

PREA AUDIT REPORT INTERIM FINAL

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Susan Jones			
Address: P.O. Box 1162, Canon City, CO 81212			
Email: sjicanoncity@gmail.com			
Telephone number: 719-429-5258			
Date of facility visit: October 24 and 25, 2016			
Facility Information			
Facility name: Fremont County Sheriff			
Facility physical address: 100 Justice Center Road, Canon City, Colorado 81212			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 719-276-5555			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Sheriff James Beicker			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 235			
Current population of facility: 200			
Facility security levels/inmate custody levels: minimum-maximum			
Age range of the population: 22-75			
Name of PREA Compliance Manager: n/a		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Fremont County Sheriff			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 100 Justice Center Road, Canon City, CO 81212			
Mailing address: <i>(if different from above)</i>			
Telephone number: 719-276-5555			
Agency Chief Executive Officer			
Name: James Beicker		Title:	Sheriff
Email address: jim.beicker@fremontso.com		Telephone number:	719-276-5555
Agency-Wide PREA Coordinator			
Name: Brent Parker		Title: Lieutenant	
Email address: brent.parker@fremontso.com		Telephone number:	719-276-5512

AUDIT FINDINGS

NARRATIVE

The audit of the Fremont County Detention facility was conducted by Susan Jones, Certified PREA auditor. This audit was communicated in advance to staff and offenders by a posted notice. This notice was posted in areas throughout the facilities beginning on September 20, 2016. The notice provided contact information for the auditor and directed that any information be forwarded to the post office box listed, at least ten days in advance of the on-site portion of the audit. No letters or other information was received by the auditor prior to the audit.

Prior to the on-site audit, the agency provided policies, procedures and documentation for each standard. The on-site audit was conducted beginning at 10 a.m. October 24, 2016. The auditor remained at the facility until approximately 11:30 p.m. on that date. The auditor returned on October 25, at approximately 9 a.m. and completed the audit on-site visit at approximately 1:00 p.m.

During the on-site portion of the audit, the auditor was allowed free access to all areas of the facility, access to interview offenders and to any documentation requested. Free access was also provided to conduct random staff interviews on each shift.

The on-site portion of the audit included a tour of housing units, day rooms, intake areas, recreation areas and program areas.

Due to the size of this facility, many of the employees were tasked with completion of more than one role as required by the specialized interview protocol. Interviews of specialized staff included the Agency Head-Sheriff, Warden- Captain, PREA Coordinator, Health Services Administrator, contractors (clinical, program, maintenance, and food service), and Investigator. These interviews included asking questions regarding the contract administration, and the responsibilities of the incident review team.

After the on-site portion of the audit (11-23-2016), two volunteers were contacted – via phone- to interview them concerning their responsibilities and training regarding PREA. They were both very knowledgeable about what and how to report any PREA concern.

The employees who were assigned to booking were interviewed. These staff members also perform screening for risk of victimization and abusiveness. A total of 37 employees were interviewed. This number included 2 booking officers and 4 supervisory staff. Staff were interviewed on all three shifts and all staff interviewed were asked about first responder duties.

Fifteen inmates were interviewed: eleven male and four female. These inmates were randomly selected by the auditor and included at least one inmate from each housing pod. Offender interviews included one individual who had reported a violation of sexual abuse or harassment.

The exit meeting was held on October 25 at 2:30 p.m. The Sheriff, Captain, PREA Coordinator, and the Health Services Administrator were present for this meeting. Additionally, the following staff were in attendance: Sgt. Maas, Sgt. Solano, Sgt. Green, Detective Lt. Dodd, Lt. Hammel, Deputy Yarberr, Deputy Clark, and Deputy Knisley.

The auditor returned to the facility on November 28, 2016 to review areas of concern. During this visit, 7 employees, four contract staff, and 1 supervisor were interviewed. Additionally, two medical-contract staff were interviewed by telephone regarding their responsibilities under PREA. The auditor returned to the facility on December 5, 2016 to check practice for the 14 day assessment.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Fremont County Sheriff's office opened the detention facility in this location in 1987. Then two expansions were completed: the first was the barracks in 1997 and then an additional housing unit for 96 inmates was added in 2003.

On the date of the on-site portion of the audit, the total inmate count was 200, with 62 of the inmates being held for the Colorado Department of Corrections, 23 of which were housed to complete the parole treatment program. Thirty female inmates were housed in this agency during the on-site audit.

The inmates are housed in four different housing areas: Holding – 6 inmates; T pod – 7 inmates; control center 2 – 90 inmates; control center 3 - 96 inmates; and the barracks- 42 inmates.

