA risk assessment form. Instead, Booking/Admissions/Intake ask PREA risk assessment forms using several forms. At this point, the auditor advised that she will thoroughly review each form during the post audit phase to determine standard compliance.

Administrative staff members who attended the exit conference were:

- 1. Jail Commander
- 2. PREA Coordinator
- 3. Booking Lt

- 4. Housing Lt
- 5. Office Manager
- 6. Security Captain
- 7. Support Captain

# Inmate Interviews

Based on the inmate population of 622 at the facility on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 30 total inmate interviews must be conducted: a minimum of 15 random inmates and 15 targeted interviews were required. Inmates were interviewed in their individual housing units. Each housing unit contained a private room where inmates could meet with attorneys, counselors, etc. There were no cameras in these meeting rooms. However, Jail staff visually monitors to ensure safety of the visitor. Meeting rooms were frequently being utilized by inmates and their attorneys or volunteers when the auditor entered the unit to conduct interviews. When this occurred, the auditor was able to interview inmates privately in a recreation room, located between two housing units. Each recreation has two cameras and is continuously monitored.

CATEGORY OF INMATES INTERVIEWS CONDUCTED

Random Inmates (Total) 17

Targeted Inmates (Total) 16

**Total Inmates Interviewed 33** 

## **Breakdown of Targeted Inmate Interviews**

- Youthful Inmates N/A
- Inmates with physical disability 1
- Inmates who are blind, deaf, or hard of hearing 1
- Inmates who are LEP 2
- Inmates with a cognitive disability 1
- Inmates who identify as lesbian, gay, or bisexual 6
- Inmates who identify as transgender of intersex N/A
- Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse N/A
- Inmates who reported sexual abuse 3
- Inmates who reported sexual victimization during risk screening 2
- **Total Number of Targeted Inmate Interviews 33**

The auditor chose targeted inmates from a list of such inmates provided by the facility. It is noted that targeted inmates were in housing units throughout the facility. There were no dedicated Cellblocks or housing units specifically dedicated for gay, lesbian, LED, or otherwise targeted inmates. The auditor chose random inmates to interview from a list of inmates sorted by housing units. It is noted that several inmates could have fit into several categories. A total of 33 inmates were interviewed.

One inmate, who believed he was placed in segregated housing due to filing a PREA complaint, was interviewed. Further review of the inmate's case files, PREA report, disciplining hearing, and classification reports indicated that he was in segregated housing for behavioral issues. His PREA complaint was ruled as unfounded.

Several inmates did not immediately recognize the term "PREA" without some prompting by the auditor; i.e., asking about the daily video. However, inmates felt they were sexually safe and knew how to report any abuse. The two inmates who had been victims of substantiated sexual abuse harassment reported that they were immediately offered emotional support services. One of the victims was very comfortable talking to facility mental health staff. The other stated she declined services but knew she could go to either facility staff or "could just contact Tyler". Tyler works is the Program Coordinator who coordinates reintegration services for inmates. Inmates can request his services through the kiosk system, and he meets daily with facility inmates. When interviewed, the Program Coordinator was very familiar with PREA and advised that he could arrange follow-up emotional support services for released inmates. Emotional support services from the local Rape Crisis Center, Working Against Violence, Inc. (WAVI) are also available to inmates. Their address is included in the Inmate Handbook. Shortly after the PREA audit, their phone number was added to the Handbook.

**Staff Interviews:** 

The auditor conducted interviews with the following agency leadership and are not counted in the totals below:

- 1. Jail Commander
- 2. PREA Coordinator/Manager

Categories of Staff Interviews Conducted Random Staff (Total) 15 Specialized Staff (Total) 16 Total Staff Interviewed 31

**Breakdown of Specialized Staff Interviews** 

- Intermediate or higher-level staff 2
- Medical and mental health staff 3
- Non-medical staff involved in cross-gender strip searches 1
- Human resources staff 1
- SANE staff NA
- Volunteers and Contractors who have contact with inmates 2
- Investigative staff 1
- Staff who perform screening for risk of victimization/Intake staff 1
- Staff who supervise inmates in segregated housing 1
- Incident review team 1
- Designated staff member charged with monitoring retaliation 1
- First responders, security staff 1
- First responders, non-security staff 1
- Total Specialized Staff Interviewed 16

The Pennington County Jail supplied the auditor with a list of staff names who filled specialized staff categories for interview planning as well as a complete listing of staff with schedules for corrections officers and non-security staff. There were multiple staff members for each of the specialized categories that the auditor chose from. The auditor selected random staff members to interview from the list provided by the facility. In selecting random names, the auditor ensured that staff members from all shifts were interviewed. Both male and female officers were interviewed. Since the auditor had some concerns regarding the PREA risk assessment screening, she selected random names of booking techs (who also serve as intake officers) to be included in the random staff interviews.

All formal staff interviews were conducted in private in the conference room located in the non-secure administrative section. Specialized staff were interviewed as provided in the Auditor Handbook.

All staff reported being trained on PREA. When asked about reporting requirements and first responder requirements, staff either responded immediately or pulled a green card from their pocket. This card, which was carried by all levels of staff is entitled PREA Incident First Response Guide and details how to

respond to a PREA incident. It is noted that contract staff and volunteers are also given this card.

Inmate Files:

Inmate files are located in the facility's computerized management information system. The facility is virtually paperless. The auditor observed administrative assistant staff scan the daily paperwork into the system and subsequently shred the original material. The Office Manager supervises this process and ensures that paper records are destroyed by the end of each day. As a result of this system, there are no inmate files stored at the facility.

Any time the auditor requested information related to an inmate, the information was immediately printed off by either the Security Chief or the PREA Coordinator/Manager. As a result, the auditor viewed disciplinary reports, hearing reports, intake/booking information, classification information, and inmate journal notes for a total of 18 inmates.

Investigation Files:

During the past 12 months, there were a total of 39 allegations of PREA related misconduct at the jail. The investigations are broken down as follows:

Sexual Abuse Sexual Harassment

Inmate on Inmate Staff on Inmate Inmate on Inmate Staff on Inmate

Grievances 2 0 3 1

Reports to Staff 10 2 14 1

Anonymous, 3rd Party 2 1

Reports by Staff 3

Total Allegations 17 2 18 2

Substantiated Unsubstantiated Unfounded Inmate-on-inmate abusive sexual contact 0 0 0 Inmate-on-inmate non-consensual sexual act 7 2 6 Inmate-on-Inmate sexual harassment 5 7 9 Staff-on-inmate sexual misconduct 0 0 1 Staff-on-inmate sexual harassment 0 0 2 Total Allegations 12 9 18

The auditor reviewed training information for staff, including PREA acknowledgements and training logs to ensure both pre-service PREA training and refresher training had been conducted. It was noted that the Medical and Mental Health staff receive additional PREA training provided by the National Institute of Corrections.

An out-briefing was held on the last day of the audit at approximately 5:00 pm with key administrative staff. The auditor reiterated that the audit had been process-oriented, and provided the staff with time frames for reports, corrective actions, etc. Staff were advised that the auditor would review facility policy, procedures, observations from the site review, as well as notes made during staff and inmate interviews before being able to make final determinations on each of the standards. The auditor advised that while inmates felt sexually safe at the facility, several did not immediately recognize the term "PREA" without some prompting. As a result, the auditor made recommendations regarding the PREA program to inmates. Recommendations included making a separate PREA video instead on including it in the Orientation video, including additional information such as the Rape Crisis Center's phone number in the Inmate Handbook, and adding information about the PREA Coordinator to the Inmate Handbook and the Jail's website. The auditor addressed a concern that the facility did not have a specific PREA risk assessment form. Instead, Booking/Admissions/Intake ask PREA risk assessment forms using several forms. At this point, the auditor advised that she will thoroughly review each form during the post audit

phase to determine standard compliance.

#### **Post-Onsite Audit Phase:**

During the post-onsite audit phase, the auditor remained in contact with PCJ facility staff and requested additional documentation to complete the review of several of the standards. The documentation needed was related to disciplinary hearings, policy revisions, revisions of the Inmate Handbook, and PREA/Orientation Video. Since the audit, the Pennington County Jail has made numerous revisions to its policy to clarify certain PREA procedures. Both the "Inmate Handbook" and the orientation video have been revised to emphasize the importance of PREA to the inmates.

During the post-onsite audit phase, the auditor conducted a telephone interview with the local Rape Crisis Center, Working Against Violence, Inc. (WAVI). The WAVI staff member confirmed that services are provided to inmates of the Pennington County Jail as provided in a Memorandum of Understanding with the Sheriff's Department. Services include providing support services to an inmate who requests such services after being sexually assaulted. Two WAVI case managers conduct an informational group at the facility each week. On occasion, an inmate has requested support services after the meeting.

The only issues that required Corrective Actions were related to policy. The facility's practice was in accordance with standards, but the policy didn't completely cover the standards. Both corrective action plans were completed quickly and efficiently.

# AUDIT FINDINGS

**Facility Characteristics:** 

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

The Pennington County Jail is located at 307 Saint Joseph Street, Rapid City, South Dakota, and is administered by the Pennington County Sheriff's Department. Their mission statement is "Promoting safety and justice to improve the quality of life in our community".

The Pennington County Jail (PCJ) is a secure 662 bed facility, which consists of three building structures made up of 23 cellblocks and an intake(booking)/release area. Structural combinations of the 23 cellblocks and the intake(booking)/release area comprise 12 housing units and a Booking area. Each cell in the housing units for general population is either a single or a double bunked cell. Booking is equipped with 10 single bunk holding cells, a four-bunk holding cell, and a six-bunk holding cell. Each cell in the facility has doors which secure and can be opened by a Correctional Officer assigned to the unit. Except for Booking, all doors can be opened remotely via the control center.

The original jail is a three-story building which has a basement. The Booking/Intake area, Property Storage, Medical and Mental Health Offices, Food Services, Kitchen Dry Storage, Laundry, Maintenance Offices, and Program Rooms are located on the **Services**. The non-secure area of the first floor includes the Public Lobby and Reception Area. Administrative offices, staff break room, and a large conference room are accessible to staff through the lobby. Volunteers, attorneys, and other approved visitors may enter the secure area after walking through a metal detector. Employees enter the secure housing area through the control hallway. Correctional Officer's posts are located in or immediately adjacent to each housing unit to facilitate personal contact and interaction between staff and inmates. One housing unit, including two (2) cellblocks is located on the **Secure**. The **Secure** of the jail includes two housing units, each with three cellblocks. Cellblocks 3, 4, and 5 are supervised by a Correctional Officer, stationed outside of the cellblocks. The three cellblocks share an indoor recreational yard. Only one cellblock at a time is allowed to be in the rec. yard. The second housing unit, consisting of cellblocks 6, 7, and 8 is set up in the mirror image of the other housing unit. The **Second** housing unit. The **Second** housing unit. The **Second** housing unit. The **Second** housing unit.

The original jail is connected to an annex building through a **second**. Cellblocks 11E and 11W are located on the **second**. Each cellblock is supervised by a Correctional Officer. Two housing units are located on the **second**. Cellblocks 12 and 13 are supervised by a Correctional Officer and share a Rec. Yard. Cellblocks 14 and 15 are set up as a mirror image of 12 and 13. Similarly, the **second** holds two mirror image housing units. Cellblocks 16 and 17 share a Rec. Yard as do Cellblocks 18 and 19. A Correctional Officer supervises each housing unit.

The age of inmates placed in jail during the past 12 months ranged from 21 to 88 years. No person under the age of 18 is placed in the jail. Youthful offenders are placed in the Sheriff's Department's Juvenile Service Center. During the past reporting period (previous 12 months), 13518 inmates were admitted to the facility. The average length of stay is 16.5 days.

The PCJ employs 139 staff members. In consideration of staff deployment, the physical plant and the facility cameras are taken into consideration. The facility utilizes a total of 622 cameras, both analog and digital. 236 cameras are monitored by the Control Room staff. The Control Room is located between the secure and non-secure sections of the jail. All hallway doors, program room doors, and entrance doors to the housing units are controlled by the Control Room Officer who monitors all entrances and exits. The duties of the Control Room Officer consists of monitoring all cameras for inmate movement outside of housing areas, accessing cameras in the housing units as needed, monitoring facility intercoms and facility radio traffic, controlling all movement within the facility, controlling all access/egress points in the facility, and monitoring all activity to prevent sexual abuse, harassment, or misconduct. Each housing unit is supervised by at least one Correctional Officer. The Officer supervised the unit through use of video cameras and rounds through the units. The only areas in the secure part of the jail that do not have cameras are the meeting rooms in each housing unit. Since see those rooms were designed for private meetings between inmates and attorneys, there is no video monitoring. The Correctional Officer physically monitors the activities in those locations. The Jail Commander and Security Captain discussed installing cameras that don't record sound in the meeting rooms. Camera coverage in each housing unit is more than adequate to see all activities conducted in the dayrooms and recreation areas. The segregation housing units are supervised by a Correctional Officer and Supervisor, in addition to the video monitoring. Cameras are utilized to monitor all activities in the kitchen area. Other than the meeting rooms, there were no blind spots noted in the housing units. Cameras are located in all program areas and in the non-secure Jail Lobby. Both contract staff and trustees are allowed in that area. No video cameras are located in the freezers. Discussion with the Food Service Director and observation of the kitchen indicated that trustees are not allowed to enter the freezers without direct supervision. Cameras are located in all program areas and in the non-secure Jail Lobby.

The Pennington County Jail is in the process of constructing a new kitchen and laundry area. The interior will consist of tile floor and painted concrete walls. In order to stay within the county budget, inmates will make up a majority of the staff in the kitchen and laundry areas. The remodel will also consist of a parking area for first responders and jail employees. The new construction is going on outside of the secure area and will eventually be connected through a secure vestibule. The construction is not impacting jail operations. The auditor reviewed plans for the new construction. PREA standards were considered during the planning stages. Video cameras will be located throughout the area, including the freezers.

In addition to having all basic needs (meals, housing, clothing, clean linens, etc.) met, inmates are allowed and encouraged to access programs and work assignments without regard to the inmate's race, religion, national origin, sex, disability, or political view. Depending on volunteer and staff availability, the jail offers programs in a variety of areas including:

- 1. Recreation and leisure time activities;
- 2. Religious services;
- 3. Educational programs;
- 4. Chemical dependency programs;
- 5. Vocational counseling;
- 6. Informational groups regarding sexual abuse; and
- 7. Re-Entry programs through the Rebound Program.

A program room is located in the basement area of the facility. This room also serves as a video courtroom each morning. At least one Correctional Officer supervises inmates in this area. Additionally,

programs are broadcast through the monitors located in each housing unit.

Medical Offices are also located in the **sector** area of the jail. Inmates may request a medical appointment through the facility's kiosk system or my go through the Correctional Officer. Services include medical evaluation. If the inmate has reported previous sexual abuse, medical will work with the inmate to ensure he/she is provided additional medical treatment if needed. Medications for sexually transmitted diseases is provided to any inmate in need of such medication. The facility also provides testing for HIV and pregnancy. During the past audit period, the facility has housed transsexual inmates. If the inmate was in the process of transitioning and was on medication for that process prior to being placed in the jail, that inmate was provided all required medication. Using a medical cart, a medical staff member administers medication in each housing unit at least three times daily. Otherwise all prescriptions are securely maintained in the medical office. The facility does not conduct forensic exams for sexual abuse. However, a victim may remain in the medical office for the short period while awaiting transportation to the Rapid City Regional Hospital.

Dental services are also provided at the facility, which has a complete dental set-up, including a dental chair and equipment.

The Pennington County Jail conducts a mental health screening upon admission and a post admission mental health assessment of all inmates. Mental health services provided are approved by the mental health authority. Services provided include crisis intervention and management, which may result in counseling by medical or mental health staff; emergency committal to Rapid City Regional Hospital; or evaluation and treatment by a contract

# AUDIT FINDINGS

**Summary of Audit Findings:** 

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

| Number of standards exceeded: | 4  |
|-------------------------------|----|
| Number of standards met:      | 41 |
| Number of standards not met:  | 0  |

The Pennington County Jail has made remarkable efforts to comply with the PREA Standards and more so to make their best effort to ensure inmate sexual safety. Compliance at both the agency and facility level are exceptional. The two standards not met will require minor corrective action which is not to be overshadowed by the many areas in which the standards have been exceeded.

**Exceeds Standards: 4** 115.31 115.32 115.65 115.76 **Meets Standards:** 115.11, 115.12, 115.13, 115,14, 115.15, 115.16, 115.17, 115.18 115.21, 115.22 115.33, 115.34, 115.35 115.41, 115.42, 115.43 115.51, 115.52, 115.53, 115.54 115.61, 115.62, 115.64, 115.66, 115.68 115.71, 115.72, 115.73 115.77, 155.78 115.81, 115.82, 115.83, 115.84, 115,85, 115.86, 115.87, 115,88, 115.89 **Non-Compliance** 115.63 115.67

## Standards

#### **Auditor Overall Determination Definitions**

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

#### **Auditor Discussion Instructions**

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

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | Policy - 350.01 Zero Tolerance  |
|        | Policy - 350.02 Reporting   |
|        | Policy - 350.04 Investigations  |
|        | Policy - 350.03 Admission Assessment  |
|        | Policy - 350.05 Response to Sexual Assault, Harassment, Misconduct  |
|        | Policy - PCJ 350.01 Appendix I Definitions  |
|        | PCJ Org chart   |
|        | Memo to auditor regarding PREACoordinator   |
|        | Promotion Email   |
|        | Interviews:   |
|        | PREA Manager/Coordinator  |
|        | Jail Commander  |
|        | Security Captain  |
|        | Site Observations:  |
|        | All posts were staffed on each shift  |
|        | Findings (By Provision):  |
|        | 115.11(a)   |
|        | The Pennington County Jail is part of the Pennington County Sheriff's Department. The Sheriff approves all PREA policies for the jail.  |
|        | This provision of the standard requires that the facility have written policies that: mandate zero  |
|        | tolerance towards sexual abuse, include sanctions for those found to have participated in<br>prohibited behaviors, and describe agency strategies and responses to reduce and prevent<br>sexual abuse and harassment. Policy must include definitions of prohibited behaviors   |
|        | regarding sexual abuse and harassment. Policies provided to the auditor in the Pre-Audit<br>Questionnaire include all requirements of this standard. Policy 350.01 mandates zero<br>tolerance for any type of sexual abuse or harassment in the Pennington County Jail. The   |
|        | policy outlines how the facility will implement the agency's approach to preventing, and<br>responding to sexual abuse and sexual harassment, includes sanctions for those found to<br>have participated in prohibited behaviors, as well as a description of agency strategies and<br>responses to reduce and prevent sexual abuse and sexual harassment of inmates. PCJ |
|        | 350.01 Appendix I Definitions, provides definitions of prohibited behaviors.  |
|        | 115.11(b)<br>The Pennington County Sheriff's operates three residential facilities. The Juvenile Justice  |

The Pennington County Sheriff's operates three residential facilities. The Juvenile Justice Center and the Pennington County Jail are certified by PREA. The Juvenile Justice Center has a strong PREA Manager, and a separate position serves as the Pennington County Jail's (PCJ) PREA Manager/Coordinator. A review of the Organizational Chart initially caused concern because it did not appear that the PREA Coordinator/Manager had adequate authority to develop, implement, and oversee agency activities. The position reports to an Administrative Assistant III, who reports to the position of Commander, who reports then to the Chief Deputy. The Organizational Chart does not indicate that the PREA Coordinator has the authority to perform the job. However, the PREA Coordinator/Manager indicated that she had adequate time and authority to fulfill her duties as PREA Coordinator for the agency and PREA Manager for the facility. In the event she has a PREA concern, she goes directly to the Facility Commander or Security Captain who immediately works with her to resolve the issue. In a separate interview, the Jail Commander also stated that if the PREA Coordinator/Manager had a concern, it was immediately acted upon. The Jail Commander noted, and the auditor observed that the PREA Coordinator/Manager is included in all upper management meetings, including the classification meetings. The auditor observed documentation showing the PREA Coordinator's input related to PREA concerns relating to the facility's new construction. Her suggestions were adopted. Finally, the Jail Commander submitted a letter to the auditor confirming the PREA Manager/Coordinator's authority.

#### 115.11(c)

The PREA Coordinator/Manager also serves as the PREA manager for the PCJ. Although having one person serve as both PREA Coordinator and Manager is not a perfect situation, there are no rules against it. The Security Captain advised that the position of PREA Manager reports directly to him regarding day-to-day PREA issues, and these issues are immediately addressed. The PREA Coordinator/Manager advised that she has the time and authority to serve as the agency's PREA Coordinator/Manager.

| 115.12 | Contracting with other entities for the confinement of inmates  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:<br>Federal Contract with the Pennington County Jail<br>Monitoring Reports  |
|        | Interviews:<br>Jail Commander   |
|        | Site Review Observations:<br>PREA posters located in each housing unit  |
|        | Findings (By Provision):  |
|        | 115.12(a):<br>The Pennington County Jail contracts with the Federal Government to house Federal<br>detainees. During the tour, it was noted that PREA information was posted in each of the<br>housing units. Additionally, the contract includes a provision that allows periodic inspections by<br>Federal Government Inspectors. The most recent inspection was conducted on November 5,<br>2018 by the Contract Oversight Director and the Residential Reentry Manager. No deficiencies<br>were noted. The PCJ has no other contracts for the confinement of detainees. |
|        | 115.12(b):<br>The Federal contract with the PCJ requires compliance with the Prison Rape Elimination Act,<br>including posting PREA information in each housing unit. Such posters were located in each<br>housing unit.  |

| 115.13 | Supervision and monitoring   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | 1. Documents:  |
|        | Pennington County Jail (PCJ) Staffing Plan   |
|        | PCJ Post Checks Reports  |
|        | Pre-Audit Questionnaire  |
|        | PCJPolicy110.09 Position Control-Staffing  |
|        | Email – Cameras in Interview rooms   |
|        | 2. Interviews:   |
|        | PREA Coordinator/Manager   |
|        | Jail Commander   |
|        | Random Correctional Officers (CO) and CO   |
|        | Targeted Staff Interviews  |
|        | Random Inmate Interviews   |
|        | 3. Site Review Observations:   |
|        | All posts were staffed on each shift   |
|        | 115.13(a)  |
|        | $\label{eq:provided} FCJ provided the facility's staffing plan and facility population information in their response to$ |
|        | the Pre-Audit Questionnaire. Since the last audit, the average daily population at the facility                          |
|        | has been 626. As a result, the facility's staffing plan is based on an average daily number of 626 inmates.              |
|        | The staffing plan dated May 14, 2019 was developed by the Pennington County Sheriff, Jail                                |
|        | Commander, PREA Coordinator/Manager, and Pennington County Sheriff's Department Chief                                    |
|        | Deputy. The staffing plan states that in developing the plan, staff considered: generally                                |
|        | accepted detention and correctional practices; any judicial findings of inadequacy; any findings                         |
|        | of inadequacy from Federal investigative agencies; all components of the facility's physical                             |
|        | plant including "blind-spots" or areas where staff or inmates may be isolated; The composition                           |
|        | of the inmate population; the number and placement of supervisory staff; facility programs                               |
|        | occurring on a particular shift; any applicable State or local laws, regulations, or standards; the                      |
|        | prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any relevant                              |
|        | factors.   |
|        | The Pennington County Jail (PCJ) is a 662-bed facility. The facility has 12 housing units which                          |
|        | are comprised of 23 cellblocks. The auditor observed that one housing unit can be configured                             |
|        | into either two or three cellblocks. Configuration depends on the number and classification                              |
|        | type of inmates placed in the jail. The auditor observed that the housing unit provides                                  |
|        | adequate supervision through Correctional Officers and video monitoring, regardless cellblock configuration.             |
|        | The PC Lutilizes 226 Analog and digital security espects. The espectacion used in housing                                |

The PCJ utilizes 236 Analog and digital security cameras. The cameras are used in housing units with a view of common areas, officer's stations, recreation areas, and programming

areas (where applicable). Outside the housing unit cameras are used in movement areas and locations that inmates have access to (kitchen, laundry, programming, booking area). Security cameras assist staff with the monitoring of inmates and unannounced Post Checks by supervisory staff.

In considering staff deployment, the physical plant was taken into consideration. In particular, the staffing plan dictates that scheduling accounts for the number of staff needed for essential positions. Staffing levels are determined on an ongoing basis to ensure inmates have access to staff, programs, and services.

## 115.13(b)

The facility makes its best efforts to comply with the approved PREA Staffing Plan. Based on documentation provided on the Pre-Audit Questionnaire and upon interview with the Facility Director, in the past 12 months, there were no times that there were deviations to the staffing plan; therefore, this provision of this standard is not applicable to this facility. If a security position was vacated for any reason, the facility has complied with the plan by providing overtime to staff if another staff member is unable to come on duty. In cases of severe weather (including snowstorms) the Sheriff's Office has dispatched Deputies to bring staff to work.

## 115.13(c)

The staffing plan was developed as a result of the facility's initial PREA audit. Since that time the facility leadership continuously reassess the need for additional supervision through staff supervision or video monitoring. For example, on May 29, 2019, the Support Captain submitted an email that requested cameras installation in the interview rooms. Interviews with the Jail Commander and Security Captain confirmed that such cameras are being considered. It is noted that 'Shift relief factors' are activated based on the inmate population. Staff positions are identified, and supervisors ensure all required posts are covered and operated according to post orders. Post orders are reviewed annually to ensure compliance with applicable laws and PREA standards.