The agency employees sixty-six detention staff. Additionally, the food service and medical services are provided by private contract agencies and the maintenance services are provided by Fremont County Facility's employees. The parole treatment program is provided by employees who are under contract with the Colorado Department of Corrections.

Correct Care Solutions provides clinical services that include staffing for nursing services that include both nurses and EMTs, from 7a.m. - 10 p.m. daily.

SUMMARY OF AUDIT FINDINGS

Several issues were identified as needing additional attention during the on-site audit, including parts of the following standards:

Standard #	Standard Title
115.13	Supervision and Monitoring
115.15	Limits to cross gender viewing and searches
115.21	Evidence Protocol and Forensic Medical Examinations
115.22	Policies to Ensure Referrals of Allegations for Investigations
115.31	Employee Training
115.33	Inmate Education
115.42	Use of Screening Information
115.51	Inmate Reporting
115.52	Exhaustion of Administrative Remedies
115.53	Inmates Access to Outside Confidential Support Services.
115.54	Third Party Reporting
115.67	Agency Protection Against Retaliation
115.73	Reporting to Inmates
115.78	Disciplinary Sanctions for Inmates
115.81	Medical and Mental Health Screenings
115.83	Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
115.87	Data Collection
115.88	Data Review for Corrective Action
115.89	Data Storage, Publication, and Destruction

Information detailing the specific corrective actions taken to address the deficiencies noted are included in the explanation of each applicable standard.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met:

Number of standards not applicable: 3

(Total Standards 43)

Throughout this audit process, the written documentation, observations of staff and offender interaction, and the interviews with staff and offenders demonstrated a commitment to the principles of PREA and a desire to achieve full compliance with each component of the PREA standards. The Fremont County Sheriff's Detention Agency is now in full compliance with the PREA standards.

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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Policy adequately covers all aspects of this standard, including preventing, detecting and responding to any PREA allegation. A PREA coordinator has been assigned to complete all the duties required by these standards and it appears this position has adequate time to complete these duties. As this agency does not operate more than one facility, a PREA compliance manager is not required.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- ✓ This standard is not applicable

This jail does not enter into contracts for the placement of their inmates. They do house inmates under a contract from the Colorado Department of Corrections.

Standard 115.13 Supervision and monitoring

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

A staffing plan has been created that includes consideration for gender and the ability to have a threshold interviewer available at all times. A review of the staffing plan is completed on at least an annual basis. All components required by this standard for establishment of the plan and the annual review of the plan are included in the policy. Reasons for deviations from the staffing plan are documented on the sergeant's staffing log. The documentation of deviations was checked for compliance on Nov 28, 2016.

The agency is involved in the following projects: upgrades to the food service area and the laundry facility, upgrade in video surveillance and improvements to the electronic doors and gates. There is evidence that the PREA standards have been a consideration for each of these projects.

Policy requires the unannounced rounds of supervisors and prohibits staff from alerting other post or staff. This practice was verified during the on-site portion of the audit.

Standard 115.14 Youthful inmates

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

Youthful inmates are not held at Fremont County Jail. If housing a youthful inmate is required by the court, the FCSO will make accommodation with another agency to house the juveniles.

Standard 115.15 Limits to cross-gender viewing and searches

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

Policy addresses the need for documentation of all cross gender pat searches, cross gender body cavity searches and cross gender strip searches. Policy also allows for inmates to shower, perform bodily functions and change clothing without nonmedical staff viewing their actions. Policy requires staff of the opposite gender to announce their presence within entering housing units. Policy prohibits searches of offenders for the sole purpose of determining the inmate’s genital status.

During the audit process, the practice and documentation for each of the components of this standard were verified. There was some confusion from staff regarding searches of transgender inmates. The agency responded to this confusion by issuing clarification information and modifying the training curriculum.

One modification was made to the physical plant to ensure complete compliance of this standard: a set of half doors was placed in the bathroom area of the barracks housing unit.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

The methods available to ensure that inmates understand the resources and process for any PREA issues includes: subtitles on education videos and access to interpreters. A list of embassies is available to on duty staff to provide interpretation for inmates who are booked into the jail. Additionally, services can also be authorized by a supervisor for more extensive services, if necessary, through a vender – CTS language link. Policy requires that the use of inmate interpreters is used only in limited circumstances when a delay could compromise safety.

During the audit process, the staff were able to communicate their understanding of these resources.

Standard 115.17 Hiring and promotion decisions

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

All employees had a criminal background check completed in 2015. During the on-site audit, I checked files of new hires in 2016 to confirm that these checks were completed.