## 115.13(d)

PCJ Policy 300.05(B)(1)(b) states that unannounced rounds by higher-level are conducted to "Check for issues related to the Prison Rape Elimination Act of 2003 and sanitation issues that need to be corrected". Policy further prohibits staff from alerting other staff that rounds are being conducted. Interviews with random and targeted staff, a random number of inmates, and a review of the shift logs confirmed that the unannounced visits occur.

| 115.14 | Youthful inmates  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | Daily Classification Reports  |
|        | Sheriff's Department Annual Report - 2018   |
|        | Interviews:   |
|        | Jail Commander  |
|        | PREA Coordinator/Manager  |
|        | Targeted Interview Booking Tech   |
|        | Random Interview Booking Supervisor   |
|        | Site Observations:  |
|        | No juveniles were observed  |
|        | Findings - All Provisions:  |
|        | 115.14(a), 115.14(b), 115.14(c):  |
|        | In addition to the jail, the Pennington County Sheriff's Department operates the Western South                        |
|        | Dakota Juvenile Services Center (WSDJSC) which serves as the county's juvenile detention                              |
|        | center. Upon arrest, youthful offenders, under the age of 18 are transported to the WSDJSC.                           |
|        | Services provided to juveniles are discussed in the Pennington County Sheriff's Department                            |
|        | 2018 Annual Report.   |
|        | The PCJ Daily Classification Report includes the age of each inmate. A review of random Daily                         |
|        | Classification Reports indicated no one under the age of 18 was placed in the jail. Interviews                        |
|        | with booking techs, booking supervisor, and administrators verified that youthful detainees are placed at the WSDJSC. |
|        | Since youthful detainees are not placed in the PCJ, none of the provisions in this standard were applicable.          |

| 115.15 | Limits to cross-gender viewing and searches   |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance decision   |
|        | Documents:  |
|        | PCJ 300.12 Strip Searches (115.15(a))   |
|        | PCJ 300.12.1: Pat Searches  |
|        | PCJ 300.02: Inmate Supervision  |
|        | PCJ PREA Training Power Point/Lesson Plan Notes   |
|        | Interviews:   |
|        | Targeted Staff – Booking Tech, Correctional Officer   |
|        | Random Staff – Correctional Officer, PREA Coordinator   |
|        | Targeted Inmates – Victim of substantiated PREA complaint, bisexual inmate  |
|        | Random Inmates  |
|        | Site Review Observances:  |
|        | Pat down searches   |
|        | Body Scanner  |
|        | Showers in each cellblock   |
|        | Findings (By Provision):  |
|        | 115.15(a):  |
|        | Pennington County Jail Policy 300.12 describes circumstances in which a strip search may be   |
|        | conducted. Policy prohibits cross-gender strip searches unless exigent circumstances existed.   |
|        | Information provided to the auditor in the Pre-Audit Questionnaire indicated that no cross-   |
|        | gender strip searches have been conducted during the past 12 months. Interviews with  |
|        | random and targeted inmates and staff confirm that cross-gender strip searches are never performed.   |
|        | performed.  |
|        | 115.15(b):  |
|        | PCJ Policy 300.12.1 requires that male officers may only conduct pat-down searches of male  |
|        | inmates. The policy further specifies that female staff members may conduct pat-down  |
|        | searches of both male and female inmates. If there are no female staff members available to   |
|        | conduct pat searches on females attending programs outside of their housing unit, female<br>inmates may walk from their housing unit to the booking area where a female officer will be |
|        | available to conduct the search. Cameras are used to track the inmates from the moment they   |
|        | leave the unit to their arrival in the booking area. Additionally, entrance and exits from  |
|        | vestibules are controlled by the central control officer, who allows only one door to be open at  |
|        | a time. Female inmates confirmed that they are never pat searched by male staff. They   |
|        | advised that they have not missed or been delayed in attending a program due to waiting for a   |
|        | female staff member. Interviews with random male and female correctional officers indicated   |
|        | that males do not pat search females. Information provided by the PCJ for the Pre-Audit   |
|        | Questionnaire indicated that no female inmates have been pat searched by males during the   |
|        |   |

past 12 months.

#### 115.15(c):

PCJ Policy 350.12 Strip Searches, prohibits cross-gender strip searches except in exigent circumstances. All strip searches are documented in the inmate's contact journal. The auditor saw no documentary evidence that cross-gender strip searches are conducted at the facility. None of the inmates interviewed had undergone a cross-gender strip search. Likewise, male and female correctional officers interviewed were familiar with the strip search policy and confirmed that cross-gender strip searches are not conducted in the PCJ. PCJ Policy 300.12.1(D)(1) states that male Correctional Officers may pat search female inmates when a female Correctional Officer is not available and officer safety is an immediate concern. Policy 300.12(D)(2) requires that any such incident be documented in an Incident Report. According to information provided in the Pre-Audit Questionnaire indicates that no incidents of a male Correctional Officer pat searching a female inmate have occurred. The Field Training Officer interviewed stated that he emphasizes the importance of professionalism and boundaries when training new officers. Male Correctional Officers interviewed stated that they have never conducted a cross-gender pat search. One female interviewed was amused that the auditor asked about cross-gender pat searches. Her amusement came from the fact that she believed the male Correctional Officers would never consider pat-searching females.

#### 115.15(d):

PCJ has implemented policies and procedures to ensure that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). The auditor observed that each housing unit contained two side-by-side showers on the first and second levels. Only one inmate at a time is allowed to shower, and inmates can shower at any time they are out of their cells. Shower curtains allow for privacy in the event a staff member, during the course of his/her duties walk into the shower room. Every inmate interviewed agreed that they have privacy. They noted that the shower area is strictly monitored. In the very rare instance that another inmate walks into the shower, a Correctional Officer immediately removes them. A few of the female inmates complained that they wanted to meet another inmate in the shower so they could "braid each other's hair" but were not allowed to do so - and they had tried. Policy PCJ 300.02: Inmate Supervision includes the use of either a verbal announcement or doorbell tone to announce visitors of the opposite sex in the housing units. Prior to entering male housing units, the auditor heard to tone that notified inmates of her presence. The auditor followed-up by asking a random number of inmates if they knew she was going to enter the unit. Inmates advised that they had heard the "sound".

## 115.15(e):

The auditor learned from the Jail Commander that a transgender inmate had been admitted in the 12-month pre-audit reporting period. Discussions thereof were consistent with policy requirements and the prohibition of physical examination to determine genital status. Random staff consistently reported knowledge of the policy prohibiting this type of examination of transgender inmates. At the time of the onsite review, there were no transgender inmates at the facility.

115.15(f):

As indicated in the PREA Training PowerPoint and Lesson Plan Notes, all staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. PCJ has installed and makes use of a body scanner in the booking area. Booking techs advised that use of the body scanner has greatly reduced the need to conduct strip searches. Random and targeted inmate interviews indicate that strip searches are conducted privately with a staff member of the same sex. There were no complaints about the way such searches are conducted. Booking techs advised that if an inmate identified as transgender, the inmate's views of having a male or female officer to conduct a pat search would be considered and adhered to when possible.

| 115.16 | Inmates with disabilities and inmates who are limited English proficient  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance decision   |
|        | Documents:  |
|        | Inmate Handbook – Spanish and English versions  |
|        | PCJ Policy 340.11: Medical, Mental, and Physically Impaired Inmates   |
|        | PCJ Policy 400.02: Classification<br>PCJ Policy 350.01: Zero Tolerance  |
|        | Inmate Screening Form   |
|        | PREA Training PowerPoint and Lesson Plan notes  |
|        | Interviews:   |
|        | Jail Commander  |
|        | PREA Coordinator/Manager  |
|        | Targeted Inmates  |
|        | Targeted Staff – Booking Officer, Security First Responder  |
|        | Site Review Observations:   |
|        | PREA Posters (English and Spanish) in every housing unit  |
|        | TTY Machine   |
|        | Findings (By Provision):  |
|        | 115.16(a):  |
|        | PCJ Policy 340.11 (I) requires that jail staff identify and make accommodations for inmates   |
|        | with special needs to ensure the inmate's safety, security, and access to services and  |
|        | programs. Policy continues to provide procedural guidelines (340.11 [IV]) to identify during  |
|        | Intake whether there is a mental or physical impairment, whether the inmate is referred for   |
|        | medical or mental health services, as well as staff involved in developing a housing plan.  |
|        | During the Booking/Intake Screening process, the booking tech reads a statement of the PREA process to the inmate. The statement includes notification of the facility's zero-tolerance |
|        | policy. During the post-audit phase, the statement was expanded to notify inmates of reporting  |
|        | methods. PCJ Policy 350.01 (D) states that all inmates will receive information explaining the  |
|        | facility's zero-tolerance of sexual abuse/harassment/misconduct and ways of reporting upon  |
|        | intake and more comprehensive education will occur within the specified time frame. Policy  |
|        | also states that education will be provided in formats accessible to all inmates, i.e., English   |
|        | and Spanish. Finally, policy states that PREA posters and Inmate Handbooks containing key   |
|        | information will be continuously available and visible for inmates. During the site review, the   |
|        | auditor observed Spanish and English PREA posters in every housing unit.  |
|        | The auditor learned that the facility has established procedures to ensure inmates with   |
|        |   |

disabilities (including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to benefit from the agency's PREA compliance efforts. Specifically, all inmates are provided with the Inmate Handbook in which PREA information is provided. The Handbook is available in both Spanish and English. The auditor observed the Orientation Video which includes information about the facility's PREA program and is shown daily in each housing unit. The video is closed-captioned for hearing-impaired inmates and is available in both Spanish and English. Additionally, if an inmate is visually impaired or has limited English proficiency, staff will read the Handbook to them and discuss the material with them. Spanish speaking staff are available to read and discuss the Spanish version of the Handbook.

Inmates who are hearing-impaired have access to the TTY machine which is located in the booking area.

Targeted inmate interviews corroborated the facility's stated practice. Inmates were able to articulate information provided to them regarding sexual abuse and sexual harassment. Additionally, interviews with booking/intake staff and a random number of Correctional Officers confirmed their awareness of policy and procedures relating to providing PREA information and access to PREA programs to inmates with disabilities.

#### 115.16(b):

Policy 400.02, Page 1, III provides that all inmates are given an Inmate Handbook, which is also available in Spanish. Policy also requires that an orientation video is shown daily in each has housing unit. Inmates unable to understand English will have an interpreter arranged through the Shift Supervisor. If an inmate is visually impaired or has limited English proficiency, staff will read the Handbook to them and discuss the material with them. Spanish speaking staff are available to read and discuss the Spanish version of the Handbook. Every attempt is made to have a Spanish speaking staff member available on each shift. If a staff member is unavailable, the Shift Supervisor is notified. The supervisor will contact a community agency for translation assistance.

The Jail Commander spoke knowledgeably about procedures for inmates that are limited English proficient and indicated that the facility ensures an orientation in which critical information is effectively conveyed, so the inmate can comprehend information provided but also to ensure the facility can obtain critical information from the inmate.

#### 115.16(c):

PCJ Policy 350.01: Zero Tolerance requires that all staff and volunteers having contact with inmates will be trained on the Prison Rape Elimination Act (PREA). The auditor observed documentation indicating that all staff are trained prior to being allowed to be alone with an inmate. A review of the PowerPoint PREA presentation and Lesson Plan notes show that the provision that does not allow inmates to serve as interpreters is taught to all new employees and volunteers.

Interviews with a security first-responder confirmed his knowledge of this provision. The targeted interview with a LEP inmate confirmed that he was aware of the facility's programs to prevent, detect, and respond to sexual abuse and sexual harassment.

| 115.17 | Hiring and promotion decisions   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance decision:   |
|        | Documents:   |
|        | Global Policy GP 2-23: Background Investigation Pre-Employment and Pre-Volunteer<br>Global Policy GP 2-23: Appendix A: Prison Rape Elimination Act Prisons and Jail Standards<br>Personnel Files – Background Checks   |
|        | Interviews:  |
|        | Human Resources Director   |
|        | Jail Commander   |
|        | Random sample of facility staff<br>Food Services Director  |
|        | Site Observations:   |
|        | Findings (By Provisions):  |
|        | 115.17(a):   |
|        | Based on Policy Global Policy GP 2-23: Background Investigation Pre-Employment and Pre-<br>Volunteer the agency prohibits hiring or promoting anyone who may have contact with inmates<br>and prohibits enlisting the services of any contractor who may have contact with inmates who<br>have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility<br>or other institution. It also prohibits hiring or promoting anyone who has been convicted of<br>engaging or attempting to engage in sexual activity in the community or who has been civilly<br>or administratively adjudicated to have engaged in these activities. |
|        | The Human Resources Director is an employee of the Pennington County Sheriff's<br>Department and coordinates the hiring of all agency employees, including the Pennington<br>County Jail. The H.R. Director advised that after the facility's initial PREA audit, the agency<br>decided to incorporate all PREA standards into its hiring and promotion policies and practices.<br>The Director was so familiar with the PREA Standards and their practice implications that she<br>answered the auditor's questions without the auditor having to ask.  |
|        | 115.17 (b):  |
|        | The Pennington County Sheriff's Department considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.  |
|        | 115.17(c)(d):  |
|        | GP 2-23 Appendix A ensures that PREA Standard 115.17 is followed in making all hiring and promotion decisions. Policy requires that the agency:  |
|        | 1. Performs a criminal background records check before enlisting the services of any   |

1. Performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates;

2. Conducts criminal background checks at least every five years for current employees and contractors; and

3. Askall applicants directly about previous misconduct and impose upon employees a continuing affirmative duty to disclose any such misconduct.

The Director of Human Services advised that in addition to conducting criminal background checks for potential employees, contractors, and volunteers, a thorough background investigation is conducted by individuals specifically trained in background investigation techniques. In most cases, investigations are assigned to persons contracted by the Sheriff's Office for this purpose. The investigator reviews all criminal background checks, as well as reviews the answers given by the employee on the Pre-Employment Questionnaire for veracity. The investigator further contacts all references, as well as prior employers, including institutions. Background checks are conducted on current employees and contractors.

The Director of Food Services, who is a contract employee clearly articulated that prior to hiring a new food service employee, that person must go through the same hiring process as any PCJ employee.

During the past twelve months, 45 background checks have been conducted on employees and 4 criminal background checks have been conducted on contractors.

## 115.17(e):

Global Policy GP 2-23: Appendix A: Prison Rape Elimination Act Prisons and Jail Standards (E) requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. The H.R. Director confirmed that the agency's procedure is to conduct criminal background checks every five years for all employees.

## 115.17(f):

All applicants, employees, contractors, and volunteers are asked about previous misconduct in written applications or interviews for hiring and promotions and in interviews or written selfevaluations conducted as part of an employee's evaluation. The agency also imposes on employees a continuing affirmation duty to disclose such information.

A review of the hiring forms and interviews with a random number of staff confirmed the facility's compliance with this provision.

# 115.17(g):

Global Policy GP 2-23: Appendix A: Prison Rape Elimination Act Prisons and Jail Standards (G) mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

## 115.17(h):

An effort is made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassments or any resignations during a pending investigation of an allegation of sexual abuse or sexual harassment. The investigator either

| 115.18 | Upgrades to facilities and technologies  |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance decision:                         |
|        | Documents:   |
|        | Construction Project Review Meeting Notes  |
|        | Black Creek Integrated Systems (BCIS) – Bid Proposal   |
|        | Black Creek Integrated Systems – Project Completion  |
|        | Interviews:  |
|        | Jail Commander   |
|        | PREA Coordinator/Manager   |
|        | Security Captain   |
|        | Site Observations:   |
|        | Analog and Digital Cameras   |
|        | New Construction   |
|        | Findings (By Provisions):  |
|        | 115.18(a):   |
|        | At the time of the audit the Pennington County Jail was undergoing construction for expansion, |
|        | including a new kitchen area. A review of construction-related memos and interviews with the   |
|        | Jail Commander and PREA Coordinator/Manager confirmed that the facility is considering         |
|        | PREA standards in making construction decisions. Specifically, the facility considered PREA in |
|        | making the determination that the walk-in freezers in the new kitchen will be equipped with    |
|        | cameras.   |
|        | 115.18(b):   |
|        | The Pennington County Jail uses 236 Analog and Digital security cameras, an increase of 134    |
|        | cameras since the previous audit.  |

| 115.21 | Evidence protocol and forensic medical examinations   |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | 350.04 Investigations (a) 2   |
|        | 350.05 Response to Sexual Assault, Harassment, Misconduct (c) 5   |
|        | PCJ 300.11.2 Evidence Procedures- Criminal Prosecution (115.21(a))<br>Investigation Reports   |
|        | Interviews:   |
|        | Targeted Staff Interviews – Investigator, Medical Charge Nurse  |
|        | Sheriff's Department Investigators  |
|        | Random and Targeted Inmate Interviews   |
|        | Jail Commander  |
|        | Security Chief  |
|        | PREA Coordinator/Manager  |
|        | Findings (By Provisions):   |
|        | 115.21(a):  |
|        | Based on Policy 350.04 the Pennington County Jail is responsible for administrative   |
|        | investigations into sexual abuse, harassment, and misconduct investigations. There are three  |
|        | trained facility investigators responsible for conducting administrative investigations of sexual   |
|        | abuse and sexual harassment at the Pennington County Jail. If a criminal investigation is   |
|        | warranted, the investigation is turned over to the Pennington County Sheriff's Department.  |
|        | The agency/facility follows a uniform evidence protocol that maximizes the potential for  |
|        | obtaining usable physical evidence and fulfill all requirements of this standard. In both policy  |
|        | and practice, Pennington County Jail refers any accusation of sexual abuse that may be  |
|        | criminal in nature to law enforcement. The local Police Department Investigators and Pennington County Sheriff's Investigators are housed together at the Sheriff's Department, |
|        | located adjacent to the Jail. The two Departments have a cooperative working relationship.  |
|        | The Sheriff's lead investigator assigns alleged sexual abuse cases from the jail to either  |
|        | Sheriff's Department or Police Investigator. All investigators assigned to sexual abuse cases   |
|        | have received extensive subject training from their own departments, as well as from on-line  |
|        | PREA training. The protocols were 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 a   |
|        | similarly comprehensive and authoritative protocols developed after 2011. The lead  |
|        | investigator tracks all investigations to ensure all protocols have been followed. All  |
|        | investigators assigned to sexual abuse cases have received extensive subject training from  |
|        | their own departments, as well as from on-line PREA training. The protocols were 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 a similarly comprehensive and authoritative  |
|        | 35  |

protocols developed after 2011. The lead investigator tracks all investigations to ensure all protocols have been followed.

# 115.21(b):

The protocol followed is based on the most recent edition of the 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.

## 115.21 (c):

As provided in PCJ Policy 350.05, victims of sexual abuse have access to forensic medical examinations. Although forensic exams are not conducted at the facility, inmates in need of forensic exams are transferred to the Rapid City Regional Hospital where there are SANE nurses available for a forensic exam at no cost to the inmate. The Sheriff's Department has entered into a Memorandum of Understanding with SANE. The MOU states that forensic exams will be conducted either by SANE or a qualified medical practitioner at the Rapid City Regional Hospital. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were no referrals of inmates for forensic exams.

## 115.221 (d):

The above noted MOU was developed to promote the compassionate and just treatment of victims and survivors. Victim Advocate services are included in the MOU. All victims are offered counseling and support services through either a victim advocate, facility mental health staff, or a qualified community-based organization staff member. The investigator ordinarily arranges transportation and ensures that a SANE or SAFE nurse will be at the hospital for the examination. The MOU between the Sheriff's Office and Working Against Violence, Inc., SANE, and the Pennington County State's Attorney was developed to promote the compassionate and just treatment of victims and survivors. Victim Advocate services are included in the MOU. All victims are offered counseling and support services through either a victim advocate, facility mental health staff, or a qualified community-based organization staff member. The law enforcement criminal investigator refers the victim for support services.

## 115.21(e):

As provided in the MOU, law enforcement and a victim advocate will respond to all reports of sexual assault which meet law enforcement requirements.

## 115.21(f):

The Penning County Sheriff's Department (PCSD) includes a unit devoted to criminal investigations of sex crimes and domestic violence. Investigators from the Rapid City Police Department are housed with the Sheriff's Department's investigators. Criminal investigations of sexual abuse are assigned by the lead PCSD investigator. Assignments are based on the investigator's workload, not the agency of employment. Investigators from both agencies use the same investigative protocol, which conforms to all provisions of this standard.

## 115.12(g):

The only other entity to investigate incidents of sexual abuse at the PCJ is the Grand Rapids Police Department. As previously discussed, investigators from the county and police department work closely together. Police investigators follow all provisions included in this standard.

# 115.12(h):

All investigators and medical/mental health staff undergo a rigorous background investigation and subsequent training specific to their jobs and PREA Standards. Persons unsuitable for a specific job position are screened out during the hiring process. In addition to PREA training, medical and mental health staff are provided with additional training specific to PREA/Medical and Mental Health requirements. Interviews with medical and mental health staff, as well as a review of training records confirmed the facility's compliance with this provision.

| 115.22 | Policies to ensure referrals of allegations for investigations   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents  |
|        | 350.04 (a) Investigations  |
|        | 350.05 Response to Sexual Assault, Harassment, Misconduct (c) 5  |
|        | PCJ 300.11.2 Evidence Procedures- Criminal Prosecution (115.21(a))   |
|        | Penning County Sheriff's Department Law Enforcement Policy, Section 600, Investigations:<br>http://docs.pennco.org/docs/SO/policies/lepolicies |
|        | PCJ Policies available on website:   |
|        | http://docs.pennco.org/docs/SO/Jail/SecurityRestrictedPoliciesx.pdf.r /> Investigation Reports   |
|        | Interviews:  |
|        | Targeted Staff Interviews – PCJ Investigator   |
|        | Sheriff's Department Investigators   |
|        | Random and Targeted Inmate Interviews  |
|        | Jail Commander   |
|        | Security Chief   |
|        | PREA Coordinator/Manager   |
|        | Findings (By Provisions):  |
|        | 115.22(a)(b):  |
|        | PCJ Policy 350.04 (a): Investigations outlines the policy and procedures for investigating and   |
|        | documenting incidents of sexual abuse. The policy clearly states that the facility will conduct  |
|        | an administrative investigation on all reports of sexual abuse/harassment, and allegations   |
|        | indicating criminal activity are immediately turned over to law enforcement. The Sheriff's   |
|        | Department's Law Enforcement policies detail investigatory protocols, including evidence   |
|        | collection, maintenance, and storage. The agency ensures that an administrative or criminal  |
|        | investigation be completed for all allegations of sexual abuse and sexual harassment. The  |
|        | facility investigators are responsible for conducting administrative investigations of allegations   |
|        | of sexual abuse and sexual harassment. The facility documents all allegations of sexual abuse  |
|        | 27   |

and sexual harassment. As provided in the PAQ, 35 allegations of sexual abuse and sexual harassment were received. Eighteen of those allegations were referred for criminal investigation. When the PAQ was submitted 33 of the 35 referrals to law enforcement had been completed and two were in the process of being investigated, When the auditor arrived for the on-site audit, all criminal investigations were completed. Immediately upon receipt of the criminal investigation results, an administrative investigation is completed.

The Law enforcement policies related to investigations are located on the Sheriff Department's website at http://docs.pennco.org/docs/SO/policies/lepolicies.pdf. Pennington County Jail Policies relating to criminal and administrative investigations are located at http://docs.pennco.org/docs/SO/Jail/SecurityRestrictedPoliciesx.pdf. Both policies are easily accessible to the public.

# 115.22(c):

In both policy and practice, Pennington County Jail refers any accusation of sexual abuse that may be criminal in nature to law enforcement for investigation by either the Sheriff's Department or the Rapid City Police Department. The local Police Department Investigators and Pennington County Sheriff's Investigators are housed together at the Sheriff's Department, located adjacent to the Jail. The two Departments have a cooperative working relationship wherein the Sheriff's lead investigator assigns alleged sexual abuse cases from the jail to either Sheriff's Department or Police Investigator. All investigators assigned to sexual abuse cases have received extensive subject training from their own departments, as well as from on-line PREA training.

115.22(d): The auditor is not required to audit this provision.

115.22(e): The auditor is not required to audit this provision.

| 115.31 | Employee training  |
|--------|--|
|        | Auditor Overall Determination: Exceeds Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | Policy 350.01: Zero Tolerance  |
|        | Random Sample of PREA Training   |
|        | Interviews:  |
|        | PREA Coordinator/Manager   |
|        | Random Number of staff   |
|        | Site Review Observations:  |
|        | Findings (By Provision):   |
|        | PREA Posters in each housing unit  |
|        | Findings:  |
|        | 115.31(a), (b), (c), (d)   |
|        | PCJ 350.01: Zero Tolerance addresses PREA training for employees, stating: "All staff and  |
|        | volunteers having contact with inmates will be trained on the Prison Rape Elimination Act.   |
|        | Each employee will receive refresher training every two years. Current policies regarding  |
|        | sexual abuse/harassment/misconduct will be provided yearly". The facility's training was   |
|        | developed using the PREA Resource Center's New Mexico Module and contains all ten  |
|        | required elements. The PCJ has gone one step further in developing PREA training curriculum  |
|        | by incorporating a substantiated PREA incident of staff on inmate sexual abuse into their  |
|        | training. Computer based Relias training is used for the PREA refresher courses.   |
|        | Information compiled from random staff interviews indicated that the training is effective. Staff<br>articulated all training elements well. Staff responses, knowledge, and awareness indicated an<br>advanced knowledge of some of the training such as: LGBTI (lesbian, gay, bisexual,<br>transgender, and intersex) inmates, LGBTI terminology, pat down searches and treatment of<br>LGBTI inmates, and their response to an allegation. Staff interviewed were able to articulate<br>the intent or purpose of PREA compliance efforts; the "why" behind the, training. |
|        | Review of the curriculum indicated that it is tailored to the population of the facility; male and   |
|        | female inmates. Slides 21 to 24 discusses the differences in sexual abuse dynamics that staff  |
|        | can expect from male inmates as opposed to female inmates. All staff receive training related  |
|        | to sexual abuse dynamics of both males and females so they can be assigned to either male  |
|        | of female housing units. A random number of staff interviewed stated that they have assigned   |
|        | to both housing units and were equally comfortable supervising males or females.   |
|        | The auditor was given access to staff PREA records. One form, titled Acknowledgement of  |
|        | Prison Rape Elimination Act (PREA Training) documented whether the employee attended   |
|        | PREA class or completed the online course, and that the employee understood the training   |
|        | and their responsibility related thereto. Employees who had been there more than a year had  |
|        | 39   |

one of these training acknowledgements for each year. The second training acknowledgement form, titles PREA Training Acknowledgement, had a summary of what the employee had heard, viewed, and received during the PREA training, accounted for whether the training was pre-service or annual training, and whether it was online training, specialized training, or instructor-led. Every selected employee had a signed and dated PREA Training Acknowledgment. A second form, titled Course Completion was a computer-generated form that listed all staff members that had completed a PREA training course. The PREA Coordinator/Manager stated that all staff had completed their PREA training requirements.