While on site I examined new hire files to verify that prior institutional employers were contacted to ensure that the perspective employee does not have a history of sexual abuse allegations or has not resigned during such an investigation. I also confirmed that the agency has provided information to other institutional employers when that information is requested.

The county employment application requires all applicants to answer completely and accurately and then it states that any falsification is grounds for immediate termination.

The Health services staff are hired and recruited by the contracting agency. Policy was reviewed that indicated that the components of this standard were compliant.

Standard 115.18 Upgrades to facilities and technologies

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

There are four current projects/upgrades occurring at this facility. A memo from the sheriff indicates that prevention of PREA incidents and all other forms of violence are a key component in the design and implementation of these projects. This information was confirmed during the on-site interview with the Sheriff. He confirmed that PREA has been a part of many different conversations with the construction management vendors and will continue to be a significant factor as they move into the next stage of the upgrade to facility technology.

Standard 115.21 Evidence protocol and forensic medical examinations

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

This agency conducts their own sexual assault/harassment investigations. Agency investigators have been trained in accordance with the National protocol for Sexual Assault Medical Forensic Examinations of Adults/Adolescents. After the on-site portion of the audit, the agency entered into an MOU with the Family Crisis Inc., of Canon City, Colorado. The auditor contacted both an on-call advocate as well as the Director of the agency. This agency provides services to several additional corrections facilities in this county and the staff were able to communicate a very complete understanding of their responsibilities under PREA.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Agency policy requires all allegations to be referred for investigation. This agency has added a group of specifically trained employees to aid in the immediate screening and information gathering for allegations. These individuals are referred to as “threshold interviewers.” These individuals make an assessment of the allegation and have the responsibility to ensure that the investigation is begun in a timely fashion. After the on-site audit portion of the audit, information was added to the county website to inform the public of the process to report a PREA allegation.

Standard 115.31 Employee training

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

All aspects of this standard are covered in the PREA training curriculum provided. All employees go through the entire curriculum each year. On-site interviews with staff indicate that the employees have retained many elements of the training. During these interviews I was able to ask multiple staff about their responsibilities regarding PREA and they were able to accurately relate their responsibilities.

The training curriculum was revised after the on-site portion of the audit to clarify some of the issues that were modified to ensure full compliance with the PREA standards.

Standard 115.32 Volunteer and contractor training

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

A training form is signed by volunteers at the end of the training program to indicate understanding. The curriculum provided to volunteers includes reporting and zero tolerance requirements. I was able to review on-site documentation to review the elements of this standard.

On-site interviews indicated that volunteer and contract staff were able to accurately relate their responsibilities.

Standard 115.33 Inmate education

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

Posters are available, throughout the facility that provide inmates with multiple ways to report abuse or harassment. The poster includes a way to contact an agency outside of the sheriff's office – Crime Stoppers. The process to provide inmate education – both upon intake and within 30 days was modified after the on-site portion of the audit. The changes in these processes will allow the agency to more accurately track the education for inmates.

Standard 115.34 Specialized training: Investigations

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

A training curriculum and attendance sheet was provided that indicated that the agency investigators have been trained in Investigator Interview training for PREA. This training covers the interviewing techniques for sexual abuse victims, use of Miranda and Garrity warnings and evidence collection. The documentation reviewed confirmed that training includes information regarding the level of evidence needed for both criminal and administrative investigations.

Standard 115.35 Specialized training: Medical and mental health care

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

I have reviewed the training records and curriculum of the medical and mental health care employees who are contractors through CCS (Correct Care Solutions). These employees have completed specialized training that meets the requirements of this standard as well as attending the agency provided training. During on-site interviews medical staff were able to accurately communicate their responsibilities during a PREA allegation/incident.

Standard 115.41 Screening for risk of victimization and abusiveness

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

The screening form complies with the standards, all elements are present. During the on-site audit, I was able to observe this screening process and confirm that the screening was consistently completed in compliance with this standard and policy.

The agency has a process to ensure that all inmates are screened each 30 days. I was able to review information during the on-site audit to confirm that this process occurs.

This agency allows all staff access to the screening information. The staff are specifically trained in the use of this information and there was no evidence that the information was used to the detriment of the identified inmates. The screening information is stored in the master control/booking area in an area that is not accessible to inmates or visitors.

Standard 115.42 Use of screening information

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

The agency is not under a consent decree, legal settlement, or legal judgement regarding lesbian, gay, bisexual, transgender or intersex inmates. Housing areas within this facility are equipped with single shower with the exception of the barracks. If a transgender inmate were assigned to the barracks, procedures would be implemented to allow a transgender inmate to shower separately.