By including the facility related PREA incident into the PREA training, the PCJ has gone above and beyond the normal channels to make the training interesting, relevant, and personal. Staff articulation of the required training elements as well as the facility's inclusion of a facility related PREA incident into their PREA training program exceed this standard.

| 115.32 | Volunteer and contractor training   |
|--------|---|
|        | Auditor Overall Determination: Exceeds Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:                         |
|        | Documents:  |
|        | PCJ 350.01: Zero Tolerance  |
|        | Volunteer Training Acknowledgement  |
|        | PREA Information Card for Volunteers, Contractors, and Professionals                                |
|        | Interviews:   |
|        | PREA Coordinator/Manager  |
|        | Volunteer   |
|        | Targeted Staff Interview – Food Service Director (Contracted)                                       |
|        | Office Manager  |
|        | Site Review Observations:   |
|        | Receptionist providing PREAtraining to a volunteer  |
|        | Findings (By Provision):  |
|        | 115.32(a)   |
|        | PCJ 350.01: Zero Tolerance addresses PREA training for employees, stating: "All staff and           |
|        | volunteers having contact with inmates will be trained on the Prison Rape Elimination Act.          |
|        | Each employee will receive refresher training every two years Volunteers will receive               |
|        | refresher training yearly". The facility's training was developed using the PREA Resource           |
|        | Center's New Mexico Module and contains all ten elements required for staff training. The PC.       |
|        | has gone one step further in developing PREA training curriculum by incorporating a                 |
|        | substantiated PREA incident of staff on inmate sexual abuse into their training. Formal             |
|        | volunteer training is conducted once a year. The PREA portion of the training is the same that      |
|        | is utilized for PCJ staff.  |
|        | Approved volunteers that have not undergone the formal training, receive training when they         |
|        | check in to the facility. In fact, all volunteers are provided with verbal and written PREA         |
|        | information when they check in to the Pennington County Jail. The receptionist discusses the        |
|        | information, has the volunteer sign the Volunteer Acknowledgement, and subsequently gives           |
|        | the volunteer the "green card" to carry while in the facility. The card, titled PREA Incident First |
|        | Response Guide includes definitions of Sexual Harassment/Misconduct and Abuse. The PREA             |
|        | Incident First Response Guide is given to the volunteer in exchange for the volunteer's driver's    |
|        | license. After the volunteer's visit, he/she returns the card for his/her license. The auditor      |
|        | observed a volunteer being checked into the facility, including being provided with both verbal     |
|        | and written information and exchanging her license for a PREA Incident First Response Guide         |
|        | and signing the PREA Volunteer Acknowledgement.   |
|        | There is a PPEA sign in the lobby area, where volunteers check in to the facility. The sign         |

There is a PREA sign in the lobby area, where volunteers check in to the facility. The sign notifies visitors of the facility's zero-tolerance policy and provides information on how to report sexual abuse/harassment.

The volunteer interviewed was able to discuss the duty to report. She knew to look to the PREA Incident First Response Guide if she had any questions. The receptionist interviewed was able to clearly articulate her responsibilities under PREA. She was very knowledgeable about the process of ensuring volunteers were provided verbal and written information regarding PREA requirements.

The Pennington County Jail contracts with Summit to provide food services. All Food Services employees are considered contract employees and undergo the same training as employees. The Food Services Director was very knowledgeable of PREA requirements. He discussed the importance of ensuring contract employees were trained on and understood PREA, because employees had the responsibility of supervising trustees assigned to food services.

#### 115.31(b):

All volunteers and contractors receive the same level of training as PCJ employees. All volunteers and contractors undergo a background check before being allowed to enter the facility. If a volunteer has not attended the formal PREA training – held once a year – that volunteer receives training on the facility's zero-tolerance policy and reporting requirements before being admitted to the facility.

The Penning County Jail goes further than the standard requires by ensuring that every volunteer, regardless of the nature of his duties receive PREA training each time he or she comes into the facility. Some volunteers have no contact with inmates. Instead they broadcast their program (AA, NA, etc.) through the television monitor located in each housing unit. These volunteers are given PREA information even though they don't have direct contact with inmates.

# 115.32(c):

The facility provided all PREA training record documentation requested by the auditor. As a result, the auditor reviewed PREA Training Acknowledgments for volunteers and contractors. All information was signed by the volunteer/contractor.

# Overall standard compliance:

During the audit period, there was a substantiated PREA incident of staff on inmate sexual abuse. The facility immediately investigated and the employee was terminated. The employee was tried and convicted in a court of law. The Pennington County Jail has incorporated the incident into their training program fcr employees, contractors, and volunteers. The auditor considers that this addition to the training makes the pre-service and refresher training more relevant to the employees, contractors, and volunteer than a normal PREA course would have been. The auditor considered that the facility has gone above and beyond the normal channels to make the training interesting, relevant, and personal, and volunteers and contract staff and the ability of the volunteer and contract staff to articulate the required training elements into the decision to find the facility exceeds the requirements of this standard.

Corrective Action: None required.

| 115.33 | Inmate education  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | PCJ Policy 350.01: Zero Tolerance   |
|        | Inmate Handbook (English and Spanish versions)  |
|        | Working Against Violence, Inc. Pamphlet   |
|        | Inmate Acknowledgement  |
|        | Interviews:   |
|        | Random Number of Inmates  |
|        | Targeted Staff – Booking Tech   |
|        | Random Staff Interview – Correctional Officer   |
|        | Site Review Observations:   |
|        | Orientation Video   |
|        | Inmate Kiosks   |
|        | Findings (By Provision):  |
|        | 115.33(a), (b)  |
|        | PCJ Policy 350.01: Zero Tolerance requires that all inmates receive information explaining the  |
|        | facility's zero-tolerance of sexual abuse/harassment and ways to report during the first 72   |
|        | hours then more comprehensive education to follow within the specific time frame. During the  |
|        | initial intake screening, they can read or are read a statement informing them of the facility's  |
|        | zero tolerance policy. The auditor observed that the statement didn't include reporting   |
|        | information. Information provided in the Pre-Audit Questionnaire indicated that during the past   |
|        | 12 months, 13,518 inmates have been processed through booking/intake. All have been provided with PREA information  |
|        |   |
|        | The auditor observed an inmate being given an Inmate Handbook which contains PREA   |
|        | information during the Booking/Intake process. Inmates sign for the Handbook on the property accountability form.   |
|        |   |
|        | Housing units/cell blocks are assigned through a classification officer within 72 hours of  |
|        | admission. The number of those inmates admitted during the past 12 months (whose length of  |
|        | stay in the facility was for 30 days or more) who received comprehensive education on their   |
|        | rights to be free from both sexual abuse and sexual harassment and retaliation for reporting  |
|        | such incidents and on agency policies and procedures for responding to such incidents within  |
|        | 30 days of intake is, as reported by the PREA Coordinator/Manager 1641 – 100% of inmates  |
|        | housed. Regardless of the housing assignment, PREA information is provided daily as part of   |
|        | the Orientation Video. The auditor observed the video, which is played daily at 3:15 in all   |
|        | housing units. The video, as well as the Inmate Handbook, are available in English and Spanish. Additionally, two case managers from WAVI come to the facility weekly to conduct an |
|        | Spanish. Additionally, two case managers from wAvi come to the facility weekly to conduct an  |

informational sexual safety group.

PREA posters that provide hotline numbers, as well as a statement of the facility's zerotolerance policy. Each cellblock contained several kiosks for inmates' use. Updated PREA and other program and policy information is posted on each kiosk. Inmates can file PREA complaints, file grievances, request medical and mental health appointments, and requests to staff through the kiosks. Grievance boxes were also located in each cellblock for inmates who are unable or unwilling to utilize kiosks.

Four randomly selected inmates were initially unfamiliar with the term "PREA" and didn't immediately recognize the Prison Rape Elimination Act. They didn't understand until they were prompted with questions about the orientation video. It wasn't until such questioning that inmates made the connection between PREA and sexual safety. However, all inmates interviewed, including the four, believed they were sexually safe in the PCJ. They articulated how to report an allegation and to whom they could make the report. It wasn't until such questioning that inmates made the connection between PREA and sexual safety. The auditor was concerned that although inmates understood all components of sexual safety in the facility, they didn't have a universal awareness of the PREA program. This concern was informed by several factors, including results of the inmate interviews. In reviewing the Inmate Handbook, it was noted that although there was an address for the local Rape Crisis Center, Working Against Violence, Inc. (WAVI), there was no hotline number. There was no mention of the PREACoordinator's position in the Handbook. Additionally, the auditor observed that while the PREA information came in the middle of the Orientation Video and was not emphasized during the video.

The auditor discussed the issues with the Jail Commander, PREA Coordinator/Manager, and Security Chief. A corrective action plan was developed. Components of the plan included: • Revising the Inmate Handbook to include WAVI's hotline number and mentioning the position of the PREA Coordinator;

• Either making a separate PREA orientation video or revising the current video to promote PREA as a unique program; and

• Revising the Intake Screening Form to include reporting information.

During the post-audit phase, Pennington County Jail have completed all revisions to the Inmate Handbook and Screening Form. Additionally, the Orientation Video has been updated to include PREA education at the beginning of the video. Additionally, PCJ has incorporated the "PREA: What You Need to Know" video from the PREA Resource Center into the orientation video.

In consideration of the facts that: 1) inmates or the PCJ are aware of all components sexual safety; and 2) PCJ staff completed all corrective actions prior to the auditor's completion of the Interim Report, the auditor considers PCJ to be in compliance with Standard 115.33(a) and (b).

#### 115.33(c):

All inmates, regardless of where they transfer from, receive the same PREA information and the same orientation.

115.33(d):

PCJ Policy 350.01: Zero-Tolerance, requires that Inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient. The auditor learned that the facility has established procedures to ensure PREA education is available in formats accessible to all inmates, including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, or have limited English proficiency. Specifically, all inmates are provided with the Inmate Handbook in which PREA information is provided. The Handbook is available in both Spanish and English. The auditor observed the Orientation Video which includes information about the facility's PREA program and is shown daily in each housing unit. The video is closed-captioned for hearing-impaired inmates and is available in both Spanish and English. Additionally, if an inmate is visually impaired or has limited English proficiency, staff will read the Handbook to them and discuss the material with them. Spanish speaking staff are available to read and discuss the Spanish version of the Handbook. Inmates unable to understand English will have an interpreter arranged through the Shift Supervisor. If an inmate is visually impaired or has limited English proficiency, staff will read the Handbook to them and discuss the material with them. Spanish speaking staff are available to read and discuss the Spanish version of the Handbook. Every attempt is made to have a Spanish speaking staff member available on each shift. If a staff member is unavailable, the Shift Supervisor is notified. The supervisor will contact a community agency for translation assistance. Targeted inmate interviews corroborated the facility's stated practice. Inmates were able to articulate information provided to them regarding sexual abuse and sexual harassment. Additionally, interviews with booking/intake staff and a random number of Correctional Officers confirmed their awareness of policy and procedures relating to providing PREA information and access to PREA programs to inmates with disabilities. Staff articulated their responsibilities for providing PREA education to inmates with disabilities and inmates with limited English proficiency.

#### 115.33(e):

Receipt of the Inmate Handbook is documented by the inmate's signing the property accountability form. There is no documentation showing that inmates have viewed the orientation video. After watching the video, interviewing targeted and random inmates, as well as interviewing a random number of Correctional Officers, a supervisor, the Jail Commander, PREA Coordinator/Manager, and Security Chief, the auditor concluded that all inmates view the Orientation Video. All inmates residing in the PCJ are provided PREA education daily.

#### 115.33(f):

PCJ Policy 350.01: Zero Tolerance requires that posters and handbooks containing key information are continuously available and visible for inmates.

The auditor verified, by observation, that PREA posters are visible throughout the facility in. There is written PREA information the Inmate Handbook. PREA information, including notification of WAVI program groups is readily available to all inmates through the inmate kiosks. Thus, key information is continuously and readily available and visible to inmates.

| 115.34 | Specialized training: Investigations  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:                       |
|        | Documents:  |
|        | Policy 350.04: Investigations   |
|        | Investigators' Training Certificates  |
|        | Training Log  |
|        | Interviews:   |
|        | Targeted Staff Interview – PCJ Administrative Investigation                                       |
|        | Security Captain  |
|        | Targeted Inmate Interview – Victim of Sexual Harassment   |
|        | Sheriff's Deputies that conduct criminal investigations of sexual abuse                           |
|        | Site Review Observations:   |
|        | Information Management System -Tracking Investigations  |
|        | Findings:   |
|        | 115.34(a), (b), (c)   |
|        | PCJ Policy 350.04, Investigations, requires that any staff members who conduct investigations     |
|        | must receive specialized training. At the time of the audit, fourteen (14) staff were authorized  |
|        | to conduct administrative investigations. A review of a sample number of training documents       |
|        | indicated they have taken and successfully completed the online course from the PREA              |
|        | Resource Center, Investigating Sexual Abuse in Confinement Setting. The course covers             |
|        | investigative topics of investigation sexual abuse in a confinement center, including:            |
|        | techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings?     |
|        | (N/A if the agency does not conduct any form of administrative or criminal sexual abuse           |
|        | investigations; sexual abuse evidence collection in confinement settings; and the criteria and    |
|        | evidence required to substantiate a case for administrative action or prosecution referral.       |
|        | The facility investigator interviewed was able to articulate his responsibilities in conducting   |
|        | administrative investigations and was well versed in interviewing techniques used in              |
|        | interviewing victims of sexual abuse. The investigator stated that if he had any suspicions that  |
|        | a criminal act had taken place, he would immediately turn the investigation over to law           |
|        | enforcement. The administrative would be halted until the criminal investigation was              |
|        | completed.  |
|        | The auditor also interviewed two Sheriff's Deputies who conducted criminal sexual abuse           |
|        | investigations for the jail. It was noted that investigators for the Rapid City Police Department |
|        | are co-located with the Sheriff's Department investigators. The auditor observed that there did   |
|        | not appear to be any territorial issues between the two departments. Assignment of sexual         |
|        | abuse investigations at the isil were dependent on the investigator's workload, not               |

abuse investigations at the jail were dependent on the investigator's workload, not Department. The Sheriff's Department investigator charged with assigning the cases showed the auditor how he was able to track investigations and review investigative reports through the computerized information management system. In addition to criminal investigation training received from the Sheriff's Department, the Sheriff's investigators have also taken the PREA Resource Center's Course, Investigating Sexual Abuse in Confinement Setting.

#### 115.34(d):

Neither a State agency nor a component of the Department of Justice investigates sexual abuse in the Pennington County Jail.

| 115.35 | Specialized training: Medical and mental health care   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy 350.01  |
|        | Medical PREA Training Logs   |
|        | Training Logs for additional PREA Courses for Medical Staff  |
|        | PREA Investigations – showing the referral from Medical Staff  |
|        | Interviews:  |
|        | Support Captain  |
|        | Targeted Staff Interviews – Charge Nurse and Mental Health Staff   |
|        | Site Review Observations:  |
|        | Medical Office   |
|        | Mental Health Office   |
|        | Findings (By Provision):   |
|        | 115.35(a) (d):   |
|        | PCJ Policy 350.01: Zero Tolerance requires that all staff having contact with inmates are  |
|        | trained on the Prison Rape Elimination Act. This provision included all medical and mental   |
|        | health staff. A review of the PREA Training PowerPoint shows that the training includes: How   |
|        | to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical   |
|        | evidence of sexual abuse; How to respond effectively and professionally to victims of sexual   |
|        | abuse and harassment; and How and to whom to report allegations or suspicions of sexual  |
|        | abuse and sexual harassment. A review of investigations of sexual abuse/harassment within  |
|        | the past 12 months showed that on at least two occasions, mental health and medical staff  |
|        | reported suspicions of sexual abuse immediately through appropriate channels. In addition to   |
|        | the PREA pre-service training, medical and mental staff receive additional PREA training   |
|        | developed by the National Correctional Health Care. This course is a series of videos  |
|        | developed by the National Commission on Correctional Health Care. Participants must pass a<br>quiz before being given credit for the course. Videos include: Detecting and Assessing Signs |
|        | of Sexual Abuse and Harassment; Preserving Physical Evidence; Effective Professional   |
|        | Responses; and Reporting and the PREA Standards.   |
|        | Twelve medical staff and two mental health staff members are currently employed at the   |
|        | Pennington County Jail. All are facility staff members and are not considered contract   |
|        | employees.   |
|        | 115.35(b):   |

The Charge Nurse advised that the PCJ does not conduct forensic exams. If an inmate reported sexual assault or abuse, the Sheriff's Department would arrange transportation to the Rapid City Regional Hospital for the forensic exam. The Support Captain confirmed that the facility does not conduct forensic exams.

115.35(c):

The auditor requested and received training logs for medical staff. Logs indicate that all staff have received PREA training. The auditor reviewed additional medical logs that showed medical staff having completed additional PREA training from the National Commission on Correctional Health Care videos.

| 115.41 | Screening for risk of victimization and abusiveness   |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The PCJ does not use one specific PREA Risk Assessment instrument. Instead, the elements listed in 115.41(d) are asked during the Booking/Intake/Classification period on a variety of different instruments. This process of assessing inmates does not appear to interfere with the goal of such screenings - to inform housing and program decisions. This type of information-gathering makes this standard extremely difficult to audit. It is highly recommended that the facility consider using a standardized Risk Assessment format to prevent any type of issue in future audits. It is noted that the JMS system being utilized to collect screening data, has tiered access,, which only allows those permitted to access the intake risk assessment screenings. This information is only available to security, medical, and administrative staff who have a government interest in using this information to conduct their assignments. The system may be audited to ensure the information is being used properly by appropriate staff. |
|        | Information provided indicated that risk assessments are conducted within the 72 hour booking/intake period. The booking tech and supervisors interviewed were able to articulate responsibilities and information gathered to ensure meaningful PREA risk assessments are conducted within the appropriate timeframe.  |
|        | A re-assessment is conducted on all inmates within 14 to 21 days of arrival. This assessment<br>is conducted by PCJ medical staff. If there are any changes in the inmate's risk of becoming a<br>victim or perpetrator, classification staff are notified. In addition to conducting the<br>reassessment, medical staff develop additional treatment programming, if needed for inmates<br>who reported prior sexual abuse,  |

| 115.42 | Use of screening information   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy 350.03: Admission Assessments<br>Classification Reports   |
|        |  |
|        | Interviews:  |
|        | Booking/Intake Staff   |
|        | Jail Commander   |
|        | Booking Lt.  |
|        | Housing Lt.  |
|        | Random sample of inmates   |
|        | Inmates who self-identified as gay or lesbian<br>Members of the Classification Team  |
|        |  |
|        | Site Review Observations:  |
|        | Inmate showers   |
|        | Inmate admissions  |
|        | Findings (By Provision):   |
|        | 115.42(a)(b):  |
|        | PCJ Policy 350.03 states that the information obtained "The screening information will be used   |
|        | to inform housing, bed, work, education and program assignments with the goal of keeping   |
|        | separate those deemed high risk of being victimized from those at high risk of being sexually  |
|        | abusive". A review of PCJ classification reports confirms that information from the PREA risk  |
|        | assessment instruments, including sexual safety is considered in determining inmate  |
|        | classification. The inmate's classification status is used to determine housing assignments.   |
|        | Programs, including AA, 7 Directions (an AA program specifically for Native Americans), and NA are offered to all inmates except for those in special housing. |
|        | The are offered to an initiates except for those in special housing.   |
|        | 115.42(c)(d)(e):   |
|        | South Dakota State law, 24-11-19 states, "All jails shall confine persons of different sexes   |
|        | apart from each other." If a person identifies as transgender, the inmate may request either a   |
|        | male or female to conduct pat searches. Interviews with classification team members indicated  |
|        | that the inmate's views are taken in consideration when determining the most sexually safe   |
|        | housing for the individual. The Jail Commander advised that If a transgender inmate is on  |
|        | medication for physically changing his/her body, the inmate is allowed to remain on such   |
|        | medication while at the PCJ. Transgender inmates are continuously monitored to ensure  |
|        | safety. During the onsite review, there were no transgender inmates at the facility.   |
|        | 115 42(f)  |

# 115.42(f):

Each housing unit, except for the trustee unit has two co-located showers upstairs and two

downstairs. Only one inmate a time is allowed to shower, thus allowing privacy for all inmates, including transgender. Every Inmate interviewed agreed that this rule is strictly enforced.

115.42(g):

The Pennington County Jail is not under any consent decree, legal settlement, or legal judgment. There are no dedicated housing areas for housing gay, bisexual, lesbian, transgender, or intersex inmates.

| 115.43 | Protective Custody  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | PCJ Policy 330.01: Special Management Operations- Inmates (a) 1   |
|        | PCJ Policy 330.04: Review of Special Management Status  |
|        | Interviews:   |
|        | Random number of inmates placed in special management   |
|        | PREA Coordinator/Manager  |
|        | Jail Commander  |
|        | Security Captain  |
|        | Correctional Officers who supervise special management programs   |
|        | Random number of inmates placed in special management   |
|        | Site Review Observations:   |
|        | N/A   |
|        | Findings:   |
|        | 115.43(a)-(e):  |
|        | Inmates are not placed in segregated housing for the sole purpose of protection from sexual victimization. Inmates at risk for sexual victimization are placed in either protective custody of involuntary protective custody. Involuntary protective custody is not used 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. A medical |
|        | assessment is conducted within 12 hours of the inmate's involuntary protective custody. Withi<br>the next day after an inmate's placement, the Designated Command Staff reviews and<br>approves the inmate's new classification. Special management classifications are reviewed  |
|        | every seven days for the first sixty days and every 30 days thereafter. As provided on the PAQ, no inmates have been placed in segregated housing due to sexual victimization during the past twelve-month period.  |
|        | One inmate interviewed complained that he had been placed in segregated housing solely because he had submitted a sexual abuse report. He advised that he has written to several  |

One inmate interviewed complained that he had been placed in segregated housing solely because he had submitted a sexual abuse report. He advised that he has written to several attorneys, Judges, state legislators, the Governor, and Jeff Sessions to complain that he is being denied his rights. A review of his file indicated that his allegation was found to be unfounded. The review and subsequent discussion with the Jail Commander and Security Captain indicated that the inmate had been placed in segregated housing for a variety of reasons, none having to do with his sexual abuse allegation.

Conditions of confinement for inmates in special management approximate as closely as possible, the conditions of the general population. Inmates placed in Special Management

Programs have the same access to healthcare as inmates in the general population. They also receive laundry exchange, bedding and linen, and haircuts on the same basis as general population inmates.

| 115.51 | Inmate reporting   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:                      |
|        | Documents:   |
|        | PCJ Policy 350.01 Zero Tolerance (d) 1 -   |
|        | PCJ Policy 350.02 Reporting (d) 1  |
|        | Investigation Reports  |
|        | PREA Training PowerPoint   |
|        | Green Card – "PREA Incident First Response Guide   |
|        | Inmate Handbook  |
|        | Interviews:  |
|        | Random Sample of Staff   |
|        | Random Sample of Inmates   |
|        | Site Review Observations:  |
|        | PREA Posters in all Cellblocks   |
|        | Grievance Box – All Cellblocks   |
|        | Inmate Kiosks – All Cellblocks   |
|        | Findings (By Provision):   |
|        | 115.51(a) (b):   |
|        | PCJ Policy 350.01: Zero Tolerance provides multiple methods for reporting sexual                 |
|        | abuse/harassment/misconduct, including: Written letter, grievance, request, etc.; Verbal;        |
|        | Anonymous reports; Contacting a Rape Crisis Center; and Third-Party Reports. Inmates are         |
|        | provided an Inmate Handbook during the admission process. The Handbook, available in             |
|        | English and Spanish outlines a variety of reporting methods. Inmates may report to a staff       |
|        | member, file a grievance, or utilize 3rd party reporting. The Handbook also contains the         |
|        | address for reporting to the local Rape Crisis Center, Working Against Violence, Inc. (WAVI).    |
|        | During the Post-Audit Phase, the facility has revised the Inmate Handbook to include the         |
|        | agency's hotline number.   |
|        | The PCJ has provided inmates detained solely for civil immigration purposes information on       |
|        | how to contact relevant consular officials and relevant officials from the Department of         |
|        | Homeland Security. The facility has placed posters throughout the facility providing telephone   |
|        | numbers for ICE and DHS.   |
|        | Random staff and inmates indicated they were aware of multiple ways to report. In reviewing      |
|        | administrative investigation reports, the auditor noted that within the past 12-month periods,   |
|        | reports of sexual abuse/harassment have been made by inmates to staff, staff reports,            |
|        | grievances, and third parties. Two of the female inmates stated they were hesitant to report an  |
|        | incident to a male supervisory staff and were somewhat concerned that other female inmates       |
|        | would see them filing a grievance - they also advised that they could use their bodies to shield |
|        | what they were typing in the computer. Male inmates also knew about internal reporting 54        |

mechanisms. Several inmates, both male and female, had forgotten the information in their Handbook regarding reporting to Working Against Violence, Inc. The auditor interviewed a female inmate who had reported a PREA incident. She had only casually mentioned the incident to a Correctional Officer and was surprised that there was an immediate response. All staff interviewed knew about their reporting requirements. Staff carry a green card, PREA Incident First Response Guide which includes reporting requirements with them while on duty.

During the Post-Audit phase, the facility has improved inmate PREA education. In addition to revising the Inmate Handbook, the facility has revised the Orientation Video to include additional PREA information, including WAVI's hotline number.

After analyzing the evidence, including the revisions to the Inmate Handbook and Orientation Video, the auditor finds the Pennington County Jail to be in compliance with these sections of the standard.

# 115.51(c):

PCJ policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. In reviewing administrative PREA investigations, the auditor confirmed that verbal reports to staff are taken seriously, documented, and submitted. Staff interviewed articulated their reporting duties, including accepting and documenting all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

# 115.51(d):

PCJ Policy allows for staff to privately report sexual abuse or sexual harassment. None of the staff interviewed had privately reported such a matter; however, each person interviewed stated he/she would be comfortable reporting privately to a supervisor.

| 115.52 | Exhaustion of administrative remedies  |
|--------|--|
| 110.02 |  |
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy 350.02: Reporting   |
|        | PCJ Policy: 340.09 Grievance Procedure   |
|        | 350.01 Zero Tolerance  |
|        | PCJPolicy 320.01: Disciplinary Offenses  |
|        | Inmate Handbook  |
|        | Inmate Grievances:   |
|        | PREA Investigation Reports   |
|        | Interviews:  |
|        | Security Captain   |
|        | PREA Coordinator/Manager   |
|        | Random Number of Inmates   |
|        | Site Review Observations:  |
|        | Inmate Kiosks  |
|        | Findings (By Provision):   |
|        | 115.52(a) (b) (f):   |
|        | PCJ Policy 350.02, Page 3, C.2 states that third parties, including fellow inmates, family   |
|        | members, attorneys, outside advocates and others, are permitted to assist filing reports, allegations, grievances and requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of inmates." This information is provided to all inmates in the Inmate Handbook. Pennington County Jail Policy and the Inmate Handbook state that there is no time limitation for filing a grievance regarding sexual abuse/harassment/misconduct or retaliation, and provide several methods for reporting, including filing an administrative grievance. Inmates who file a grievance related to sexual abuse/harassment/misconduct are not required to try to informally resolve the grievance prior to submission. Although the agency does not have a specific emergency grievance policy, all grievances are initially responded to within 72 hours unless additional time is needed. This time limitation is shorter than the limits imposed by this standard. A review of the grievances indicated that action was taken immediately upon receipt of the grievance to ensure the inmate is protected. Final resolution of all such grievances was made within five days. |
|        | 115.52(c):<br>Grievances are submitted to either the Lieutenant, Food Service Director, or Charge Nurse. If<br>the inmate is submitting a grievance against one of them, he/she may submit the PREA<br>grievance to the Captain. Inmates interviewed advised that they would feel comfortable<br>submitting a PREA grievance and had no concerns that the grievance would be submitted to  |

the alleged staff perpetrator for resolution.

#### 115.52(d):

PCJ Grievance Policy requires that all grievances are responded to within 72 hours of submission. The inmate may appeal any decision to the Captain within 24 hours of receiving the initial response. The Captain must respond within five business days. The inmate may make a final appeal to the Jail Commander, whose is required to respond within fifteen (15) days. PCJ final response to inmate grievances, including grievances related to PREA violations is completed in less time than required by the standard. The auditor reviewed five grievances relating to PREA violations. All grievances reviewed were resolved within 72 hours of the grievance being submitted.

## 115.52(e):

PCJ Policy 350.02, Page 3, C.2 states that third parties, including fellow inmates, family members, attorneys, outside advocates and others, are permitted to assist filing reports, allegations, grievances and requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of inmates". The Inmate Handbook provides additional information to inmates, including the fact that they are permitted to have the assistance of third parties (fellow inmates, family members, attorneys, outside advocate and/or others) in reporting PREA related incidents. During the past 12 months, no inmates have declined having a third-party make a PREA report.

## 155.52(g):

PCJ Policy 350.01: Zero Tolerance includes a provision stating that inmates who make deliberate, malicious, of false reports will be subject to disciplinary sanctions and criminal prosecution. Likewise, reports made in good faith will not be subject to disciplinary or criminal action. This information is provided to inmates in the Inmate Handbook. In reviewing the 39 PREA investigations from the past 12 months, the auditor noted one instance in which the alleged victim was found to have submitted a PREA report in order to move to a different cellblock. In lying to staff members regarding a PREA incident, the inmate violated Major Rule 1.14 "Inmates will not lie or knowingly deceive a staff person". The rule is found in PCJ Policy 320.01: Disciplinary Offenses. Adisciplinary hearing was held, and disciplinary sanctions were given to the inmate.

| 115.53 | Inmate access to outside confidential support services  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:<br>PCJ Policy 350.01 Zero Tolerance<br>PCJ Policy 350.01.1 Appendix A: Definitions   |
|        | PCJ Policy 350.02: Reporting<br>Inmate Handbook – Spanish and English versions<br>PREA Posters<br>Memorandum of Understanding   |
|        | Interviews:   |
|        | Targeted Inmate – Victim of Sexual Harassment<br>Random Number of Inmates   |
|        | Targeted Staff Member – Facility Investigator<br>Sheriff's Department Investigator  |
|        | PREA Coordinator/Manager<br>Jail Commander  |
|        | Security Captain<br>Working Against Violence, Inc Staff Member  |
|        | Site Review Observations:<br>PREA Posters/Flyers in each Cellblock  |
|        | Findings (By Provision):  |
|        | 115.53(a) (c):<br>Provisions are made in PCJ Policy 350.01: Zero Tolerance for inmate victims of sexual abuse   |
|        | receive outside emotional support services from a rape crisis center. Locally, inmates can<br>receive such services through the local Rape Crisis Center, Working Against Violence, Inc.<br>(WAVI). Contact information for this group is provided in the Inmate Handbook. During a<br>review of the Handbook, the auditor noted that although WAVI's address was provided, there   |
|        | was no phone number listed. The lack of a phone number was discussed with key<br>administrative staff who agreed to include the number in new editions of the Handbook.<br>There were no inmates who had reported sexual abuse at the facility during the onsite audit.   |
|        | The inmate victim of sexual harassment interviewed articulated that she was offered emotional support services from mental health staff or from an outside agency immediately after the incident. She declined the services. In general, through random inmate interviews, inmates were not aware of outside emotional support. Most inmates reported that it may have been in      |
|        | the written materials or gone over verbally but since they hadn't needed that type of<br>information they were not directly aware of it. Despite most inmates not being directly aware of<br>outside emotional support services, sufficient evidence supported that inmates were provided<br>with this information which was also verified by the auditor upon review of the Inmate |
|        | Handbook, discussion and interview with the PREA Coordinator/Manager, Investigators, WAVI   |

staff, and the Jail Commander.

An MOU has been established between the Sheriff's Department, Working Against Violence, Inc., SANE, and the Pennington County States Attorney which was provided for review. The MOU outlines services for emotional support pursuant to this standard. The Sheriff's Department Investigators advised the auditor that when accompanying any victim of sexual abuse, including inmate victims to the hospital, he offers emotional support services. WAVI staff agreed that, as provided in the MOU, the investigator contacts WAVI if the victim requests such services. If requested the WAVI staff member meets the victim at the hospital. Arrangements are made for additional support services upon request.

WAVI staff advised that two of their case managers conduct an informational group at the PCJ weekly. The WAVI staff member noted that on occasion, following the group, inmates have request services.

PREA posters in each cellblock provide inmates with access to support services by displaying mailing addresses and toll-free phone numbers for immigrant services agencies for persons detained solely for civil immigration services.

115.53(b)

The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Telephone calls are recorded unless the call is to the inmate's attorney. Notification is made to the inmate via the Inmate Handbook, page 20. Inmates may access support services through the inmate kiosks. During the site review, the auditor observed inmates using kiosks. Informal conversations with the inmates indicated they were accessing services; however, they did not mention the nature of services. The auditor observed that interview rooms were not equipped with video monitors. Administrative staff articulated that cameras weren't placed in the rooms to facilitate private conversations with attorneys, mental health, etc.

| 115.54 | Third-party reporting  |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:                              |
|        | Documents:   |
|        | PCJ Policy 350.02: Reporting   |
|        | PCJ Website  |
|        | PREA administrative investigations based on 3rd Party Reporting  |
|        | Interviews:  |
|        | N/A  |
|        | Site Review Observations:  |
|        | Signage in Lobby   |
|        | Findings:  |
|        | 115.54:  |
|        | The PCJ has established a method to receive third-party reports of sexual abuse and sexual               |
|        | harassment and publicly distributes the information on how to report sexual abuse and sexual harassment. |
|        | The PCJ website offers ample information about PREA, part of which is regarding third-party              |
|        | reporting. Third-party reporting is one of the options presented related to reporting sexual             |
|        | abuse or sexual harassment.  |
|        | The auditor observed the zero-tolerance sign posted in the lobby. The signage provides                   |
|        | information regarding how to submit a third-party PREA complaint. It is also noted that two of           |
|        | the 39 PREA complaints during the past 12 months were through 3rd party reporting.                       |
|        | Corrective Action:   |
|        | None required.   |

| 115.61 | Staff and agency reporting duties   |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | PCJ Policy 350.01: Zero Tolerance   |
|        | PCJ Policy 350.02: Reporting  |
|        | PCJ Policy 350.05: Response to Sexual Abuse/Harassment/Misconduct   |
|        | Retaliation Reports   |
|        | Interviews:   |
|        | PREA Coordinator/Manager  |
|        | Jail Commander  |
|        | Security Captain  |
|        | Facility investigators  |
|        | Medical and Mental Health Staff   |
|        | Random number of Correctional Officers and Supervisory staff  |
|        | Site Review Observations:   |
|        | "PREA Incident Response Guide" carried by all staff   |
|        | Findings (By Provision):  |
|        | 115.61(a):  |
|        | Policy 350.02 III B (1-3) requires all staff to report any knowledge, suspicion, or information   |
|        | they receive regarding any incident or sexual abuse/harassment/misconduct occurring in any facility; any act of retaliation against inmates or other staff who have reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy also includes a provision against revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security management decisions. The "PREA Incident Response Guide" that delineates PREA responsibilities is carried by all employees, volunteers, |
|        | and contractors.  |
|        | 115.61(b):  |
|        | Policy 350.02 also includes a provision against revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security management decisions. The facility's computerized records management is a tiered system, that provides access to confidential information to only those that have a need to know.  |
|        |   |
|        | 115.61(c)(d):<br>All staff receive pre-service training regarding their duty to report, as well as an annual  |

All staff receive pre-service training regarding their duty to report, as well as an annual refresher course. Medical and mental health staff receive additional training that is developed by the National Correctional Health Care. The additional training is a series of videos that

include "Reporting and the PREA Standards". Since youth under the age of 18 are not placed in the Pennington County Jail, there is no specified policy related to reporting abuse of minors. South Dakota law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities to report knowledge or reasonable suspicion of abuse, neglect or exploitation of elders and adults with disabilities. Both the charge nurse and mental health employee articulated their reporting duties.

Since youth under the age of 18 are not placed in the Pennington County Jail, there is no specified policy related to reporting abuse of minors.

#### 115.61(e):

Policy 350.02 specifies staff reporting requirements for incidents of sexual abuse/misconduct/harassment, including third-party reports. Procedurally, all facility staff are required to report to the Shift Supervisor who notifies the Chief Deputy or Sheriff. The Jail Commander immediately initiates an administrative investigation by one of the facility's trained investigators.

| 115.62 | Agency protection duties   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:<br>PCJ Policy 350.05: Response to Sexual Abuse/Harassment/Misconduct  |
|        | Interviews:  |
|        | Jail Commander<br>Security Captain   |
|        | PREA Coordinator/Manager   |
|        | Random Sample of Staff   |
|        | Targeted Inmate – Victim of Sexual Harassment  |
|        | Site Review Observations:<br>N/A   |
|        | Findings:  |
|        | 115.62(a)  |
|        | Procedural Guidelines in PCJ Policy 350.05 outline immediate steps for all staff to take for inmates at risk of sexual harassment/misconduct/abuse. Steps include ensuring the vulnerable inmate is separated from the alleged perpetrator, notifying medical or mental health services when necessary, and in some instances, determining whether the inmate should be transferred to another facility. |
|        | Correctional Officers and supervisory staff were quick to respond that they would immediately notify their supervisor of any knowledge or suspicion relating to an inmate's vulnerability. Supervisory and upper-level staff responded that they would immediately remove the inmate from the situation or separate the victim from the perpetrator.   |
|        | A female victim of sexual harassment disclosed that action was taken immediately after she reported the incident. She advised that the perpetrator was moved to another cell within minutes of her report.   |

| 115.63 | Reporting to other confinement facilities  |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy 350.02: Reporting<br>Investigation Report re: Inmate Transferred to Another Facility  |
|        | Interviews:  |
|        | Security Captain   |
|        | PREA Coordinator/Manager   |
|        | Site Review Observations:  |
|        | N/A  |
|        | Findings (By Provision):   |
|        | 115.63(a) (b) (c)  |
|        | Policy 350.05 IV (A) states "In the event an allegation is received that an inmate was sexually  |
|        | abused while confined at another facility, the Commander or designee notifies the head of the  |
|        | facility or appropriate investigative agency where the alleged abuse occurred. a) Notification is provided as soon as possible, but no later than 72 hours after receiving the allegation. The |
|        | following information is documented  |
|        | (1) Date and time of calls to the agency and/or investigative agency;  |
|        | (2) Name of person(s) spoken to regarding the information; and   |
|        | (3) The type of details related to the agency and investigative agency."   |
|        | In practice, the Security Chief contacts the facility in which the alleged PREA complaint  |
|        | occurred. Logs are maintained which indicate that notification is made within the 72-hour  |
|        | period. However, this standard requires that allegations of sexual abuse in other agencies be  |
|        | reported by the Facility Head. The standard does not allow for a designee to make such   |
|        | notification. Since the audit, the Pennington County Jail has been working on the facility policy  |
|        | to bring it in line with the standard. As soon as the revisions are made, approved by the Sheriff, and submitted to the auditor, the facility will be in compliance with this standard.        |
|        | Corrective Action Plan:  |
|        | 1. Revise Policy 350.05 to allow only the Jail Commander to notify another facility of a PREA  |
|        | incident that allegedly occurred in that facility. The PCJ revised policy to indicate that only the  |
|        | Jail Commander notifies another facility of an alleged PREA incident that occurred in the other  |
|        | facility. Since the corrective action has been completed, the Pennington County Jail is now in   |
|        | compliance with this provision of the standard.  |
|        | 115.63(d):   |
| Ĩ      | The PAO cites one case in which an inmate from the PC I reported being sexually abused to  |

The PAQ cites one case in which an inmate from the PCJ reported being sexually abused to another facility in which she was placed. Further inquiry into this matter revealed that PCJ was

| already conducting a PREA investigation into a grievance filed before the inmate was          |
|---|
| transferred. PCJ contact the other facility within 72 hours of the transfer and completed its |
| investigation through telephone interviews with the alleged victim, as well as through normal |
| investigative channels at the PCJ; i.e., staff and inmate interviews, review of videos, etc.  |

| 115.64 | Staff first responder duties   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy 350.05: Response to Sexual Abuse/Harassment/Misconduct<br>PREA Incident First Response Guide  |
|        | Interviews:  |
|        | Jail Commander   |
|        | Security Captain   |
|        |  |
|        | PREA Coordinator/Manager   |
|        | Random Sample of Staff - Security and non-security first-responders  |
|        | Targeted Inmate – Victim of Sexual Harassment  |
|        | Site Review Observations:  |
|        | N/A  |
|        | Findings (By Provision):   |
|        | 115.64(a):   |
|        | Policy 350.05, Section IV, Procedural Guidelines requires that any staff member who receives   |
|        | a report of sexual abuse/harassment/misconduct immediately contact the Shift Supervisor.   |
|        | The Shift Supervisor coordinates with security staff to take immediate measures including:   |
|        | ensuring the victim is separated from the alleged perpetrator(s); Sealing off the vicinity where   |
|        | the assault took place; ensuring that neither the alleged victim or alleged perpetrator preserve   |
|        | any evidence by "not allowing the victim or alleged perpetrator(s) to shower, bush teeth,  |
|        | change clothes, urinate, etc.". Policy requires that "any person" receiving a report contact the   |
|        | Shift Supervisor to initiate the response.   |
|        | First responder duties are emphasized during PREA training. PowerPoint slides 38-43 provide in-depth coverage of first responder duties, including |
|        | • The duty to ensure the safety of the reported victim by:   |
|        | Ensuring the victim is separated from the alleged perpetrator;   |
|        | Ensuring the victim is separated from an alleged staff abuser, if necessary; and   |
|        | Monitoring the conduct and treatment of victims for retaliation.   |
|        |  |
|        | • The duty of the first security staff member to the report, preserve, and protect any crime   |
|        | scene until appropriate steps can be taken to collect any evidence.  |
|        | • If the abuse occurred within a time period that still allows for the collection of physical  |
|        | evidence, the first security staff member to respond to the report has a duty 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, the first security staff member to respond to the report has the duty to ensure that   |
|        | the alleged abuser does not take any actions that could destroy physical evidence, including,<br>66  |

as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The PAQ indicated there were nine allegations of sexual abuse during the pre-audit reporting period in which the first security staff member separated the alleged victim and abuser. The PAQ also indicated there were no allegations where staff were notified within a time period that still allowed for the collection of physical evidence. This was confirmed by a review of the investigative documentation.

Interviews with staff indicated that they were aware of their duties as first responders. A couple of the newer staff members pulled out their cards to be certain they would know what to do. They were grateful to have the cards in case that they came upon a situation - they had the comfort that they would be guided in their immediate actions.

## 115.64(b):

All PCJ staff are required to attend the PREA training. This includes contract food services staff and facility medical and mental health employees. In addition to the PREA pre-service training, medical and mental staff receive additional PREA training developed by the National Correctional Health Care. This course is a series of videos developed by the National Commission on Correctional Health Care. Participants must pass a quiz before being given credit for the course. Videos include: Detecting and Assessing Signs of Sexual Abuse and Harassment; Preserving Physical Evidence; Effective Professional Responses; and Reporting and the PREA Standards.

Twelve medical staff and two mental health staff members are currently employed at the Pennington County Jail. All are facility staff members and are not considered contract employees.

Non-security first responders carried the PREA Incident First Response Guide with them while on duty. The staff interviewed were able to articulate their first responder duties. During the past 12 months, there has not been a situation that required medical, mental health, or contract staff to perform first-responder duties.

| 115.65 | Coordinated response   |
|--------|--|
|        | Auditor Overall Determination: Exceeds Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:<br>PCJ Policy 350.05: Response to Sexual Abuse/Harassment/Misconduct  |
|        | Interviews:  |
|        | Jail Commander   |
|        | Security Captain   |
|        | PREA Coordinator/Manager   |
|        | Targeted Staff Interview – Investigator, Charge Nurse  |
|        | Random Sample of Staff   |
|        | Site Review Observations:  |
|        | Green Cards – PREA Incident Response Guide   |
|        |  |
|        | Findings:  |
|        | 115.65:<br>PCJ Policy 350.05: Response to Sexual Abuse/Harassment/Misconduct covers the facility's response plan to reports of sexual abuse and sexual harassment. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, to protect and preserve any crime scene until appropriate steps can be taken to collect any evidence, preserve any evidence, and if the abuse occurred within a time period that still allows for the collection of physical evidence. To request that the alleged victim and perpetrator not take any actions that could destroy physical evidence, including showering. The plan requires that if the first-responder is not a security staff member, they immediately report to the Shift Supervisor who will make arrangements for securing the scene, separating the alleged victim and perpetrator, collect evidence, etc. The policy delineates the role of the investigator to arrange for the inmate to be transported to the Emergency Room of Rapid City Regional Hospital, when appropriate, for physical examination, collection of evidence, and/or any prophylactic treatment. As part of the plan, the Jail Medical Staff provides medical care, if needed, prior to the inmate's being transferred to Rapid City Regional Hospital. Forensic evidence collected by medical staff is given to the investigator assigned to the case. |
|        | All staff interviewed were well-versed in the facility's coordinated response plan. Each person articulated his/her role and understood how his position fit into the larger picture of the entire plan.   |
|        | The auditor observed that each staff member, regardless of their position at the facility  |

The auditor observed that each staff member, regardless of their position at the facility (Medical staff, Investigator, Supervisor, etc.) carried the PREA Incident Response Guide while on duty.

| As a result of a comprehensive PREA training program, including on-the job training by a Field  |
|---|
| Training Officer, every staff member and contractor knows their role and how their individual   |
| roles fit into the jail's coordinated response to sexual abuse. By providing the PREA Incident  |
| Reporting Guide to every employee, contractor, and volunteer, the jail provided an extra layer  |
| of insurance that all staff are able to take appropriate actions when sexual abuse is reported. |
| For this reason, the facility has exceeded requirements of thisstandard.                        |

| 115.66 | Preservation of ability to protect inmates from contact with abusers  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | N/A   |
|        | Interviews:   |
|        | Jail Commander  |
|        | Security Captain  |
|        | PREA Coordinator/Manager  |
|        | Site Review Observations:   |
|        | N/A   |
|        | Findings:   |
|        | South Dakota is a non-union state. Neither the facility nor any other governmental entity participate in any form of collective bargaining or any other agreements. |
|        | This standard is non-applicable.  |

| 115.67 | Agency protection against retaliation   |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | PCJ Policy 350.05: Response to Sexual Abuse/Harassment/Misconduct<br>Facility Monitoring Reports  |
|        | Interviews:   |
|        | Jail Commander  |
|        | Security Captain  |
|        | Targeted Inmate Interviews – Inmate victim of sexual abuse  |
|        | Site Review Observations:   |
|        | N/A   |
|        | Findings:   |
|        | 115.67(a):  |
|        | Policy 350.01 III H, (2) requires that "All reasonable efforts will be made to protect inmates and<br>staff who report sexual abuse/harassment/misconduct from retaliation by other inmates or<br>staff." The policy designates the Command Staff (Security and Support Captains) to monitor<br>retaliation. All retaliation monitoring reports reviewed met time frames and requirements set<br>forth by the PREA Standards. |
|        | At the Pennington County Jail, the Security Captain is charged with retaliation monitoring and<br>was interviewed by the auditor regarding this responsibility. He reported that the Support<br>Captain also shares this responsibility. The Support Captain provided the auditor with more<br>than adequate documentation of monitoring reports.   |
|        | 115.67(b):  |
|        | The PCJ employs multiple protection measures, including 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. Emotional Support<br>Services are provided through the Rape Crisis Center, Working Against Violence, Inc.   |
|        | The female victim of sexual abuse interviewed advised that the perpetrator in her case had  |
|        | been moved to another housing. When interviewed, the victim was highly emotional, and<br>mentioned that she sometimes feels like hurting herself. The auditor advised that although this<br>interview was confidential, she was obligated to report if an interviewee talked about harming  |
|        | herself. The inmate advised that she is receiving services from facility mental health staff and has high regard for one specific staff member. The inmate advised that she could request the   |

has high regard for one specific staff member. The inmate advised that she could request the worker's services through the kiosk system, ask the Correctional Officer to contact her, or see her when she walks through the cellblock. After the interview, the auditor provided information to the Jail Coordinator about the inmate's talking about harming herself. A referral was

immediately made to the jail's mental health staff.

# 115.67(c)(d):

As indicated during the interview with the Security Captain and by the retaliation reports reviewed, monitoring staff or inmates for retaliation occurs within the time frames set by this standard. The monitoring includes periodic checks within the 90-day period.

The previous PREA auditor noted in PCJ's final audit report that Policy 350.02 was revised on February 3, 2017 to include language pertinent to monitoring periodic checks and time limitations. However, the version of the policy this auditor reviewed was dated June 27, 2017 and did not contain this information. After discussing the matter with the PREA Manager/Coordinator and the Security Captain, PCJ Policy 350.02 will be revised to include specific time frames. It is noted that the facility's practice meets this standard. However, policy does not include specific retaliation requirements.

#### **Corrective Action:**

The facility will revise policy to include time frames for retaliation monitoring. Corrective Action Update:

The facility has revised policy and is in compliance with this provision of the standard.