Policy covers all the components of this standard, however, during interviews with staff, a great deal of confusion was found regarding this policy. Clarification of the policy was provided to staff and the training curriculum has been modified to provide even more direction.

Standard 115.43 Protective custody

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

Inmates who are at high risk for sexual victimization are normally placed in single cells located in a variety of units in the facility. Additionally, cells equipped with double bunks are available throughout the facility and can be used to house a single inmate for a variety of reasons. When these cells are used in this manner, inmates assigned are

normally allowed access to all programs. No inmates have been placed in this type of protective custody as a result of vulnerability of sexual victimization.

Standard 115.51 Inmate reporting

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

All components of this standard are addressed in the policy. Inmates may report PREA allegations through the kiosk, personally to staff members, or by calling the phone numbers provided on the PREA poster.

After the on-site audit, the agency decided to change the information provided to inmates. The new contact information has been checked to ensure that the information is correct. Inmates are now provided information that allows them to report to Crime Stoppers, an outside agency.

Standard 115.52 Exhaustion of administrative remedies

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

The policy of this agency did not address all aspects of this standard, prior to the on-site audit portion. The agency has revised their policy and taken steps to ensure that the inmates are aware of this change. This agency responds to all grievances within 72 hours, in part because of the short length of confinement for a majority of the inmates. The policy was changed to ensure that PREA grievances are handled as required within the emergency grievance timelines of the standard. This policy change is available to inmates through the kiosk system in the inmate handbook. This was verified onsite on November 28, 2106.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)

- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Mailing addresses and telephone numbers were added to the PREA information provided to inmates, after the on-site audit. The agency has provided information for the following agencies: Colorado Coalition Against Sexual Assault, National Sexual Assault Hotline, and Just Detention International (JDI). Additionally, the agency entered into an agreement with the Family Crisis, Inc. of Canon City to provide confidential support services.

After the on-site portion of the audit, the agency made changes to their phone system and now inmates are able to make phone calls that are not recorded to the agencies identified above. This change in monitoring has been communicated to the inmates through the kiosk system and in the inmate handbook.

Standard 115.54 Third-party reporting

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

After the on-site audit, the agency added information to their website that directs members of the public of the process for making a third-party report of sexual abuse and sexual harassment.

Standard 115.61 Staff and agency reporting duties

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

Policy adequately covers the duty for all staff to report any knowledge, suspicion or information regarding incidents of sexual abuse or sexual harassment. Interviews during the on-site interview confirmed that staff understand this requirement. Third party and anonymous reports are also reported for investigation. Policy also indicates that all information regarding PREA incidents are to remain confidential to the reporting process. The Health services contract with CCS also has a policy that fully complies with this standard.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)

- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency PREA policy states that the staff member will take immediate measures to protect inmates who have made an allegation. On-site interviews indicate that staff were aware of actions that could be taken to protect anyone who has made an allegation. Holding cells, located near the booking area, are the most often used locations for immediate protection.

Standard 115.63 Reporting to other confinement facilities

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

Policy covers all aspects of this standard. A review of records on-site revealed one example where allegation was reported within the time frame required by this policy.

Standard 115.64 Staff first responder duties

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

The policy and training covers all aspects of this standard. The training includes a review of the step-by-step process for responding to a PREA incident or allegation. On-site interviews during the audit confirmed that the staff are aware of the steps that they must take when becoming aware of a PREA allegation or incident. Additionally, non-security staff members were able to relate their duties as they relate to preservation of evidence.

Standard 115.65 Coordinated response

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

The response to a PREA incident is outlined in the agency's policy. This information includes coordination with all

appropriate staff including: detention staff, investigative staff and clinical staff. During the on-site audit process, interviews confirmed that staff were aware of their responsibilities in this coordinated response.

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

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

The Fremont County Sheriff's office does not engage in collective bargaining with employee groups. Therefore, this section of the standard does not apply.

Standard 115.67 Agency protection against retaliation

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

Policy states that the captain or designee shall monitor for 90 days the conduct and treatment of inmates or staff who have made a complaint of sexual abuse. During the past twelve months, there have been no reports of retaliation from inmates or staff. After the on-site portion of the audit, the agency clarified this responsibility and developed a log that will help to document all such monitoring. The detention captain is tasked with completing this monitoring and he was re-interviewed to determine compliance on November 28, 2016.

Standard 115.68 Post-allegation protective custody

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

This agency does not have a protective custody area. If this type of housing is needed, inmates are placed within segregation cells. In such an instance, these inmates would be provided programs and reviews as required by this

standard. This type of post-allegation protective custody has not been implemented in this agency.