115.67(e): The Security Captain advised that if any person involved in an investigation expressed a fear of retaliation, the agency would take appropriate measures to protect that individual from retaliation. Actions would include moving either the inmate victim, perpetrator, or witness to a different cellblock. If a staff member expressed concern, he/she could be moved to another post.

| 115.68 | Post-allegation protective custody   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:                      |
|        | Documents:   |
|        | PCJ Policy 330.01: Special Management Operations – Inmates                                       |
|        | PCJ Policy 320.01: Disciplinary Offenses   |
|        | PCJ Policy 330.02: Protective Custody  |
|        | Interviews:  |
|        | Jail Commander   |
|        | Security Captain   |
|        | PREA Coordinator/Manager   |
|        | Targeted Staff Interview – Correctional Officer who Supervises Administrative Segregation        |
|        | Housing  |
|        | Targeted Inmate Interview – Inmate in Segregation Housing  |
|        | Site Review Observations:  |
|        | Segregated Housing   |
|        | Log Entries for inmates Placed in Segregation Housing  |
|        | Findings:  |
|        | 115.68:  |
|        | PCJ Policy 320.02: Protective Custody defines "Protective Custody" as a form of separation       |
|        | from the general population for inmates requesting protection from other inmates for reasons     |
|        | of health or safety. "Involuntary Protective Custody" is a form of separation from the general   |
|        | population for inmates requiring protection from other inmates for reasons of health or safety.  |
|        | Policy further states that protective custody is not a punitive measure; it is used only when no |
|        | reasonable safe alternative is available. Management and supervisory staff advised that the      |
|        | only time segregation housing would be utilized to house inmates who alleged sexual abuse,       |
|        | would be on a temporary basis while alternative housing was determined. This placement           |
|        | would only be done after an assessment of all available alternatives had been made and there     |
|        | was no other safe housing alternative. During the site review, the auditor observed              |
|        | Segregation Housing and log entries of inmates placed in segregation.                            |
|        | Information provided in the PAQ indicate that no inmates who allege to have suffered sexual      |
|        | abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours      |
|        | awaiting completion of assessment. Additionally, no inmates who allege to have suffered          |
|        | sexual abuse were assigned to involuntary segregated housing in the past 12 months for           |
|        | longer than 30 days while awaiting alternative placement.  |
|        | Although there were no cases of inmate victims being placed in involuntary segregation for       |

Although there were no cases of inmate victims being placed in involuntary segregation for protection against abusers, staff assigned to supervise segregation housing stated that their policy requires a weekly review of all inmates placed in segregation housing, far exceeding the requirements of this standard.

One inmate from segregation housing interviewed complained that he had been placed in segregated housing solely because he had submitted a sexual abuse report. He advised that he has written to several attorneys, Judges, state legislators, the Governor, and Jeff Sessions to complain that he is being denied his rights. A review of his file indicated that his allegation was found to be unfounded. The review and subsequent discussion with the Jail Commander and Security Captain indicated that the inmate had been placed in segregated housing for aggressive behavior, as per Policy 330.01, III.B.1(a). This inmate's classification is regularly reviewed during the weekly classification meeting.

| 115.71 | Criminal and administrative agency investigations  |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy: 350.04 Investigations (a) 1  |
|        | PCJ Policy: 350.05 Response to Sexual Assault, Harassment, Misconduct  |
|        | PCJ Policy 320.01: Disciplinary Offenses   |
|        | Administrative Investigation Reports   |
|        | Interviews:  |
|        | Jail Commander   |
|        | Security Captain   |
|        | PREA Coordinator/Manager   |
|        | Targeted Staff Interview – PCJ Investigator  |
|        | Sheriff's Department Investigators   |
|        | Site Review Observations:  |
|        | N/A  |
|        | Findings (By Provision):   |
|        | 115.71(a) (h) (l):   |
|        | Per facility Policy 350.04 Investigations (a) 1, the Pennington County Jail conducts its own   |
|        | administrative investigations of any sexual abuse/harassment/misconduct allegations in a   |
|        | prompt, thorough, and objective manner. Any investigation deemed to be criminal in nature  |
|        | are immediately turned over to law enforcement. The Security Captain is ultimately charged   |
|        | with investigations. He will assign one of the facility's fourteen investigators to conduct an   |
|        | administrative PREA investigation. The investigator interviewed explained in detail the process  |
|        | of doing so affirming the prompt, thorough, and objective manner. He also stated that if an  |
|        | allegation were criminal or potentially criminal in nature, he would return it to the Security<br>Captain for referral to law enforcement. PCJ fully cooperates with law enforcement. The lead |
|        | investigator for the Sheriff's Department utilizes the computerized management system to   |
|        | track the investigation's progress. This information is available to the Jail Commander.   |
|        | Although the administrative investigation is stopped when the case is referred for criminal  |
|        | investigation, it is re-started and finalized after the criminal investigation is completed.   |
|        | During the past 12-month period, the facility has referred 15 PREA complaints to law   |
|        | enforcement for criminal investigations. Seven complaints were substantiated; two were   |
|        | unsubstantiated; and six were unfounded.   |
|        | The criminal investigator may be either from the Pennington County Sheriff's Department of   |
|        | the Rapid City Police Department. The agencies have an unusually cooperative working   |

the Rapid City Police Department. The agencies have an unusually cooperative working relationship. Both Departments have investigators specifically trained to conduct investigations into sexual abuse and have incorporated PREA investigation requirements into their training. Investigators work in the same building on the same floor. Their office is adjacent to the Jail.

Once the Sheriff's Office receives a PREA referral, the lead investigator for sexual abuse assigns the investigation to an investigator from either the police or Sheriff's office, depending on the officer's current workload, availability, etc. The investigation is managed through a computerized management system, shared by the police and Sheriff's Office. Information entered is confidential and available only to those who need to know.

#### 115.71(b) (c) (d):

The facility has a policy, 350.04: Investigations, that the jail will investigate any allegation of sexual abuse/harassment/misconduct in support of the Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115. This policy mandates that they use investigators who have specialized training in sexual abuse investigations pursuant to Section 115.34. Interviews with and training certifications indicate that all facility investigators have received specialized training for investigators. Interviews with the Sheriff's Deputies charged with investigating criminal complaints of sexual abuse confirm that in addition to training from the Sheriff's Department, they have also taken a specialized investigator training presented through the PREA Resource Center.

The PCJ Investigator and both Sheriff's Deputies interviewed articulated in detail the process of conducting a sexual abuse or sexual harassment investigation. All elaborated on the required specialized training elements; and were cognizant of techniques for interviewing victims, and of the criteria for substantiating allegations. The PCJ Investigator was aware of the criteria for referring PREA complaints for criminal investigation. He also discussed conducting interviews with the alleged victim, witnesses, and alleged abusers, without judgement. occur and/or continue whether the inmate(s) left he facility or the staff member resigned.

For a further assessment of the specialized training for investigators see Standard 115.34 above.

Investigations occur and/or continue whether the inmate(s) left he facility or the staff member resigned. This was the case when a PREA complaint against a PCJ employee was turned over to law enforcement on 9/18/17. The employee was terminated from her employment on 9/20/17, but the criminal investigation continued. The former employee was charged, and the criminal case was resolved through the court on 2/26/18.

## 115.71(e):

All allegations of sexual abuse/misconduct/harassment are taken seriously, and an administrative investigation is initiated immediately, and when appropriate, the case is referred to law enforcement. During the site review, an inmate, known to be a complainer, filed sexual abuse complaint. Regardless of the inmates' previous complaints, the Jail Commander took the allegation seriously, and referred it to law enforcement for criminal investigation.

## 115.71(f):

As per facility practice, a report is generated after the administrative investigation. A review of five reports shows that a description of physical and testimonial evidence is included. The reports also include an area wherein the investigator can make a determination of whether staff actions or failures to act contributed to the incident.

## 115.71(g):

Criminal investigations are maintained by the Sheriff's Department. Written information related

to the case, including the final report is maintained in the Department's computerized management information. Access to the material is strictly controlled and provided only to those with the "need to know".

#### 115.71(i):

PCJ Policy 350.04, Page 2, III, G refers to the retention of written reports. All written reports are retained as long as the alleged abuser in incarcerated or employed by the agency, plus five years.

## 115.71(j):

Policy 350.04: Investigations requires that investigations occur and/or continue whether the inmate(s) left he facility and/or the alleged perpetrator have left the facility. This was the case when a PREA complaint against a PCJ employee was turned over to law enforcement on 9/18/17. The employee was terminated from her employment on 9/20/17, but the criminal investigation continued. The former employee was charged, and the criminal case was resolved through the court on 2/26/18.

| 115.72 | Evidentiary standard for administrative investigations   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy: 350.04 Investigations  |
|        | Interviews:  |
|        | Security Captain   |
|        | PREA Coordinator/Manager   |
|        | Targeted Staff Interview – PCJ Investigator  |
|        | Sheriff's Department Investigators   |
|        | Site Review Observations:  |
|        | N/A  |
|        | Findings:  |
|        | Policy 340.04 C (1) states "An investigator uses the 'preponderance of evidence' standard in determining whether allegations of sexual abuse/harassment/misconduct are substantiated." Investigators interviewed indicated that they use the 'preponderance of evidence' standard in |
|        | determining whether an allegation is deemed "substantiated", "unsubstantiated", or "unfounded".  |

#### **Auditor Discussion**

The following evidence was analyzed in making the compliance determination:

Documents: PCJ Policy 350.01: Zero Tolerance PCJ Policy: 350.04: Investigations PCJ Policy 350.05: Response to Sexual Abuse/Harassment/Misconduct Marsey's Law Card

Interviews: Security Captain PREA Coordinator/Manager Targeted Staff Interview – PCJ Investigator Sheriff's Department Investigators

Site Review Observations: Inmate Kiosks

Findings (By Provision):

## 115.73(a)(b):

South Dakota has enacted Marsey's Law. As a result, law enforcement, in for the PCJ, the Sheriff's Department Investigators are required to inform the victim of all proceedings, including trial dates and outcomes. Investigators interviewed articulated their responsibilities to victims of sexual abuse, including informing then as to the outcome of the investigation.

During the past 12 months, there have been nor prosecutions resulting from criminal investigations into sexual abuse. Inmates are informed of final decisions through use of the kiosk.

## 115.73(c) (d):

PCJ uses the inmate kiosk to inform inmates of the following information: (1) That the staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility. As previously noted, the Sheriff's Department Investigator is responsible for informing the inmate that a staff member has been indicted or convicted on a charge related to the sexual abuse within the facility. Likewise, following an inmate's allegation that he or she has been sexually abused by another inmate, the Sheriff's Investigator is responsible for informing the inmate if the perpetrator has been indicted or convicted. If the allegation was "unsubstantiated", the facility notifies the inmate via the inmate kiosk. Notifications are documented in the JMS System.

Inmates interviewed, including the victim of sexual abuse, knew about using the kiosk, but seemed unaware that they could find the outcome of the PREA investigation on the kiosk. While the auditor viewed adequate evidence to find the facility in compliance with this standard, it is recommended that the PCJ ensure that inmates know that investigative results are available to them.

| 115.76 | Disciplinary sanctions for staff  |
|--------|---|
|        | Auditor Overall Determination: Exceeds Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:<br>PCJ Policy 350.01: Zero Tolerance   |
|        |   |
|        | Interviews:   |
|        | Jail Commander  |
|        | PREA Coordinator/Manager  |
|        | Security Captain  |
|        | PREA Coordinator/Manager  |
|        | Targeted Staff Interview – PCJ Investigator   |
|        | Random Staff Interview – Field Training Officer   |
|        | Site Review Observations:   |
|        | N/A   |
|        | Findings:   |
|        | 117.76 (a)-(d):   |
|        | PCJ 350.01: Zero Tolerance contains all provisions of this standard, including that staff will be subject to disciplinary sanctions for violation of policies related to sexual abuse(other than actually engaging in sexual abuse), harassment, and/or misconduct that are commensurate with the nature and circumstances of the acts committed, staff member's disciplinary history,  |
|        | and sanctions imposed for comparable offenses by other staff with similar histories.<br>Termination is the presumptive disciplinary sanction for staff who have engaged in sexual<br>abuse. Policy further states that all terminations for violations of agency sexual abuse or<br>sexual harassment, or resignations by staff who would have been terminated if not for their   |
|        | resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.   |
|        | No employees were accused of sexual abuse during the past audit period. However, an employee was accused of sexual abuse during this audit period. The allegation of inappropriate sexual contact was brought to administrators by staff who found it suspicious that the employee spent long periods of time behind a locked door with an inmate. The investigation was turned over to the Pennington County Sheriff's Department for criminal investigation on 9/18/17. The employee was terminated from her position on 9/20/17, and law |
|        | enforcement concluded their investigation on 9/22/17. Even though the employee no longer<br>worked at the Pennington County Jail, the case was prosecuted and resolved through the<br>Court on February 26, 2018  |

As a result of the former employee's action, the facility re-evaluated camera placement, and added an additional camera to monitor entrance and exits from the office used by the employee. The lock was removed from the office. The entire incident has been incorporated

into the facility's training for employees, volunteers, and contract employees. Interviews with staff indicate that the lesson of professionalism in all aspects of staff/inmate relationships is ingrained in all employees as a result of that incident. The Field Training Officer noted, without being asked, that one of the first items discussed with new employees is professionalism and prevention of any actions that could be construed as sexual in nature.

It is the auditor's opinion that the facility went above and beyond their duty to discipline by taking the additional actions described above.

| 7 | Corrective action for contractors and volunteers   |
|---|--|
|   | Auditor Overall Determination: Meets Standard  |
|   | Auditor Discussion   |
|   | The following evidence was analyzed in making the compliance determination:  |
|   | Documents:   |
|   | PCJ Policy 350.01: Zero Tolerance  |
|   | PREA Acknowledgement Form  |
|   | Interviews:  |
|   | Jail Commander   |
|   | PREA Coordinator/Manager   |
| I | Security Captain   |
|   | Targeted Staff Interview – Food Service Director   |
|   | Site Review Observations:  |
|   | Volunteer Check-In   |
|   | Findings:  |
|   | The  document, Pennington  County  Sheriff's  Office-Jail  Division  PREA  Acknowledgement  that the second sec |
|   | all volunteers and contractors sign specifies that violations of PREA policy may result in   |
|   | disciplinary sanctions and/or referral for criminal prosecution. During the site review, the   |
|   | auditor observed a volunteer checking into the facility. PREA policy was discussed with th   |
|   | volunteer and she signed the PREA Acknowledgement Form before being allowed to enter the   |
|   | facility. The auditor later observed an Administrative Assistant scan this document into the   |
|   | computerized information management system. Thus, the facility not only notifies the   |
|   | volunteer or contractor in writing of policy violation consequences, but also has the  |
|   | Acknowledgements available for review.   |
| I | Contract employees are subject to the same disciplinary actions as other PCJ employees.  |
|   | Policy 350.01 III.B states that South Dakota Law "specifies that sexual acts between any   |
|   | person employed at a jail and detainees is a felony which is punishable by two years in a state  |
|   | penitentiary in a state penitentiary and a \$2000.00 fine. Section III.M of the same policy states   |
|   | that "Termination will with the nature and circumstances of the crime. Additionally, policy  |
|   | requires that if a staff member/contractor is found guilty of sexual abuse, the information is   |
|   | turned over to local or federal law enforcement.   |
|   | The Food Services Director articulated the consequences for his employees if they violate PC   |
|   | policy.  |

| 115.78 | Disciplinary sanctions for inmates   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy 350.01: Zero Tolerance  |
|        | PREA Acknowledgement Form  |
|        | Disciplinary Hearing Reports   |
|        | Interviews:  |
|        | Jail Commander   |
|        | PREA Coordinator/Manager   |
|        | Security Captain   |
|        | Random Inmate Interviews   |
|        | Site Review Observations:  |
|        | N/A  |
|        | Findings (By Provision):   |
|        | 115.78(a):   |
|        | $\label{eq:action} A review of disciplinary hearing reports, interviews with Security Captain, and targeted inmates$ |
|        | indicated that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary                       |
|        | process following an administrative finding of a PREA violation. The PCJ delineates between                          |
|        | discipline and classification. For example, an inmate who sexually assaults another inmate                           |
|        | may receive 5 days of disciplinary lock down through the disciplinary hearing process. That                          |
|        | inmate may also be classified to Administrative Segregation because of the risk his/her                              |
|        | behavior poses to other inmates and the safe and secure environment. Once the inmate is                              |
|        | classified to Administrative Segregation, their classification is reviewed weekly to determine if it                 |
|        | is safe for their return to general population.  |
|        | 115.78(b) (c):   |
|        | The PCJ rule violation in most substantiated PREA allegations is 1.6 - Inmates will not have                         |
|        | sexual contact with any other person or engage in any sexual acts or demonstrate                                     |
|        | inappropriate sexual behavior while in the custody of the jail (Policy 320.01 III A [6]:                             |
|        | Disciplinary Offenses). The type of sexual offense and mitigating circumstances, as well as                          |
|        | whether an inmate's mental disabilities or mental illness contributed to his or her behavior are                     |
|        | considered when implementing sanctions. In one of the cases reviewed in which there was a                            |
|        | substantiated allegation of sexual harassment, the perpetrator received a 48-hour disciplinary                       |
|        | lock-down for her violation of rule 1.6. In another case of a substantiated assault allegation,                      |
|        | the perpetrator received 5 days of disciplinary lock down during her disciplinary hearing. The                       |
|        | hearing officer may impose longer or shorter disciplinary sanctions depending on mitigating                          |
|        | and aggravating factors.   |
|        | All rules and canotions for violating rules are provided to the inmate upon admission in the                         |

All rules and sanctions for violating rules are provided to the inmate upon admission in the Inmate Handbook.

## 115.78(d):

Mental Health staff indicated that they could offer coping skills for inmate abusers or perpetrators, but do not offer any focused therapy for perpetrators for their sexual abuse issues to address and correct underlying reasons or motivations for abuse.

# 115.78(f):

Policy 350.01 III K (1): Zero-Tolerance clearly states that reports made in good faith will not be subject to disciplinary sanction or criminal action. No inmates were placed in Administrative Segregation due to filing a PREA complaint during the past 12-month period.

# 115.78(g):

Rule 1.6 - Inmates will not have sexual contact with any other person or engage in any sexual acts or demonstrate inappropriate sexual behavior while in the custody of the jail (Policy 320.01 III A [6]: Disciplinary Offenses) is provided to inmates in the Inmate Handbook. One of the randomly selected inmates asked, "What's wrong with a little flirting and kissing with another inmate in my cell?" The auditor referred the inmate to the Handbook, and the inmate agreed they knew consensual sex was a rule violation.

| 115.81 | Medical and mental health screenings; history of sexual abuse  |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:   |
|        | PCJ Policy: 350.03 Admission Assessment  |
|        | PCJ Policy: 350.01 Zero Tolerance  |
|        | 14 Day Physical Exam Form  |
|        | Interviews:  |
|        | Targeted Staff Interviews – Medical Charge Nurse, Mental Health Staff  |
|        | Targeted Inmate Interview – Inmate that Disclosed Previous Sexual Abuse  |
|        | Random Inmate Interviews   |
|        | Random Staff Interviews  |
|        | Jail Commander   |
|        | Security Chief   |
|        | PREA Coordinator/Manager   |
|        | Site Review Observations:  |
|        | Medical and Mental Health Offices  |
|        | Findings (By Provision):   |
|        | 115.81(a),(b), (c):  |
|        | The Pennington County Jail provides all inmates with a medical and mental health screening.<br>If the screening indicates an inmate has experienced prior sexual victimization, whether it<br>occurred in an institutional setting or in the community, staff shall ensure that the inmate is<br>offered a follow-up meeting with a medical or mental health practitioner within 14 days of the<br>intake screening. Information provided on the PAQ stated that in the past 12 months, 100% of<br>inmates who disclosed prior sexual abuse were offered a follow-up meeting with medical or<br>mental health staff. All medical and mental health records are securely in CorEMR<br>computerized medical records management system. The information is available only to<br>medical and mental health and other staff, as necessary. Policies 350.01: Zero Tolerance and<br>350.03: Admissions Assessment, staff and inmate interviews supports this provision. |
|        | 115.81(d):<br>Any information related to sexual victimization or abusiveness that occurred in an institutional<br>setting is strictly limited to medical and mental health practitioners and other staff, as<br>necessary, to inform treatment plans and security and management decisions, including<br>housing, bed, work, education and program assignments, or as otherwise required by<br>Federal, State, or local law.   |
|        | 115.81(e):<br>Medical and mental health practitioners obtain informed consent from inmates before  |

reporting information about prior sexual victimization that did not occur in an institutional

| ĺ | setting. |
|---|----------|
|   |          |

| 115.82 | Access to emergency medical and mental health services   |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:<br>PCJ Policy: 350.05 Response to Sexual Abuse/Harassment/Misconduct<br>MOU   |
|        | Interviews:<br>Targeted Staff Interviews – Medical Charge Nurse, Mental Health Staff<br>Targeted Inmate Interview – Inmate that Disclosed Previous Sexual Abuse<br>Support Captain   |
|        | PREA Manager/Coordinator<br>Medical and Mental staff<br>Internal and External Investigators  |
|        | Security Captain<br>Targeted Inmate – Previously reported sexual abuse<br>Working Against Violence, Inc Phone Interview  |
|        | Site Review Observations:<br>Medical and Mental Health Offices<br>CorEMR medical records   |
|        | Findings:  |
|        | Policy 350.05 III.4 states "Arrangements are made by the deputy or investigator to have the inmate transferred to the Emergency Room of the Rapid City Regional Hospital, when appropriate, for physical examination, collection of evidence, and/or any prophylactic treatment. Treatment includes, but is not limited to, testing for pregnancy and sexually transmitted disease." The policy also requires that the Jail Medical Staff provide medical care, if needed, prior to the inmate's being transferred to the Regional Hospital. All medical records, including consent forms are maintained on the facility's computerized management medical records system, CorEMR. |
|        | Medical staff confirmed that they do not conduct forensic exams. External law enforcement<br>investigators, through a Memorandum of Understanding between the Sheriff's Department,<br>Sexual Assault Nurse Examiners (SANE), and local Rape Crisis Center, Working Against<br>Violence, Inc. (WAVI) arranges for immediate transportation to the hospital, ensures that a<br>SANE nurse will meet them, and contacts WAVI for mental health referrals. Medical and<br>mental health services are provided to victims free of charge.  |
|        | The Charge Nurse advised that the facility provides any necessary medications, as well as HIV testing for all inmates, including those that have reported sexual abuse prior to placement in the PCJ.  |

| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers   |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | Policy 350.03: Admission Assessment<br>Policy 350.05: Response to Sexual Assault, Harassment, Misconduct  |
|        | Interviews:   |
|        | Charge Nurse  |
|        | Support Captain   |
|        | Internal and External Investigators   |
|        | Inmate Victim of Sexual Abuse   |
|        | Inmate Victim of Sexual Harassment  |
|        | Random number of inmates  |
|        | Women Against Violence, Inc. (WAVI) – Telephone Interview   |
|        | REBOUND Program Coordinator   |
|        | Site Review Observations:   |
|        | N/A   |
|        | Findings (By Provision):  |
|        | 115.83 (a):   |
|        | Policy 350.03: Admission Assessment requires that inmates identified as high risk for   |
|        | victimization will are assessed by mental health or another qualified professional. Mental  |
|        | health staff advised that inmates who have previously reported sexual abuse or harassment, regardless of where it occurred, are considered high risk and evaluated.   |
|        | 115.83 (b):   |
|        | As provided in PCJ Policy 350.05 Response to Sexual Abuse/Harassment/Misconduct,<br>"Medical offers services as appropriate: to include but not limited to: follow-up medical care,<br>treatment plans, and referrals if necessary. Mental health is notified to provide services for the<br>victim; to include but not limited to, treatment plans and referrals as necessary. Medical and<br>Mental Health staff confirmed that they evaluate and provide treatment, as appropriate, to all |
|        | inmates who have been victimized by sexual abuse, regardless of where the abuse took<br>place.  |
|        | Policy also requires that the Jail Commander reviews a victimized inmate's information with medical and mental health staff to determine if the victim can be housed at the PCJ or, if in the victim's best interest and safety, the inmate should be moved to another facility.  |
|        | 115 83 (c)·   |

# 115.83 (c):

Medical and mental health services to victims are provided consistent with community level services. It is noted that the mental health staff member visits each housing unit, and inmates

may meet privately with staff. Inmates interviewed, including the two victims of sexual abuse and harassment, indicate they are very comfortable discussing issues with the facility's mental health staff. Inmates interviewed, including the two victims of sexual abuse and harassment, indicate they are very comfortable discussing issues with the facility's mental health staff. In addition to treatment provided by on-site mental health staff, the facility offers weekly sexual abuse/misconduct informational workshops in conjunction with the Rape Crisis Center, Working Against Violence, Inc. (WAVI). Medical services provide testing for sexually transmitted diseases, including HIV for all inmates.

To ensure continuity of services, inmates are referred to the Rebound Program. The Rebound Program Coordinator makes referrals to community services providers as part of PCJ's reentry plan to ensure that continuous support services are provided.

115.83 (d) (e) (f):

Medical staff and Sheriff's Department investigators confirmed that victims of sexually abusive vaginal penetration while incarcerated would be offered a pregnancy test. Treatment would be provided by the Rapid City Hospital. If pregnancy results from the abuse, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. At the time of the audit, none of the victims interviewed required medical attention after the incidents.

115.83 (g):

All treatment is provided free of charge and is consistent with the community level of care.

115.83 (h): This provision in not applicable to jails.

| 115.86 | Sexual abuse incident reviews   |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:  |
|        | PCJ Policy 350.01: Zero Tolerance<br>Sexual Abuse Review Team Reports   |
|        | Interviews:   |
|        | Sexual Abuse Review Team Members, including   |
|        | 1. PREA Coordinator/Manager   |
|        | 2. Security Captain   |
|        | 3. Support Captain<br>4. Booking Lt.  |
|        | 5. Housing Lt.  |
|        | Site Review Observations:   |
|        | N/A   |
|        | Findings (By Provision):  |
|        | 115.86(a)(c):   |
|        | PCJ Policy 350.01 Zero Tolerance (a)1. requires that the facility conduct an incident review at the conclusion of every sexual abuse investigation unless the investigation is determined to be unfounded. A review of randomly chosen Sexual Review Team meeting notes indicates that members of the Team are upper-management level employees, including the PREA Coordinator, Booking Lieutenant, and Designated Commander (either the Security or Support Captain) with participation from line supervisory staff. Interviews with the Booking Lieutenant, Security Captain, and PREA Coordinator/Manager confirmed that they participate on the Review Team. As provided in the PAQ, the facility had conducted nine review incidents in the past 12 months. |
|        | 115.86(b):<br>For the period of 3/31/18 thru 4/11/19, the Sexual Incident Review Team did not document<br>their findings. Since that time, meetings have been regularly held within 30 days after the<br>conclusion of the PREA investigation, thus bringing the facility into compliance with this<br>standard.  |
|        | 115.86(d):<br>As part of the review, the following factors are considered and documented: Whether the<br>allegation or investigation indicates a need to change policy or practice to better prevent,<br>detect, or respond to sexual abuse; and Whether the incident or allegation was motivated by<br>race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification,  |

status, or perceived status; gang affiliation; or other group dynamics at the facility. The review team also: Examines the area in the facility where the incident allegedly occurred to assess

whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; Prepares 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 Submits with the report to the Jail Commander and PREA compliance manager.

#### 115.86(d):

One of the Sexual Incident Review Team reports reviewed indicated that although the incident was found "unsubstantiated", the team recommended and implemented procedures to ensure that the type of incident would not occur. The original complaint was that one inmate watched another while changing clothes in the change out room in booking. During the investigation, it was noted that the pull-down covers for the change out windows do not retract completely unless locked. This could result in incidental viewing by persons in Body Scanner or Property Rooms. As a result, postings were placed by the windows to remind staff to completely close and lock the windows.

| 115.87 | Data collection  |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:                      |
|        | Documents:   |
|        | PCJ Policy 350.01: Zero Tolerance  |
|        | PCJ Policy 350.01, Appendix A: Definitions   |
|        | PCJ Website  |
|        | 2017 and 2018 Surveys for Sexual Violence  |
|        | Interviews:  |
|        | PREA Coordinator/Manager   |
|        | Jail Commander   |
|        | Site Review Observations:  |
|        | N/A  |
|        | Findings (By Provision):   |
|        | 115.87(a):   |
|        | Pennington County Jail Policy 350.01: Zero Tolerance III. (P) requires that sexual abuse data    |
|        | must be kept, reviewed, and securely retained. Definitions for terms in the PREA Statutes are    |
|        | in PCJ Policy 350.01 Appendix 1: Definitions. The facility collects data for every incident of   |
|        | sexual abuse and maintains this information on their computerized information management         |
|        | system. Access to sexual abuse data is limited to those who need to know. The system allows      |
|        | the PREA Coordinator/Manager to aggregate the information.                                       |
|        | 115.88(b):   |
|        | The PREA Coordinator aggregates information on sexual abuse at least annually.                   |
|        | 115.88(c):   |
|        | The data collected, will be 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      |
|        | (DOJ).   |
|        | 115.88(d):   |
|        | The agency maintains, reviews and collects data as needed from all available incident-based      |
|        | documents, including reports, investigation files and sexual abuse incident reviews. All such    |
|        | information is maintained on the facility's computerized information management system           |
|        | which enables specialized staff to review individual reports and aggregate data.                 |
|        | 115.88(e):   |
|        | This provision of this standard is not applicable to this facility because the facility does not |
|        | contract for the confinement of its inmates.   |

| 115.88(f):  |
|---|
| Upon request, or no later than June 30th, the facility provides aggregated data information for |
| the previous calendar year to DOJ. The PREA Coordinator/Manager prepares an Annual              |
| PREA Report summarizing the aggregated data.  |
|   |

| 115.88 | Data review for corrective action  |
|--------|--|
|        | Auditor Overall Determination: Meets Standard  |
|        | Auditor Discussion   |
|        | The following evidence was analyzed in making the compliance determination:  |
|        | Documents:<br>PCJ Policy 350.01: Zero Tolerance<br>PCJ Policy 350.01, Appendix A: Definitions<br>PCJ Website: https://docs.pennco.org/docs/SO/Jail/JPREAdata2017.pdf.<br>2017 and 2018 Annual PREA Reports   |
|        | Interviews:<br>PREA Coordinator/Manager<br>Jail Commander<br>Site Review Observations:<br>N/A  |
|        | Findings (By Provision):   |
|        | 115.88(a)<br>The PCJ has developed a method to review data collected and aggregated in order to assess<br>and improve the effectiveness of its sexual abuse prevention, detection, and response<br>policies, practices, and training, through: identifying problem areas; taking corrective action on<br>an ongoing basis; and preparing an annual report of its findings and corrective actions for<br>each facility, as well as the agency as a whole. The extent to which the PCJ has embraced the<br>use of data to improve the sexual safety of the inmates is indicated in the 2017 Report. While<br>retaining inmate's confidentiality, the report discusses to need to provide corrective training for<br>employees, enforce facility protocols, and add additional video monitoring. PRC has<br>incorporated a PREA incident between a contract staff member and an unnamed inmate into<br>its training program. Staff are walked through the incident and its consequences to<br>demonstrate a real-life example of major aspects of PREA. |
|        | 115.88(b):<br>The PCJ annual report includes a comparison of the current year's data and corrective actions<br>with those from prior years and provides an assessment of the facility's progress in addressing<br>sexual abuse.  |
|        | 115.88(c)(d):<br>Each annual PREA report is developed by the facility, approved and signed by the County<br>Sheriff. Reports are included on the facility's website,<br>https://docs.pennco.org/docs/SO/Jail/JPREAdata2017.pdf. and are easily accessible to the<br>public.  |

| 115.89 | Data storage, publication, and destruction  |
|--------|---|
|        | Auditor Overall Determination: Meets Standard   |
|        | Auditor Discussion  |
|        | The following evidence was analyzed in making the compliance determination:   |
|        | Documents:<br>PCJ Policy 350.01: Zero Tolerance<br>PCJ Website: https://docs.pennco.org/docs/SO/Jail/JPREAdata2017<br>Juvenile Justice Center website: https://www.pennco.org/index.asp?SEC=F9AB1C15-54CD-<br>475F-8899-B2D911B4A<br>AA1  |
|        | 2017 and 2018 Annual PREA Reports   |
|        | Interviews:<br>PREA Coordinator/Manager<br>PCJ Office Manager   |
|        | Site Review Observations:<br>Reception/Records Storage  |
|        | Findings (By Provision):  |
|        | <ul> <li>115.89(a):</li> <li>As provided in PCJ Policy 350.01: Zero-Tolerance, all data collected is securely retained.<br/>Interviews with the Office Manager and observation of administrative assistant staff members indicated that all information is securely maintained. The auditor observed administrative assistants scanning records into the computerized records management system and subsequently preparing records for shredding.<br/>The Pennington County Jail is a paperless facility. Data is maintained electronically, and reports are computer-generated.</li> </ul> |
|        | 115.89(b):<br>The Pennington County Sheriff's Department operates the Pennington County Jail and the<br>Juvenile Justice Center. Both facilities prepare annual reports with the aggregated sexual<br>abuse data from the specific facility. Aggregated sexual abuse data for each facility from 2016,<br>2017, and 2018 is located on each facility's webpage.   |
|        | 115.89(c):<br>Before making aggregated data available to the public, the agency removes all personal<br>identifiers.  |
|        | 115.89(d):<br>All PREA information, including aggregated sexual abuse data is retained for 10 years.  |

| 115.401 | Frequency and scope of audits  |
|---------|--|
|         | Auditor Overall Determination: Meets Standard  |
|         | Auditor Discussion   |
|         | The following evidence was analyzed in making the compliance determination:  |
|         | Documents:<br>PCJ PREA Audit Report: https://www.pennco.org/index.asp?SEC=855BB14A-A2F0-4FD7-<br>8182-637DF988C  |
|         | 287<br>Juvenile Services PREA Report: https://www.pennco.org/index.asp?SEC=F9AB1C15-54CD-<br>475F-8899-B2D911B4A   |
|         | AA1  |
|         | Interviews:<br>PREA Coordinator/Manager<br>Jail Commander  |
|         | Site Review Observations:<br>Access to all requested staff and inmates<br>Access to all requested records  |
|         | Findings (By Provision):   |
|         | 115.401 (a) (b):<br>During the three-year period beginning on August 20, 2013, The Pennington County Jail was<br>audited for PREA compliance within the first three years, with the onsite portion conducted<br>July 18-20, 2016 and the final report issued on Feb. 18, 2017. The second audit was<br>conducted in the third year of the second audit cycle on June 3-5, 2019. Likewise, the onsite<br>portion of Pennington County Juvenile Services Center was initially audited for compliance<br>with the PREA standards on July 21-22, 2016, with the final report being issues on March 17,<br>2017. A second PREA audit is being scheduled for the near future. Both facilities are operated<br>through the Pennington County Sheriff's Department. There have been no requests by the<br>Department of Justice to expedite PREA audits. |
|         | 115.401(h):<br>During the on-site review, the auditor was given access to all areas within the facility, including<br>private rooms for interviewing inmates and staff, offices, locked storage closets, etc.  |
|         | 115.401(i):<br>The auditor was permitted to request and receive copies of any relevant documentation,<br>including information that was stored electronically throughout the audit.  |
|         | 115.401 (m):<br>The auditor was permitted to conduct private interviews with inmates and staff ensuring<br>confidentiality to our conversation.  |

| 115.401(n):  |
|--|
| Inmates were notified six weeks before the audit on posted facility that they could send     |
| confidential correspondence that would be handled as legal mail and were given the auditor's |
| name and mailing address. I did not receive any correspondence from inmates of the           |
| Pennington County Jail.  |
|  |

| 115.403 | Audit contents and findings   |
|---------|---|
|         | Auditor Overall Determination: Meets Standard   |
|         | Auditor Discussion  |
|         | The following evidence was analyzed in making the compliance determination:   |
|         | Documents:  |
|         | PCJ PREA Audit Report: https://www.pennco.org/index.asp?SEC=855BB14A-A2F0-4FD7-<br>8182-637DF988C   |
|         | 287<br>Juvenile Services PREA Report: https://www.pennco.org/index.asp?SEC=F9AB1C15-54CD-<br>475F-8899-B2D911B4A  |
|         | AA1   |
|         | Interviews:   |
|         | N/A   |
|         | Site Review Observations:   |
|         | N/A   |
|         | Findings:   |
|         | 115.403:  |
|         | To determine compliance with this standard, the auditor reviewed the Pennington County  |
|         | Sheriff's Department's website. PREA audit reports for both the Juvenile Services Center and the Pennington County Jail were published and available to the public. |

| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  |     |
|------------|---|-----|
|            | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?                | yes |
|            | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |

| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator   |     |
|------------|--|-----|
|            | Has the agency employed or designated an agency-wide PREA Coordinator?   | yes |
|            | Is the PREA Coordinator position in the upper-level of the agency hierarchy?   | yes |
|            | 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 |

| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  |     |
|------------|---|-----|
|            | If this agency operates more than one facility, has each facility<br>designated a PREA compliance manager? (N/A if agency operates only<br>one facility.)                                     | yes |
|            | Does the PREA compliance manager have sufficient time and authority<br>to coordinate the facility's efforts to comply with the PREA standards?<br>(N/A if agency operates only one facility.) | yes |

| 115.12 (a) | Contracting with other entities for the confinement of inmates   |     |
|------------|--|-----|
|            | If this agency is public and it contracts for the confinement of its inmates<br>with private agencies or other entities including other government<br>agencies, has the agency included the entity's obligation to comply with<br>the PREA standards in any new contract or contract renewal signed on<br>or after August 20, 2012? (N/A if the agency does not contract with<br>private agencies or other entities for the confinement of inmates.) | yes |

| 115.12 (b) | Contracting with other entities for the confinement of inmates  |     |
|------------|---|-----|
|            | Does any new contract or contract renewal signed on or after August 20,<br>2012 provide for agency contract monitoring to ensure that the<br>contractor is complying with the PREA standards? (N/A if the agency<br>does not contract with private agencies or other entities for the<br>confinement of inmates.) | yes |

| 115.13 (a) | Supervision and monitoring   |     |
|------------|--|-----|
|            | Does the facility have a documented staffing plan that provides for<br>adequate levels of staffing and, where applicable, video monitoring, to<br>protect inmates against sexual abuse?  | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?                              | yes |
|            | 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 |
|            | 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 |
|            | 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 |
|            | 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 |
|            | In calculating adequate staffing levels and determining the need for<br>video monitoring, does the staffing plan take into consideration: All<br>components of the facility's physical plant (including "blind-spots" or<br>areas where staff or inmates may be isolated)? | yes |
|            | 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 |
|            | 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 |
|            | 99   |     |

| 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 |
|--|-----|
| 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 |
| In calculating adequate staffing levels and determining the need for<br>video monitoring, does the staffing plan take into consideration: The<br>prevalence of substantiated and unsubstantiated incidents of sexual<br>abuse? | yes |
| In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?   | yes |

| 115.13 (b) | Supervision and monitoring   |    |
|------------|--|----|
|            | 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.) | na |

| 115.13 (c) | Supervision and monitoring   |     |
|------------|--|-----|
|            | In the past 12 months, has the facility, in consultation with the agency<br>PREA Coordinator, assessed, determined, and documented whether<br>adjustments are needed to: The staffing plan established pursuant to<br>paragraph (a) of this section?                     | yes |
|            | In the past 12 months, has the facility, in consultation with the agency<br>PREA Coordinator, assessed, determined, and documented whether<br>adjustments are needed to: The facility's deployment of video monitoring<br>systems and other monitoring technologies?     | yes |
|            | In the past 12 months, has the facility, in consultation with the agency<br>PREA Coordinator, assessed, determined, and documented whether<br>adjustments are needed to: The resources the facility has available to<br>commit to ensure adherence to the staffing plan? | yes |

| 115.13 (d) | Supervision and monitoring  |     |
|------------|---|-----|
|            | Has the facility/agency implemented a policy and practice of having<br>intermediate-level or higher-level supervisors conduct and document<br>unannounced rounds to identify and deter staff sexual abuse and sexual<br>harassment?           | yes |
|            | Is this policy and practice implemented for night shifts as well as day shifts?   | yes |
|            | Does the facility/agency have a policy prohibiting staff from alerting other<br>staff members that these supervisory rounds are occurring, unless such<br>announcement is related to the legitimate operational functions of the<br>facility? | yes |

| 115.14 (a) | Youthful inmates  |    |
|------------|---|----|
|            | Does the facility place all youthful inmates in housing units that separate<br>them from sight, sound, and physical contact with any adult inmates<br>through use of a shared dayroom or other common space, shower area,<br>or sleeping quarters? (N/A if facility does not have youthful inmates<br>(inmates <18 years old).) | na |

| 115.14 (b) | Youthful inmates  |    |
|------------|---|----|
|            | 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).)   | na |
|            | In areas outside of housing units does the agency provide direct staff<br>supervision when youthful inmates and adult inmates have sight, sound,<br>or physical contact? (N/A if facility does not have youthful inmates<br>(inmates <18 years old).) | na |

| 115.14 (c) | Youthful inmates  |    |
|------------|---|----|
|            | Does the agency make its best efforts to avoid placing youthful inmates<br>in isolation to comply with this provision? (N/A if facility does not have<br>youthful inmates (inmates <18 years old).)   | na |
|            | Does the agency, while complying with this provision, allow youthful<br>inmates daily large-muscle exercise and legally required special<br>education services, except in exigent circumstances? (N/A if facility does<br>not have youthful inmates (inmates <18 years old).) | na |
|            | Do youthful inmates have access to other programs and work<br>opportunities to the extent possible? (N/A if facility does not have<br>youthful inmates (inmates <18 years old).)  | na |

| 115.15 (a) | Limits to cross-gender viewing and searches   |     |
|------------|---|-----|
|            | 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 |

| 115.15 (b) | Limits to cross-gender viewing and searches  |     |
|------------|--|-----|
|            | 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 |
|            | 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 |

| 115.15 (c) | Limits to cross-gender viewing and searches   |     |
|------------|---|-----|
|            | Does the facility document all cross-gender strip searches and cross-<br>gender visual body cavity searches?                        | yes |
|            | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |

| 115.15 (d) | Limits to cross-gender viewing and searches   |     |
|------------|---|-----|
|            | Does the facility have policies that enables inmates to shower, perform<br>bodily functions, and change clothing without nonmedical staff of the<br>opposite gender viewing their breasts, buttocks, or genitalia, except in<br>exigent circumstances or when such viewing is incidental to routine cell<br>checks?   | yes |
|            | Does the facility have procedures that enables inmates to shower,<br>perform bodily functions, and change clothing without nonmedical staff of<br>the opposite gender viewing their breasts, buttocks, or genitalia, except<br>in exigent circumstances or when such viewing is incidental to routine<br>cell checks? | yes |

| 115.15 (e) | Limits to cross-gender viewing and searches  |     |
|------------|--|-----|
|            | 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 |
|            | If an inmate's genital status is unknown, does the facility determine<br>genital status during conversations with the inmate, by reviewing medical<br>records, or, if necessary, by learning that information as part of a<br>broader medical examination conducted in private by a medical<br>practitioner? | yes |

| 115.15 (f) | Limits to cross-gender viewing and searches   |     |
|------------|---|-----|
|            | Does the facility/agency train security staff in how to conduct cross-<br>gender pat down searches in a professional and respectful manner, and<br>in the least intrusive manner possible, consistent with security needs?        | yes |
|            | 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 |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient   |     |
|------------|--|-----|
|            | Does the agency take appropriate steps to ensure that inmates with<br>disabilities have an equal opportunity to participate in or benefit from all<br>aspects of the agency's efforts to prevent, detect, and respond to sexual<br>abuse and sexual harassment, including: inmates who are deaf or hard<br>of hearing? | yes |

| Does the agency take appropriate steps to ensure that inmates with<br>disabilities have an equal opportunity to participate in or benefit from all<br>aspects of the agency's efforts to prevent, detect, and respond to sexual<br>abuse and sexual harassment, including: inmates who are blind or have<br>low vision?                          | yes |
|--|-----|
| Does the agency take appropriate steps to ensure that inmates with<br>disabilities have an equal opportunity to participate in or benefit from all<br>aspects of the agency's efforts to prevent, detect, and respond to sexual<br>abuse and sexual harassment, including: inmates who have intellectual<br>disabilities?                        | yes |
| Does the agency take appropriate steps to ensure that inmates with<br>disabilities have an equal opportunity to participate in or benefit from all<br>aspects of the agency's efforts to prevent, detect, and respond to sexual<br>abuse and sexual harassment, including: inmates who have psychiatric<br>disabilities?                         | yes |
| Does the agency take appropriate steps to ensure that inmates with<br>disabilities have an equal opportunity to participate in or benefit from all<br>aspects of the agency's efforts to prevent, detect, and respond to sexual<br>abuse and sexual harassment, including: inmates who have speech<br>disabilities?                              | yes |
| Does the agency take appropriate steps to ensure that inmates with<br>disabilities have an equal opportunity to participate in or benefit from all<br>aspects of the agency's efforts to prevent, detect, and respond to sexual<br>abuse and sexual harassment, including: Other (if "other," please explain<br>in overall determination notes.) | yes |
| Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  | yes |
| Do such steps include, when necessary, providing access to interpreters<br>who can interpret effectively, accurately, and impartially, both receptively<br>and expressively, using any necessary specialized vocabulary?   | yes |
| Does the agency ensure that written materials are provided in formats or<br>through methods that ensure effective communication with inmates with<br>disabilities including inmates who: Have intellectual disabilities?   | yes |
| Does the agency ensure that written materials are provided in formats or<br>through methods that ensure effective communication with inmates with<br>disabilities including inmates who: Have limited reading skills?  | yes |
| Does the agency ensure that written materials are provided in formats or<br>through methods that ensure effective communication with inmates with<br>disabilities including inmates who: are blind or have low vision?   | yes |

| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient   |     |
|------------|--|-----|
|            | Does the agency take reasonable steps to ensure meaningful access to<br>all aspects of the agency's efforts to prevent, detect, and respond to<br>sexual abuse and sexual harassment to inmates who are limited English<br>proficient? | yes |
|            | Do these steps include providing interpreters who can interpret<br>effectively, accurately, and impartially, both receptively and expressively,<br>using any necessary specialized vocabulary?   | yes |

| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient   |     |
|------------|--|-----|
|            | Does the agency always refrain from relying on inmate interpreters,<br>inmate readers, or other types of inmate assistance except in limited<br>circumstances where an extended delay in obtaining an effective<br>interpreter could compromise the inmate's safety, the performance of<br>first-response duties under §115.64, or the investigation of the inmate's<br>allegations? | yes |

| 115.17 (a) | Hiring and promotion decisions  |     |
|------------|---|-----|
|            | Does the agency prohibit the hiring or promotion of anyone who may<br>have contact with inmates who has engaged in sexual abuse in a prison,<br>jail, lockup, community confinement facility, juvenile facility, or other<br>institution (as defined in 42 U.S.C. 1997)?  | yes |
|            | Does the agency prohibit the hiring or promotion of anyone who may<br>have contact with inmates who has been convicted of engaging or<br>attempting to engage in sexual activity in the community facilitated by<br>force, overt or implied threats of force, or coercion, or if the victim did not<br>consent or was unable to consent or refuse?            | yes |
|            | Does the agency prohibit the hiring or promotion of anyone who may<br>have contact with inmates who has been civilly or administratively<br>adjudicated to have engaged in the activity described in the two bullets<br>immediately above?  | yes |
|            | Does the agency prohibit the enlistment of services of any contractor<br>who may have contact with inmates who has engaged in sexual abuse in<br>a prison, jail, lockup, community confinement facility, juvenile facility, or<br>other institution (as defined in 42 U.S.C. 1997)?   | yes |
|            | Does the agency prohibit the enlistment of services of any contractor<br>who may have contact with inmates who has been convicted of engaging<br>or attempting to engage in sexual activity in the community facilitated by<br>force, overt or implied threats of force, or coercion, or if the victim did not<br>consent or was unable to consent or refuse? | yes |
|            | Does the agency prohibit the enlistment of services of any contractor<br>who may have contact with inmates who has been civilly or<br>administratively adjudicated to have engaged in the activity described in<br>the two bullets immediately above?   | yes |

| 115.17 (b) | Hiring and promotion decisions  |     |
|------------|---|-----|
|            | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |

| 115.17 (c) | Hiring and promotion decisions   |     |
|------------|--|-----|
|            | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?  | yes |
|            | Before hiring new employees who may have contact with inmates, does<br>the agency, consistent with Federal, State, and local law, make its best<br>efforts to contact all prior institutional employers for information on<br>substantiated allegations of sexual abuse or any resignation during a<br>pending investigation of an allegation of sexual abuse? | yes |

| 115.17 (d) | Hiring and promotion decisions   |     |
|------------|--|-----|
|            | Does the agency perform a criminal background records check before<br>enlisting the services of any contractor who may have contact with<br>inmates? | yes |

| 115.17 (e) | Hiring and promotion decisions  |     |
|------------|---|-----|
|            | Does the agency either conduct criminal background records checks at<br>least every five years of current employees and contractors who may<br>have contact with inmates or have in place a system for otherwise<br>capturing such information for current employees? | yes |

| 115.17 (f) | Hiring and promotion decisions   |     |
|------------|--|-----|
|            | Does the agency ask all applicants and employees who may have<br>contact with inmates directly about previous misconduct described in<br>paragraph (a) of this section in written applications or interviews for<br>hiring or promotions?                                  | yes |
|            | Does the agency ask all applicants and employees who may have<br>contact with inmates directly about previous misconduct described in<br>paragraph (a) of this section in any interviews or written self-evaluations<br>conducted as part of reviews of current employees? | yes |
|            | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?   | yes |

| 115.17 (g) | Hiring and promotion decisions  |     |
|------------|---|-----|
|            | Does the agency consider material omissions regarding such<br>misconduct, or the provision of materially false information, grounds for<br>termination? | yes |

| 115.17 (h) | 15.17 (h) Hiring and promotion decisions  |     |
|------------|---|-----|
|            | Does the agency provide information on substantiated allegations of<br>sexual abuse or sexual harassment involving a former employee upon<br>receiving a request from an institutional employer for whom such<br>employee has applied to work? (N/A if providing information on<br>substantiated allegations of sexual abuse or sexual harassment involving<br>a former employee is prohibited by law.) | yes |

| 115.18 (a) | Upgrades to facilities and technologies   |     |  |
|------------|---|-----|--|
|            | If the agency designed or acquired any new facility or planned any<br>substantial expansion or modification of existing facilities, did the agency<br>consider the effect of the design, acquisition, expansion, or modification<br>upon the agency's ability to protect inmates from sexual abuse? (N/A if<br>agency/facility has not acquired a new facility or made a substantial<br>expansion to existing facilities since August 20, 2012, or since the last<br>PREA audit, whichever is later.) | yes |  |

| 115.18 (b) | Upgrades to facilities and technologies   |     |  |
|------------|---|-----|--|
|            | If the agency installed or updated a video monitoring system, electronic<br>surveillance system, or other monitoring technology, did the agency<br>consider how such technology may enhance the agency's ability to<br>protect inmates from sexual abuse? (N/A if agency/facility has not<br>installed or updated a video monitoring system, electronic surveillance<br>system, or other monitoring technology since August 20, 2012, or since<br>the last PREA audit, whichever is later.) | yes |  |

| 115.21 (a) | Evidence protocol and forensic medical examinations  |     |
|------------|--|-----|
|            | If the agency is responsible for investigating allegations of sexual abuse,<br>does the agency follow a uniform evidence protocol that maximizes the<br>potential for obtaining usable physical evidence for administrative<br>proceedings and criminal prosecutions? (N/A if the agency/facility is not<br>responsible for conducting any form of criminal OR administrative sexual<br>abuse investigations.) | yes |

| 115.21 (b) | Evidence protocol and forensic medical examinations  |    |
|------------|--|----|
|            | Is this protocol developmentally appropriate for youth where applicable?<br>(N/A if the agency/facility is not responsible for conducting any form of<br>criminal OR administrative sexual abuse investigations.)  | na |
|            | Is this protocol, as appropriate, adapted from or otherwise based on the<br>most recent edition of the U.S. Department of Justice's Office on<br>Violence Against Women publication, "A National Protocol for Sexual<br>Assault Medical Forensic Examinations, Adults/Adolescents," or similarly<br>comprehensive and authoritative protocols developed after 2011? (N/A if<br>the agency/facility is not responsible for conducting any form of criminal<br>OR administrative sexual abuse investigations.) | na |