Standard 115.71 Criminal and administrative agency investigations

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

The policy identifies each of the components of this standard. The agency conducts their own investigations for sexual abuse and harassment. The investigators have attended specific training for sexual abuse investigations and evidence collecting. On-site interviews confirmed that the credibility of the witness is not based upon the role of inmate or staff. A review of the investigation documents revealed conclusions that include staff actions or failures that contribute to the incident. There have been no substantiated allegations of conduct that appear to be criminal, stemming from a PREA complaint in the past 12 months. Departure of the alleged abuser or victim from the agency is not cause for termination of the investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

Policy requires that a preponderance of evidence is what is required to determine whether allegations of sexual abuse or harassment are substantiated. On-site interviews with investigators confirm that they understand this requirement.

Standard 115.73 Reporting to inmates

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

All aspects of this standard are included in policy; however, there was no practice documentation that indicates that this had occurred. A log was developed that will allow for easier tracking for any future instances that would require this notification. The PREA coordinator will maintain responsibility to ensure that this occurs.

Standard 115.76 Disciplinary sanctions for staff

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

This standard is completely covered by the policy. There has not been an instance in the past 12 months where a staff member has been found to have perpetrated sexual abuse and sexual harassment. If an employee is found to have engaged in sexual abuse or sexual harassment, the Undersheriff will ensure that licensing bodies are notified, if applicable.

Standard 115.77 Corrective action for contractors and volunteers

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

Policy covers all aspects of this standard. While this has not occurred in the past 12 months, the volunteer or contractors would be removed from the facility when a determination is made that they have engaged in sexual abuse.

Standard 115.78 Disciplinary sanctions for inmates

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

All aspects of this standard are addressed in policy, including that the sanctions are commensurate with the circumstances of the abuse and the mental disabilities or mental illness of the inmate is considered in the disciplinary process. This agency does not provide therapy, counseling or other interventions designed to address motivations for abuse. All sexual activity is prohibited between inmates in policy 606.15.

During the on-site audit, a case where an inmate was convicted of sexual abuse without coercion was reviewed. This case was modified to be in compliance with this standard.

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

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

The fourteen day assessment for all inmates was not being completed as required prior to the on-site audit portion of this process. The compliance with this standard was checked on November 28, 2016 and December 5, 2016. This audit revealed issues relative to inmate movement that prohibited accurate tracking for the fourteen day assessment process. This issue has been resolved.

During the on-site portion of the audit, the clinical staff were not able to clearly articulate when consent is needed from inmates to report abuse – institutional or otherwise. A memo was issued by the health authority and the Sheriff to clarify the components of this standard. During the return visit on November 28, 2016, the auditor confirmed with medical staff their understanding of this standard.

Standard 115.82 Access to emergency medical and mental health services

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

Emergency medical services are provided through local hospitals, including access to a SANE exam. CCS provides for on-site emergency medical and mental health services for inmate victims of sexual abuse. This includes access to emergency contraception and sexually transmitted infections. These services are provided at no cost to the inmate, in fact, inmates at this agency do not pay for any medical services.

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

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

CCS provides for ongoing medical and mental health care for all inmates who have disclosed that they have been

sexually victimized. This includes tests for sexually transmitted infections and pregnancy related medical services. During the on-site portion of the audit, a few instances were found to have not been provided follow up care. During the return visit on November 28, 2016, these issues were found to have been rectified.

Standard 115.86 Sexual abuse incident reviews

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

Policy covers all aspects of the standard, but this agency has not actually conducted such a review. No allegations of sexual abuse have been found to be substantiated or unsubstantiated. The review team has been identified to include: Lt. Parker, Lt. Hammel, Lt. Dodd, Sgt. Maas, Sgt. Solano, Cpl. Moore, Cpl. Jones, Dep. Knisely, Dep. Clark, and Dep. Yarberry.

Standard 115.87 Data collection

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

Data has been maintained as required by this standard. The agency has not been required by the Department of Justice to provide data. After the on-site portion of the audit was conducted, the 2015 annual report was provided and made publically available.

Standard 115.88 Data review for corrective action

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

Policy covers all aspects of this standard. The Annual report for 2015 has been prepared in accordance with the standard and is available on the county website, as well as in the lobby of the Sheriff's office.

Standard 115.89 Data storage, publication, and destruction

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

Policy covers all aspects of this standard. All aggregated data is publically available (through the annual report) for 2015 on the County/Sheriff's website. This report is also available to any member of the public in the lobby of the Sheriff's office.

AUDITOR CERTIFICATION

I certify that:

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



Auditor Signature

December 6, 2016
Date