| 115.21 (c) | Evidence protocol and forensic medical examinations   |     |
|------------|---|-----|
|            | Does the agency offer all victims of sexual abuse access to forensic<br>medical examinations, whether on-site or at an outside facility, without<br>financial cost, where evidentiarily or medically appropriate? | yes |
|            | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  | yes |
|            | 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 |
|            | Has the agency documented its efforts to provide SAFEs or SANEs?  | yes |

| 115.21 (d) | Evidence protocol and forensic medical examinations   |     |
|------------|---|-----|
|            | Does the agency attempt to make available to the victim a victim a victim advocate from a rape crisis center?   | yes |
|            | If a rape crisis center is not available to provide victim advocate services,<br>does the agency make available to provide these services a qualified<br>staff member from a community-based organization, or a qualified<br>agency staff member? (N/A if the agency always makes a victim<br>advocate from a rape crisis center available to victims.) | yes |
|            | Has the agency documented its efforts to secure services from rape crisis centers?  | yes |

| 115.21 (e) | Evidence protocol and forensic medical examinations  |     |
|------------|--|-----|
|            | As requested by the victim, does the victim advocate, qualified agency<br>staff member, or qualified community-based organization staff member<br>accompany and support the victim through the forensic medical<br>examination process and investigatory interviews? | yes |
|            | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?   | yes |

| 115.21 (f) | Evidence protocol and forensic medical examinations  |     |
|------------|--|-----|
|            | If the agency itself is not responsible for investigating allegations of<br>sexual abuse, has the agency requested that the investigating agency<br>follow the requirements of paragraphs (a) through (e) of this section?<br>(N/A if the agency/facility is responsible for conducting criminal AND<br>administrative sexual abuse investigations.) | yes |

| 115.21 (h) | Evidence protocol and forensic medical examinations  |     |
|------------|--|-----|
|            | If the agency uses a qualified agency staff member or a qualified<br>community-based staff member for the purposes of this section, has the<br>individual been screened for appropriateness to serve in this role and<br>received education concerning sexual assault and forensic examination<br>issues in general? (N/A if agency always makes a victim advocate from a<br>rape crisis center available to victims.) | yes |

| 115.22 (a) | Policies to ensure referrals of allegations for investigations  |     |
|------------|---|-----|
|            | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?      | yes |
|            | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

| 115.22 (b) | Policies to ensure referrals of allegations for investigations   |     |
|------------|--|-----|
|            | Does the agency have a policy and practice in place to ensure that<br>allegations of sexual abuse or sexual harassment are referred for<br>investigation to an agency with the legal authority to conduct criminal<br>investigations, unless the allegation does not involve potentially criminal<br>behavior? | yes |
|            | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  | yes |
|            | Does the agency document all such referrals?   | yes |

| 115.22 (c) | Policies to ensure referrals of allegations for investigations  |     |
|------------|---|-----|
|            | If a separate entity is responsible for conducting criminal investigations,<br>does the policy describe the responsibilities of both the agency and the<br>investigating entity? (N/A if the agency/facility is responsible for criminal<br>investigations. See 115.21(a).) | yes |

| 115.31 (a) | Employee training   |     |
|------------|---|-----|
|            | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  | yes |
|            | Does the agency train all employees who may have contact with inmates<br>on how to fulfill their responsibilities under agency sexual abuse and<br>sexual harassment prevention, detection, reporting, and response<br>policies and procedures? | yes |
|            | 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 |
|            | Does the agency train all employees who may have contact with inmates<br>on the right of inmates and employees to be free from retaliation for<br>reporting sexual abuse and sexual harassment?   | yes |
|            | Does the agency train all employees who may have contact with inmates<br>on the dynamics of sexual abuse and sexual harassment in<br>confinement?   | yes |
|            | Does the agency train all employees who may have contact with inmates<br>on the common reactions of sexual abuse and sexual harassment<br>victims?  | yes |
|            | Does the agency train all employees who may have contact with inmates<br>on how to detect and respond to signs of threatened and actual sexual<br>abuse?  | yes |
|            | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?   | yes |
|            | Does the agency train all employees who may have contact with inmates<br>on how to communicate effectively and professionally with inmates,<br>including lesbian, gay, bisexual, transgender, intersex, or gender<br>nonconforming inmates?     | yes |
|            | Does the agency train all employees who may have contact with inmates<br>on how to comply with relevant laws related to mandatory reporting of<br>sexual abuse to outside authorities?  | yes |

| 115.31 (b) | Employee training   |     |
|------------|---|-----|
|            | Is such training tailored to the gender of the inmates at the employee's facility?  | yes |
|            | 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 |

| 115.31 (c) | Employee training  |     |
|------------|--|-----|
|            | Have all current employees who may have contact with inmates received such training?   | yes |
|            | Does the agency provide each employee with refresher training every<br>two years to ensure that all employees know the agency's current sexual<br>abuse and sexual harassment policies and procedures? | yes |
|            | In years in which an employee does not receive refresher training, does<br>the agency provide refresher information on current sexual abuse and<br>sexual harassment policies?                         | yes |

| 115.31 (d) | Employee training   |     |
|------------|---|-----|
|            | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |

| 115.32 (a) | Volunteer and contractor training  |     |
|------------|--|-----|
|            | Has the agency ensured that all volunteers and contractors who have<br>contact with inmates have been trained on their responsibilities under<br>the agency's sexual abuse and sexual harassment prevention, detection,<br>and response policies and procedures? | yes |

| 115.32 (b) Volunteer and contractor training |  |     |
|--|--|-----|
|  | Have all volunteers and contractors who have contact with inmates been<br>notified of the agency's zero-tolerance policy regarding sexual abuse<br>and sexual harassment and informed how to report such incidents (the<br>level and type of training provided to volunteers and contractors shall be<br>based on the services they provide and level of contact they have with<br>inmates)? | yes |

| 115.32 (c) | Volunteer and contractor training   |     |
|------------|---|-----|
|            | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

| 115.33 (a) | Inmate education  |     |
|------------|---|-----|
|            | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
|            | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?      | yes |

| 115.33 (b) | Inmate education   |     |
|------------|--|-----|
|            | Within 30 days of intake, does the agency provide comprehensive<br>education to inmates either in person or through video regarding: Their<br>rights to be free from sexual abuse and sexual harassment?       | yes |
|            | Within 30 days of intake, does the agency provide comprehensive<br>education to inmates either in person or through video regarding: Their<br>rights to be free from retaliation for reporting such incidents? | yes |
|            | Within 30 days of intake, does the agency provide comprehensive<br>education to inmates either in person or through video regarding:<br>Agency policies and procedures for responding to such incidents?       | yes |

| 115.33 (c) | Inmate education   |     |
|------------|--|-----|
|            | Have all inmates received the comprehensive education referenced in 115.33(b)?   | yes |
|            | 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 |

| 115.33 (d) | Inmate education  |     |
|------------|---|-----|
|            | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
|            | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?                       | yes |
|            | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?          | yes |
|            | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?         | yes |
|            | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?    | yes |

| 115.33 (e) | Inmate education  |     |
|------------|---|-----|
|            | Does the agency maintain documentation of inmate participation in these education sessions? | yes |

| 115.33 (f) | Inmate education  |     |
|------------|---|-----|
|            | In addition to providing such education, does the agency ensure that key<br>information is continuously and readily available or visible to inmates<br>through posters, inmate handbooks, or other written formats? | yes |

| 115.34 (a) | Specialized training: Investigations  |     |
|------------|---|-----|
|            | 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 |

| 115.34 (b) | Specialized training: Investigations   |     |
|------------|--|-----|
|            | 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 |
|            | 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 |
|            | 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 |
|            | Does this specialized training include the criteria and evidence required<br>to substantiate a case for administrative action or prosecution referral?<br>(N/A if the agency does not conduct any form of administrative or<br>criminal sexual abuse investigations. See 115.21(a).) | yes |

| 115.34 (c) | Specialized training: Investigations  |     |
|------------|---|-----|
|            | Does the agency maintain documentation that agency investigators have<br>completed the required specialized training in conducting sexual abuse<br>investigations? (N/A if the agency does not conduct any form of<br>administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

| 115.35 (a) | Specialized training: Medical and mental health care   |     |
|------------|--|-----|
|            | Does the agency ensure that all full- and part-time medical and mental<br>health care practitioners who work regularly in its facilities have been<br>trained in how to detect and assess signs of sexual abuse and sexual<br>harassment? (N/A if the agency does not have any full- or part-time<br>medical or mental health care practitioners who work regularly in its<br>facilities.)                           | yes |
|            | Does the agency ensure that all full- and part-time medical and mental<br>health care practitioners who work regularly in its facilities have been<br>trained in how to preserve physical evidence of sexual abuse? (N/A if the<br>agency does not have any full- or part-time medical or mental health<br>care practitioners who work regularly in its facilities.)   | yes |
|            | Does the agency ensure that all full- and part-time medical and mental<br>health care practitioners who work regularly in its facilities have been<br>trained in how to respond effectively and professionally to victims of<br>sexual abuse and sexual harassment? (N/A if the agency does not have<br>any full- or part-time medical or mental health care practitioners who<br>work regularly in its facilities.) | yes |
|            | Does the agency ensure that all full- and part-time medical and mental<br>health care practitioners who work regularly in its facilities have been<br>trained in how and to whom to report allegations or suspicions of sexual<br>abuse and sexual harassment? (N/A if the agency does not have any<br>full- or part-time medical or mental health care practitioners who work<br>regularly in its facilities.)      | yes |

| 115.35 (b) | Specialized training: Medical and mental health care  |    |
|------------|---|----|
|            | If medical staff employed by the agency conduct forensic examinations,<br>do such medical staff receive appropriate training to conduct such<br>examinations? (N/A if agency medical staff at the facility do not conduct<br>forensic exams or the agency does not employ medical staff.) | na |

| 115.35 (c) | Specialized training: Medical and mental health care   |     |
|------------|--|-----|
|            | Does the agency maintain documentation that medical and mental<br>health practitioners have received the training referenced in this<br>standard either from the agency or elsewhere? (N/A if the agency does<br>not have any full- or part-time medical or mental health care practitioners<br>who work regularly in its facilities.) | yes |

| 115.35 (d) | Specialized training: Medical and mental health care  |     |
|------------|---|-----|
|            | 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 |
|            | Do medical and mental health care practitioners contracted by or<br>volunteering for the agency also receive training mandated for<br>contractors and volunteers by §115.32? (N/A if the agency does not<br>have any full- or part-time medical or mental health care practitioners<br>contracted by or volunteering for the agency.) | yes |

| 115.41 (a) | Screening for risk of victimization and abusiveness   |     |
|------------|---|-----|
|            | Are all inmates assessed during an intake screening for their risk of<br>being sexually abused by other inmates or sexually abusive toward other<br>inmates?        | yes |
|            | Are all inmates assessed upon transfer to another facility for their risk of<br>being sexually abused by other inmates or sexually abusive toward other<br>inmates? | yes |

| 115.41 (b) | Screening for risk of victimization and abusiveness                                    |     |
|------------|--|-----|
|            | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |

| 115.41 (c) | Screening for risk of victimization and abusiveness                                   |     |
|------------|---|-----|
|            | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.41 (d) | Screening for risk of victimization and abusiveness  |     |
|------------|--|-----|
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (1) Whether the inmate<br>has a mental, physical, or developmental disability?   | yes |
|            | 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 |
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (3) The physical build<br>of the inmate?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (4) Whether the inmate<br>has previously been incarcerated?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (5) Whether the<br>inmate's criminal history is exclusively nonviolent?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (6) Whether the inmate<br>has prior convictions for sex offenses against an adult or child?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (7) Whether the inmate<br>is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or<br>gender nonconforming (the facility affirmatively asks the inmate about<br>his/her sexual orientation and gender identity AND makes a subjective<br>determination based on the screener's perception whether the inmate is<br>gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (8) Whether the inmate<br>has previously experienced sexual victimization?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (9) The inmate's own<br>perception of vulnerability?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria<br>to assess inmates for risk of sexual victimization: (10) Whether the<br>inmate is detained solely for civil immigration purposes?  | yes |

| 115.41 (e) | Screening for risk of victimization and abusiveness  |     |
|------------|--|-----|
|            | 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 |
|            | In assessing inmates for risk of being sexually abusive, does the initial<br>PREA risk screening consider, as known to the agency: prior convictions<br>for violent offenses?                  | yes |
|            | In assessing inmates for risk of being sexually abusive, does the initial<br>PREA risk screening consider, as known to the agency: history of prior<br>institutional violence or sexual abuse? | yes |

| 115.41 (f) | Screening for risk of victimization and abusiveness  |     |
|------------|--|-----|
|            | Within a set time period not more than 30 days from the inmate's arrival<br>at the facility, does the facility reassess the inmate's risk of victimization<br>or abusiveness based upon any additional, relevant information received<br>by the facility since the intake screening? | yes |

| 115.41 (g) | Screening for risk of victimization and abusiveness   |     |
|------------|---|-----|
|            | Does the facility reassess an inmate's risk level when warranted due to a referral?   | yes |
|            | Does the facility reassess an inmate's risk level when warranted due to a request?  | yes |
|            | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  | yes |
|            | Does the facility reassess an inmate's risk level when warranted due to<br>receipt of additional information that bears on the inmate's risk of sexual<br>victimization or abusiveness? | yes |

| 115.41 (h) | Screening for risk of victimization and abusiveness  |     |
|------------|--|-----|
|            | Is it the case that inmates are not ever disciplined for refusing to answer,<br>or for not disclosing complete information in response to, questions<br>asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this<br>section? | yes |

| 115.41 (i) | Screening for risk of victimization and abusiveness   |     |
|------------|---|-----|
|            | Has the agency implemented appropriate controls on the dissemination<br>within the facility of responses to questions asked pursuant to this<br>standard in order to ensure that sensitive information is not exploited to<br>the inmate's detriment by staff or other inmates? | yes |

| 115.42 (a) | Use of screening information  |     |
|------------|---|-----|
|            | Does the agency use information from the risk screening required by §<br>115.41, with the goal of keeping separate those inmates at high risk of<br>being sexually victimized from those at high risk of being sexually<br>abusive, to inform: Housing Assignments?   | yes |
|            | 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 |
|            | Does the agency use information from the risk screening required by §<br>115.41, with the goal of keeping separate those inmates at high risk of<br>being sexually victimized from those at high risk of being sexually<br>abusive, to inform: Work Assignments?      | yes |
|            | Does the agency use information from the risk screening required by §<br>115.41, with the goal of keeping separate those inmates at high risk of<br>being sexually victimized from those at high risk of being sexually<br>abusive, to inform: Education Assignments? | yes |
|            | Does the agency use information from the risk screening required by §<br>115.41, with the goal of keeping separate those inmates at high risk of<br>being sexually victimized from those at high risk of being sexually<br>abusive, to inform: Program Assignments?   | yes |

| 115.42 (b) | Use of screening information  |     |
|------------|---|-----|
|            | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |

| 115.42 (c) | Use of screening information   |     |
|------------|--|-----|
|            | 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-<br>by-case basis, whether a placement would ensure the inmate's health<br>and safety, and whether a placement would present management or<br>security problems (NOTE: if an agency by policy or practice assigns<br>inmates to a male or female facility on the basis of anatomy alone, that<br>agency is not in compliance with this standard)? | yes |
|            | When making housing or other program assignments for transgender or<br>intersex inmates, does the agency consider, on a case-by-case basis,<br>whether a placement would ensure the inmate's health and safety, and<br>whether a placement would present management or security problems?  | yes |

| 115.42 (d) | Use of screening information   |     |
|------------|--|-----|
|            | Are placement and programming assignments for each transgender or<br>intersex inmate reassessed at least twice each year to review any<br>threats to safety experienced by the inmate? | yes |

| 115.42 (e) | Use of screening information  |     |
|------------|---|-----|
|            | Are each transgender or intersex inmate's own views with respect to his<br>or her own safety given serious consideration when making facility and<br>housing placement decisions and programming assignments? | yes |

| 115.42 (f) | Use of screening information  |     |
|------------|---|-----|
|            | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |

| 115.42 (g) | Use of screening information  |     |
|------------|---|-----|
|            | Unless placement is in a dedicated facility, unit, or wing established in<br>connection with a consent decree, legal settlement, or legal judgment for<br>the purpose of protecting lesbian, gay, bisexual, transgender, or intersex<br>inmates, does the agency always refrain from placing: lesbian, gay, and<br>bisexual inmates in dedicated facilities, units, or wings solely on the basis<br>of such identification or status? (N/A if the agency has a dedicated<br>facility, unit, or wing solely for the placement of LGBT or I inmates<br>pursuant to a consent degree, legal settlement, or legal judgement.) | yes |
|            | Unless placement is in a dedicated facility, unit, or wing established in<br>connection with a consent decree, legal settlement, or legal judgment for<br>the purpose of protecting lesbian, gay, bisexual, transgender, or intersex<br>inmates, does the agency always refrain from placing: transgender<br>inmates in dedicated facilities, units, or wings solely on the basis of such<br>identification or status? (N/A if the agency has a dedicated facility, unit,<br>or wing solely for the placement of LGBT or I inmates pursuant to a<br>consent degree, legal settlement, or legal judgement.)                | yes |
|            | Unless placement is in a dedicated facility, unit, or wing established in<br>connection with a consent decree, legal settlement, or legal judgment for<br>the purpose of protecting lesbian, gay, bisexual, transgender, or intersex<br>inmates, does the agency always refrain from placing: intersex inmates<br>in dedicated facilities, units, or wings solely on the basis of such<br>identification or status? (N/A if the agency has a dedicated facility, unit,<br>or wing solely for the placement of LGBT or I inmates pursuant to a<br>consent degree, legal settlement, or legal judgement.)                   | yes |

| 115.43 (a) | Protective Custody  |     |
|------------|---|-----|
|            | Does the facility always refrain from placing inmates at high risk for<br>sexual victimization in involuntary segregated housing unless an<br>assessment of all available alternatives has been made, and a<br>determination has been made that there is no available alternative<br>means of separation from likely abusers? | yes |
|            | 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 |

| 115.43 (b) | Protective Custody  |     |
|------------|---|-----|
|            | Do inmates who are placed in segregated housing because they are at<br>high risk of sexual victimization have access to: Programs to the extent<br>possible?  | yes |
|            | Do inmates who are placed in segregated housing because they are at<br>high risk of sexual victimization have access to: Privileges to the extent<br>possible?  | yes |
|            | 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 |
|            | 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 |
|            | If the facility restricts any access to programs, privileges, education, or<br>work opportunities, does the facility document the opportunities that<br>have been limited? (N/A if the facility never restricts access to programs,<br>privileges, education, or work opportunities.) | yes |
|            | If the facility restricts access to programs, privileges, education, or work<br>opportunities, does the facility document the duration of the limitation?<br>(N/A if the facility never restricts access to programs, privileges,<br>education, or work opportunities.)               | yes |
|            | If the facility restricts access to programs, privileges, education, or work<br>opportunities, does the facility document the reasons for such<br>limitations? (N/A if the facility never restricts access to programs,<br>privileges, education, or work opportunities.)             | yes |

| 115.43 (c) | Protective Custody   |     |
|------------|--|-----|
|            | 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 |
|            | Does such an assignment not ordinarily exceed a period of 30 days?   | yes |

| 115.43 (d) | Protective Custody  |     |
|------------|---|-----|
|            | 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 |
|            | 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 |

| 115.43 (e) | Protective Custody   |     |
|------------|--|-----|
|            | In the case of each inmate who is placed in involuntary segregation<br>because he/she is at high risk of sexual victimization, does the facility<br>afford a review to determine whether there is a continuing need for<br>separation from the general population EVERY 30 DAYS? | yes |

| 115.51 (a) | Inmate reporting  |     |
|------------|---|-----|
|            | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?   | yes |
|            | 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 |
|            | 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 |

| 115.51 (b) | Inmate reporting   |     |
|------------|--|-----|
|            | Does the agency also provide at least one way for inmates to report<br>sexual abuse or sexual harassment to a public or private entity or office<br>that is not part of the agency?  | yes |
|            | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?   | yes |
|            | Does that private entity or office allow the inmate to remain anonymous upon request?  | yes |
|            | Are inmates detained solely for civil immigration purposes provided<br>information on how to contact relevant consular officials and relevant<br>officials at the Department of Homeland Security? (N/A if the facility<br>never houses inmates detained solely for civil immigration purposes.) | yes |

| 115.51 (c) | Inmate reporting  |     |
|------------|---|-----|
|            | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
|            | Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  | yes |

| 115.51 (d) | Inmate reporting  |     |
|------------|---|-----|
|            | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |

| 115.52 (a) | Exhaustion of administrative remedies  |    |
|------------|--|----|
|            | Is the agency exempt from this standard? NOTE: The agency is exempt<br>ONLY if it does not have administrative procedures to address inmate<br>grievances regarding sexual abuse. This does not mean the agency is<br>exempt simply because an inmate does not have to or is not ordinarily<br>expected to submit a grievance to report sexual abuse. This means that<br>as a matter of explicit policy, the agency does not have an administrative<br>remedies process to address sexual abuse. | no |

| 115.52 (b) | Exhaustion of administrative remedies   |     |
|------------|---|-----|
|            | 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 |
|            | Does the agency always refrain from requiring an inmate to use any<br>informal grievance process, or to otherwise attempt to resolve with staff,<br>an alleged incident of sexual abuse? (N/A if agency is exempt from this<br>standard.)   | yes |

| 115.52 (c) | Exhaustion of administrative remedies   |     |
|------------|---|-----|
|            | 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 |
|            | Does the agency ensure that: Such grievance is not referred to a staff<br>member who is the subject of the complaint? (N/A if agency is exempt<br>from this standard.)  | yes |

| 115.52 (d) | Exhaustion of administrative remedies  |     |
|------------|--|-----|
|            | Does the agency issue a final agency decision on the merits of any<br>portion of a grievance alleging sexual abuse within 90 days of the initial<br>filing of the grievance? (Computation of the 90-day time period does not<br>include time consumed by inmates in preparing any administrative<br>appeal.) (N/A if agency is exempt from this standard.)                               | yes |
|            | If the agency claims the maximum allowable extension of time to<br>respond of up to 70 days per 115.52(d)(3) when the normal time period<br>for response is insufficient to make an appropriate decision, does the<br>agency notify the inmate in writing of any such extension and provide a<br>date by which a decision will be made? (N/A if agency is exempt from<br>this standard.) | yes |
|            | 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 |

| 115.52 (e) | Exhaustion of administrative remedies  |     |
|------------|--|-----|
|            | Are third parties, including fellow inmates, staff members, family<br>members, attorneys, and outside advocates, permitted to assist inmates<br>in filing requests for administrative remedies relating to allegations of<br>sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|            | 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 |
|            | If the inmate declines to have the request processed on his or her<br>behalf, does the agency document the inmate's decision? (N/A if agency<br>is exempt from this standard.)   | yes |

| 115.52 (f) | Exhaustion of administrative remedies  |     |
|------------|--|-----|
|            | 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 |
|            | After receiving an emergency grievance alleging an inmate is subject to<br>a substantial risk of imminent sexual abuse, does the agency<br>immediately forward the grievance (or any portion thereof that alleges<br>the substantial risk of imminent sexual abuse) to a level of review at<br>which immediate corrective action may be taken? (N/A if agency is<br>exempt from this standard.). | yes |
|            | 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 |
|            | 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 |
|            | 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 |
|            | 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 |
|            | Does the agency's final decision document the agency's action(s) taken<br>in response to the emergency grievance? (N/A if agency is exempt from<br>this standard.)   | yes |

| 115.52 (g) | Exhaustion of administrative remedies   |     |
|------------|---|-----|
|            | If the agency disciplines an inmate for filing a grievance related to<br>alleged sexual abuse, does it do so ONLY where the agency<br>demonstrates that the inmate filed the grievance in bad faith? (N/A if<br>agency is exempt from this standard.) | yes |

| 115.53 (a) | Inmate access to outside confidential support services  |     |
|------------|---|-----|
|            | Does the facility provide inmates with access to outside victim advocates<br>for emotional support services related to sexual abuse by giving inmates<br>mailing addresses and telephone numbers, including toll-free hotline<br>numbers where available, of local, State, or national victim advocacy or<br>rape crisis organizations?     | yes |
|            | Does the facility provide persons detained solely for civil immigration<br>purposes mailing addresses and telephone numbers, including toll-free<br>hotline numbers where available of local, State, or national immigrant<br>services agencies? (N/A if the facility never has persons detained solely<br>for civil immigration purposes.) | yes |
|            | Does the facility enable reasonable communication between inmates<br>and these organizations and agencies, in as confidential a manner as<br>possible?  | yes |

| 115.53 (b) | Inmate access to outside confidential support services   |     |
|------------|--|-----|
|            | 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 |

| 115.53 (c) | Inmate access to outside confidential support services  |     |
|------------|---|-----|
|            | Does the agency maintain or attempt to enter into memoranda of<br>understanding or other agreements with community service providers<br>that are able to provide inmates with confidential emotional support<br>services related to sexual abuse? | yes |
|            | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  | yes |

| 115.54 (a) | Third-party reporting   |     |
|------------|---|-----|
|            | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?                   | yes |
|            | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |

| 115.61 (a) | Staff and agency reporting duties   |     |
|------------|---|-----|
|            | Does the agency require all staff to report immediately and according to<br>agency policy any knowledge, suspicion, or information regarding an<br>incident of sexual abuse or sexual harassment that occurred in a facility,<br>whether or not it is part of the agency?                           | yes |
|            | Does the agency require all staff to report immediately and according to<br>agency policy any knowledge, suspicion, or information regarding<br>retaliation against inmates or staff who reported an incident of sexual<br>abuse or sexual harassment?  | yes |
|            | Does the agency require all staff to report immediately and according to<br>agency policy any knowledge, suspicion, or information regarding any<br>staff neglect or violation of responsibilities that may have contributed to<br>an incident of sexual abuse or sexual harassment or retaliation? | yes |

| 115.61 (b) | Staff and agency reporting duties  |     |
|------------|--|-----|
|            | Apart from reporting to designated supervisors or officials, does staff<br>always refrain from revealing any information related to a sexual abuse<br>report to anyone other than to the extent necessary, as specified in<br>agency policy, to make treatment, investigation, and other security and<br>management decisions? | yes |

| 115.61 (c) | Staff and agency reporting duties   |     |
|------------|---|-----|
|            | Unless otherwise precluded by Federal, State, or local law, are medical<br>and mental health practitioners required to report sexual abuse pursuant<br>to paragraph (a) of this section?  | yes |
|            | Are medical and mental health practitioners required to inform inmates<br>of the practitioner's duty to report, and the limitations of confidentiality, at<br>the initiation of services? | yes |

| 115.61 (d) | Staff and agency reporting duties   |     |
|------------|---|-----|
|            | If the alleged victim is under the age of 18 or considered a vulnerable<br>adult under a State or local vulnerable persons statute, does the agency<br>report the allegation to the designated State or local services agency<br>under applicable mandatory reporting laws? | yes |

| 115.61 (e) | Staff and agency reporting duties  |     |
|------------|--|-----|
|            | 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 |

| 115.62 (a) | Agency protection duties  |     |
|------------|---|-----|
|            | 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 |

| 115.63 (a) | Reporting to other confinement facilities   |     |
|------------|---|-----|
|            | Upon receiving an allegation that an inmate was sexually abused while<br>confined at another facility, does the head of the facility that received the<br>allegation notify the head of the facility or appropriate office of the<br>agency where the alleged abuse occurred? | yes |

| 115.63 (b) | Reporting to other confinement facilities   |     |
|------------|---|-----|
|            | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

| 115.63 (c) | Reporting to other confinement facilities                        |     |
|------------|--|-----|
|            | Does the agency document that it has provided such notification? | yes |

| 115.63 (d) | Reporting to other confinement facilities  |     |
|------------|--|-----|
|            | Does the facility head or agency office that receives such notification<br>ensure that the allegation is investigated in accordance with these<br>standards? | yes |

| 115.64 (a) | Staff first responder duties  |     |
|------------|---|-----|
|            | 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 |
|            | Upon learning of an allegation that an inmate was sexually abused, is<br>the first security staff member to respond to the report required to:<br>Preserve and protect any crime scene until appropriate steps can be<br>taken to collect any evidence?   | yes |
|            | Upon learning of an allegation that an inmate was sexually abused, is<br>the first security staff member to respond to the report required to:<br>Request that the alleged victim not take any actions that could destroy<br>physical evidence, including, as appropriate, washing, brushing teeth,<br>changing clothes, urinating, defecating, smoking, drinking, or eating, if<br>the abuse occurred within a time period that still allows for the collection<br>of physical evidence?     | yes |
|            | Upon learning of an allegation that an inmate was sexually abused, is<br>the first security staff member to respond to the report required to:<br>Ensure that the alleged abuser does not take any actions that could<br>destroy physical evidence, including, as appropriate, washing, brushing<br>teeth, changing clothes, urinating, defecating, smoking, drinking, or<br>eating, if the abuse occurred within a time period that still allows for the<br>collection of physical evidence? | yes |

| 115.64 (b) | Staff first responder duties   |     |
|------------|--|-----|
|            | 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 |

| 115.65 (a) | Coordinated response   |     |
|------------|--|-----|
|            | Has the facility developed a written institutional plan to coordinate<br>actions among staff first responders, medical and mental health<br>practitioners, investigators, and facility leadership taken in response to<br>an incident of sexual abuse? | yes |

| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers  |     |
|------------|---|-----|
|            | 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 limit 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 |

| 115.67 (a) | Agency protection against retaliation   |     |
|------------|---|-----|
|            | Has the agency established a policy to protect all inmates and staff who<br>report sexual abuse or sexual harassment or cooperate with sexual<br>abuse or sexual harassment investigations from retaliation by other<br>inmates or staff? | yes |
|            | Has the agency designated which staff members or departments are charged with monitoring retaliation?   | yes |

| 115.67 (b) | Agency protection against retaliation   |     |
|------------|---|-----|
|            | Does the agency employ multiple protection measures, such as housing<br>changes or transfers for inmate victims or abusers, removal of alleged<br>staff or inmate abusers from contact with victims, and emotional support<br>services for inmates or staff who fear retaliation for reporting sexual<br>abuse or sexual harassment or for cooperating with investigations? | yes |

| 115.67 (c) | Agency protection against retaliation   |     |
|------------|---|-----|
|            | Except in instances where the agency determines that a report of sexual<br>abuse is unfounded, for at least 90 days following a report of sexual<br>abuse, does the agency: Monitor the conduct and treatment of inmates<br>or staff who reported the sexual abuse to see if there are changes that<br>may suggest possible retaliation by inmates or staff?          | yes |
|            | Except in instances where the agency determines that a report of sexual<br>abuse is unfounded, for at least 90 days following a report of sexual<br>abuse, does the agency: Monitor the conduct and treatment of inmates<br>who were reported to have suffered sexual abuse to see if there are<br>changes that may suggest possible retaliation by inmates or staff? | yes |
|            | 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 |
|            | 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 |
|            | 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 |
|            | 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 |
|            | 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 |
|            | 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 |
|            | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  | yes |

| 115.67 (d) | Agency protection against retaliation   |     |
|------------|---|-----|
|            | In the case of inmates, does such monitoring also include periodic status checks? | yes |

| 115.67 (e) | Agency protection against retaliation   |     |
|------------|---|-----|
|            | 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 |

| 115.68 (a) | Post-allegation protective custody  |     |
|------------|---|-----|
|            | 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 |

| 115.71 (a) | Criminal and administrative agency investigations   |     |
|------------|---|-----|
|            | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/Aif the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
|            | Does the agency conduct such investigations for all allegations, including<br>third party and anonymous reports? (N/A if the agency/facility is not<br>responsible for conducting any form of criminal OR administrative sexual<br>abuse investigations. See 115.21(a).)                                      | yes |

| 115.71 (b) | Criminal and administrative agency investigations   |     |
|------------|---|-----|
|            | 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 |

| 115.71 (c) | Criminal and administrative agency investigations  |     |
|------------|--|-----|
|            | Do investigators gather and preserve direct and circumstantial evidence,<br>including any available physical and DNA evidence and any available<br>electronic monitoring data? | yes |
|            | Do investigators interview alleged victims, suspected perpetrators, and witnesses?   | yes |
|            | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  | yes |

| 115.71 (d) | Criminal and administrative agency investigations   |     |
|------------|---|-----|
|            | When the quality of evidence appears to support criminal prosecution,<br>does the agency conduct compelled interviews only after consulting with<br>prosecutors as to whether compelled interviews may be an obstacle for<br>subsequent criminal prosecution? | yes |

| 115.71 (e) | Criminal and administrative agency investigations  |     |
|------------|--|-----|
|            | 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 |
|            | Does the agency investigate allegations of sexual abuse without<br>requiring an inmate who alleges sexual abuse to submit to a polygraph<br>examination or other truth-telling device as a condition for proceeding? | yes |

| 115.71 (f) | Criminal and administrative agency investigations  |     |
|------------|--|-----|
|            | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?   | yes |
|            | Are administrative investigations documented in written reports that<br>include a description of the physical evidence and testimonial evidence,<br>the reasoning behind credibility assessments, and investigative facts and<br>findings? | yes |

| 115.71 (g) | Criminal and administrative agency investigations  |     |
|------------|--|-----|
|            | 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 |

| 115.71 (h) | Criminal and administrative agency investigations  |     |
|------------|--|-----|
|            | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |

| 115.71 (i) | Criminal and administrative agency investigations  |     |
|------------|--|-----|
|            | 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 |

| 115.71 (j) | Criminal and administrative agency investigations  |     |
|------------|--|-----|
|            | Does the agency ensure that the departure of an alleged abuser or<br>victim from the employment or control of the agency does not provide a<br>basis for terminating an investigation? | yes |

| 115.71 (I) | Criminal and administrative agency investigations  |     |
|------------|--|-----|
|            | 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 |

| 115.72 (a) | Evidentiary standard for administrative investigations   |     |
|------------|--|-----|
|            | 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 |

| 115.73 (a) | Reporting to inmates   |     |
|------------|--|-----|
|            | Following an investigation into an inmate's allegation that he or she<br>suffered sexual abuse in an agency facility, does the agency inform the<br>inmate as to whether the allegation has been determined to be<br>substantiated, unsubstantiated, or unfounded? | yes |

| 115.73 (b) | Reporting to inmates  |     |
|------------|---|-----|
|            | If the agency did not conduct the investigation into an inmate's allegation<br>of sexual abuse in an agency facility, does the agency request the<br>relevant information from the investigative agency in order to inform the<br>inmate? (N/A if the agency/facility is responsible for conducting<br>administrative and criminal investigations.) | yes |

| 115.73 (c) | Reporting to inmates  |     |
|------------|---|-----|
|            | Following an inmate's allegation that a staff member has committed<br>sexual abuse against the resident, unless the agency has determined<br>that the allegation is unfounded, or unless the inmate has been released<br>from custody, does the agency subsequently inform the resident<br>whenever: The staff member is no longer posted within the inmate's<br>unit?  | yes |
|            | Following an inmate's allegation that a staff member has committed<br>sexual abuse against the resident, unless the agency has determined<br>that the allegation is unfounded, or unless the resident has been<br>released from custody, does the agency subsequently inform the<br>resident whenever: The staff member is no longer employed at the<br>facility?   | yes |
|            | Following an inmate's allegation that a staff member has committed<br>sexual abuse against the resident, unless the agency has determined<br>that the allegation is unfounded, or unless the resident has been<br>released from custody, does the agency subsequently inform the<br>resident whenever: The agency learns that the staff member has been<br>indicted on a charge related to sexual abuse in the facility?      | yes |
|            | Following an inmate's allegation that a staff member has committed<br>sexual abuse against the resident, unless the agency has determined<br>that the allegation is unfounded, or unless the resident has been<br>released from custody, does the agency subsequently inform the<br>resident whenever: The agency learns that the staff member has been<br>convicted on a charge related to sexual abuse within the facility? | yes |

| 115.73 (d) | Reporting to inmates  |     |
|------------|---|-----|
|            | Following an inmate's allegation that he or she has been sexually<br>abused by another inmate, does the agency subsequently inform the<br>alleged victim whenever: The agency learns that the alleged abuser has<br>been indicted on a charge related to sexual abuse within the facility?  | yes |
|            | Following an inmate's allegation that he or she has been sexually<br>abused by another inmate, does the agency subsequently inform the<br>alleged victim whenever: The agency learns that the alleged abuser has<br>been convicted on a charge related to sexual abuse within the facility? | yes |

| 115.73 (e) | Reporting to inmates  |     |
|------------|---|-----|
|            | Does the agency document all such notifications or attempted notifications? | yes |

| 115.76 (a) | Disciplinary sanctions for staff   |     |
|------------|--|-----|
|            | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |

| 115.76 (b) | Disciplinary sanctions for staff   |     |
|------------|--|-----|
|            | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

| 115.76 (c) | Disciplinary sanctions for staff   |     |
|------------|--|-----|
|            | Are disciplinary sanctions for violations of agency policies relating to<br>sexual abuse or sexual harassment (other than actually engaging in<br>sexual abuse) commensurate with the nature and circumstances of the<br>acts committed, the staff member's disciplinary history, and the<br>sanctions imposed for comparable offenses by other staff with similar<br>histories? | yes |

| 115.76 (d) | Disciplinary sanctions for staff  |     |
|------------|---|-----|
|            | Are all terminations for violations of agency sexual abuse or sexual<br>harassment policies, or resignations by staff who would have been<br>terminated if not for their resignation, reported to: Law enforcement<br>agencies(unless the activity was clearly not criminal)? | yes |
|            | Are all terminations for violations of agency sexual abuse or sexual<br>harassment policies, or resignations by staff who would have been<br>terminated if not for their resignation, reported to: Relevant licensing<br>bodies?  | yes |

| 115.77 (a) | Corrective action for contractors and volunteers  |     |
|------------|---|-----|
|            | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  | yes |
|            | Is any contractor or volunteer who engages in sexual abuse reported to:<br>Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
|            | Is any contractor or volunteer who engages in sexual abuse reported to:<br>Relevant licensing bodies?   | yes |

| 115.77 (b) | Corrective action for contractors and volunteers  |     |
|------------|---|-----|
|            | In the case of any other violation of agency sexual abuse or sexual<br>harassment policies by a contractor or volunteer, does the facility take<br>appropriate remedial measures, and consider whether to prohibit further<br>contact with inmates? | yes |

| 115.78 (a) | Disciplinary sanctions for inmates   |     |
|------------|--|-----|
|            | Following an administrative finding that an inmate engaged in inmate-on-<br>inmate sexual abuse, or following a criminal finding of guilt for inmate-<br>on-inmate sexual abuse, are inmates subject to disciplinary sanctions<br>pursuant to a formal disciplinary process? | yes |

| 115.78 (b) | Disciplinary sanctions for inmates   |     |
|------------|--|-----|
|            | Are sanctions commensurate with the nature and circumstances of the<br>abuse committed, the inmate's disciplinary history, and the sanctions<br>imposed for comparable offenses by other inmates with similar histories? | yes |

| 115.78 (c) | Disciplinary sanctions for inmates   |     |
|------------|--|-----|
|            | When determining what types of sanction, if any, should be imposed,<br>does the disciplinary process consider whether an inmate's mental<br>disabilities or mental illness contributed to his or her behavior? | yes |

| 115.78 (d) | Disciplinary sanctions for inmates  |     |
|------------|---|-----|
|            | If the facility offers therapy, counseling, or other interventions designed<br>to address and correct underlying reasons or motivations for the abuse,<br>does the facility consider whether to require the offending inmate to<br>participate in such interventions as a condition of access to programming<br>and other benefits? | yes |

| 115.78 (e) | Disciplinary sanctions for inmates  |     |
|------------|---|-----|
|            | 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 |

| 115.78 (f) | 15.78 (f) Disciplinary sanctions for inmates  |     |
|------------|---|-----|
|            | For the purpose of disciplinary action does a report of sexual abuse<br>made in good faith based upon a reasonable belief that the alleged<br>conduct occurred NOT constitute falsely reporting an incident or lying,<br>even if an investigation does not establish evidence sufficient to<br>substantiate the allegation? | yes |

| 115.78 (g) | Disciplinary sanctions for inmates  |     |
|------------|---|-----|
|            | If the agency prohibits all sexual activity between inmates, does the<br>agency always refrain from considering non-coercive sexual activity<br>between inmates to be sexual abuse? (N/A if the agency does not<br>prohibit all sexual activity between inmates.) | yes |

| 115.81 (a) | Medical and mental health screenings; history of sexual abuse   |     |
|------------|---|-----|
|            | If the screening pursuant to § 115.41 indicates that a prison inmate has<br>experienced prior sexual victimization, whether it occurred in an<br>institutional setting or in the community, do staff ensure that the inmate<br>is offered a follow-up meeting with a medical or mental health<br>practitioner within 14 days of the intake screening? | yes |

| 115.81 (b) Medical and mental health screenings; history of sexual abuse |  |    |
|--|--|----|
|  | If the screening pursuant to § 115.41 indicates that a prison inmate has<br>previously perpetrated sexual abuse, whether it occurred in an<br>institutional setting or in the community, do staff ensure that the inmate<br>is offered a follow-up meeting with a mental health practitioner within 14<br>days of the intake screening? (N/A if the facility is not a prison.) | na |

| 115.81 (c) | Medical and mental health screenings; history of sexual abuse   |     |
|------------|---|-----|
|            | If the screening pursuant to § 115.41 indicates that a jail inmate has<br>experienced prior sexual victimization, whether it occurred in an<br>institutional setting or in the community, do staff ensure that the inmate<br>is offered a follow-up meeting with a medical or mental health<br>practitioner within 14 days of the intake screening? | yes |

| 115.81 (d) | Medical and mental health screenings; history of sexual abuse  |     |
|------------|--|-----|
|            | Is any information related to sexual victimization or abusiveness that<br>occurred in an institutional setting strictly limited to medical and mental<br>health practitioners and other staff as necessary to inform treatment<br>plans and security management decisions, including housing, bed, work,<br>education, and program assignments, or as otherwise required by<br>Federal, State, or local law? | yes |

| 115.81 (e) | Medical and mental health screenings; history of sexual abuse  |     |
|------------|--|-----|
|            | Do medical and mental health practitioners obtain informed consent from<br>inmates before reporting information about prior sexual victimization that<br>did not occur in an institutional setting, unless the inmate is under the<br>age of 18? | yes |

| 115.82 (a) | Access to emergency medical and mental health services   |     |
|------------|--|-----|
|            | Do inmate victims of sexual abuse receive timely, unimpeded access to<br>emergency medical treatment and crisis intervention services, the nature<br>and scope of which are determined by medical and mental health<br>practitioners according to their professional judgment? | yes |

| 115.82 (b) | Access to emergency medical and mental health services  |     |
|------------|---|-----|
|            | 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 |
|            | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |

| 115.82 (c) | Access to emergency medical and mental health services  |     |
|------------|---|-----|
|            | Are inmate victims of sexual abuse offered timely information about and<br>timely access to emergency contraception and sexually transmitted<br>infections prophylaxis, in accordance with professionally accepted<br>standards of care, where medically appropriate? | yes |

| 115.82 (d) | Access to emergency medical and mental health services   |     |
|------------|--|-----|
|            | 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 |

| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers  |     |
|------------|--|-----|
|            | 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 |

| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers   |     |
|------------|---|-----|
|            | Does the evaluation and treatment of such victims include, as<br>appropriate, follow-up services, treatment plans, and, when necessary,<br>referrals for continued care following their transfer to, or placement in,<br>other facilities, or their release from custody? | yes |

| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers   |     |  |
|------------|---|-----|--|
|            | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |  |

| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers  |     |
|------------|--|-----|
|            | Are inmate victims of sexually abusive vaginal penetration while<br>incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in<br>"all male" facilities there may be inmates who identify as transgender<br>men who may have female genitalia. Auditors should be sure to know<br>whether such individuals may be in the population and whether this<br>provision may apply in specific circumstances.) | yes |

| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers  |     |
|------------|--|-----|
|            | If pregnancy results from the conduct described in paragraph §<br>115.83(d), do such victims receive timely and comprehensive<br>information about and timely access to all lawful pregnancy-related<br>medical services? (N/A if "all male" facility. Note: in "all male" facilities<br>there may be inmates who identify as transgender men who may have<br>female genitalia. Auditors should be sure to know whether such<br>individuals may be in the population and whether this provision may<br>apply in specific circumstances.) | yes |

| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers   |     |
|------------|---|-----|
|            | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |

| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers  |     |
|------------|--|-----|
|            | 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 |

| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers  |    |
|------------|--|----|
|            | If the facility is a prison, does it attempt to conduct a mental health<br>evaluation of all known inmate-on-inmate abusers within 60 days of<br>learning of such abuse history and offer treatment when deemed<br>appropriate by mental health practitioners? (NA if the facility is a jail.) | na |

| 115.86 (a) | Sexual abuse incident reviews  |     |
|------------|--|-----|
|            | Does the facility conduct a sexual abuse incident review at the<br>conclusion of every sexual abuse investigation, including where the<br>allegation has not been substantiated, unless the allegation has been<br>determined to be unfounded? | yes |

| 115.86 (b) | Sexual abuse incident reviews  |     |
|------------|--|-----|
|            | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

| 115.86 (c) | Sexual abuse incident reviews   |     |
|------------|---|-----|
|            | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

| 115.86 (d) | Sexual abuse incident reviews  |     |
|------------|--|-----|
|            | 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 |
|            | Does the review team: Consider whether the incident or allegation was<br>motivated by race; ethnicity; gender identity; lesbian, gay, bisexual,<br>transgender, or intersex identification, status, or perceived status; gang<br>affiliation; or other group dynamics at the facility? | yes |
|            | Does the review team: Examine the area in the facility where the incident<br>allegedly occurred to assess whether physical barriers in the area may<br>enable abuse?   | yes |
|            | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?   | yes |
|            | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?   | yes |
|            | Does the review team: Prepare a report of its findings, including but not<br>necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-<br>(d)(5), and any recommendations for improvement and submit such<br>report to the facility head and PREA compliance manager?    | yes |

| 115.86 (e) | Sexual abuse incident reviews  |     |
|------------|--|-----|
|            | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

| 115.87 (a) | Data collection  |     |
|------------|--|-----|
|            | 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 |

| 115.87 (b) | Data collection   |     |
|------------|---|-----|
|            | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

| 115.87 (c) | Data collection  |     |
|------------|--|-----|
|            | Does the incident-based data include, at a minimum, the data necessary<br>to answer all questions from the most recent version of the Survey of<br>Sexual Violence conducted by the Department of Justice? | yes |

| 115.87 (d) | Data collection  |     |
|------------|--|-----|
|            | Does the agency maintain, review, and collect data as needed from all<br>available incident-based documents, including reports, investigation files,<br>and sexual abuse incident reviews? | yes |

| 115.87 (e) | Data collection   |    |
|------------|---|----|
|            | Does the agency also obtain incident-based and aggregated data from<br>every private facility with which it contracts for the confinement of its<br>inmates? (N/A if agency does not contract for the confinement of its<br>inmates.) | na |

| 115.87 (f) | Data collection  |     |
|------------|--|-----|
|            | 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 |

| 115.88 (a) | Data review for corrective action  |     |
|------------|--|-----|
|            | 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 |
|            | Does the agency review data collected and aggregated pursuant to §<br>115.87 in order to assess and improve the effectiveness of its sexual<br>abuse prevention, detection, and response policies, practices, and<br>training, including by: Taking corrective action on an ongoing basis?   | yes |
|            | Does the agency review data collected and aggregated pursuant to §<br>115.87 in order to assess and improve the effectiveness of its sexual<br>abuse prevention, detection, and response policies, practices, and<br>training, including by: Preparing an annual report of its findings and<br>corrective actions for each facility, as well as the agency as a whole? | yes |

| 115.88 (b) | Data review for corrective action  |     |
|------------|--|-----|
|            | Does the agency's annual report include a comparison of the current<br>year's data and corrective actions with those from prior years and<br>provide an assessment of the agency's progress in addressing sexual<br>abuse? | yes |

| 115.88 (c) | Data review for corrective action  |     |
|------------|--|-----|
|            | Is the agency's annual report approved by the agency head and made<br>readily available to the public through its website or, if it does not have<br>one, through other means? | yes |

| 115.88 (d) | Data review for corrective action   |     |
|------------|---|-----|
|            | Does the agency indicate the nature of the material redacted where it<br>redacts specific material from the reports when publication would<br>present a clear and specific threat to the safety and security of a facility? | yes |

| 115.89 (a) | Data storage, publication, and destruction   |     |
|------------|--|-----|
|            | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |

| 115.89 (b) | Data storage, publication, and destruction   |     |
|------------|--|-----|
|            | Does the agency make all aggregated sexual abuse data, from facilities<br>under its direct control and private facilities with which it contracts,<br>readily available to the public at least annually through its website or, if it<br>does not have one, through other means? | yes |

| 115.89 (c) | Data storage, publication, and destruction   |     |
|------------|--|-----|
|            | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |

| 115.89 (d) | Data storage, publication, and destruction  |     |
|------------|---|-----|
|            | Does the agency maintain sexual abuse data collected pursuant to §<br>115.87 for at least 10 years after the date of the initial collection, unless<br>Federal, State, or local law requires otherwise? | yes |

| 115.401 (a) | Frequency and scope of audits   |     |
|-------------|---|-----|
|             | 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 |

| 115.401 (b) | Frequency and scope of audits  |     |
|-------------|--|-----|
|             | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  | no  |
|             | If this is the second year of the current audit cycle, did the agency<br>ensure that at least one-third of each facility type operated by the<br>agency, or by a private organization on behalf of the agency, was<br>audited during the first year of the current audit cycle? (N/A if this is not<br>the second year of the current audit cycle.)      | na  |
|             | If this is the third year of the current audit cycle, did the agency ensure<br>that at least two-thirds of each facility type operated by the agency, or by<br>a private organization on behalf of the agency, were audited during the<br>first two years of the current audit cycle? (N/A if this is not the third year<br>of the current audit cycle.) | yes |

| 115.401 (h) | Frequency and scope of audits  |     |
|-------------|--|-----|
|             | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |

| 115.401 (i) | Frequency and scope of audits  |     |
|-------------|--|-----|
|             | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |

| 115.401 (m) | Frequency and scope of audits   |     |  |
|-------------|---|-----|--|
|             | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |  |

| 115.401 (n) | Frequency and scope of audits   |     |  |
|-------------|---|-----|--|
|             | 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 |  |

| 115.403 (f) | Audit contents and findings  |     |  |
|-------------|--|-----|--|
|             | The agency has published on its agency website, if it has one, or has<br>otherwise made publicly available, all Final Audit Reports. The review<br>period is for prior audits completed during the past three years<br>PRECEDING THIS AUDIT. In the case of single facility agencies, the<br>auditor shall ensure that the facility's last audit report was published. The<br>pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does<br>not excuse noncompliance with this provision. (N/A if there have been no<br>Final Audit Reports issued in the past three years, or in the case of<br>single facility agencies that there has never been a Final Audit Report<br>issued.) | yes |  |