

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: Wednesday, January 11, 2017

Auditor Information			
Auditor name: Shane Dotson / Frederick G. Chinn DBA: Correctional Consulting, LLC.			
Address: P.O. Box 362 Baxter Springs, KS 66713			
Email: sdotson@joplinmo.org			
Telephone number: 417-623-3131			
Date of facility visit: Wednesday November 16 and Thursday November 17, 2016			
Facility Information			
Facility name: Jackson County Sheriff's Office			
Facility physical address: 1001 Mulberry Street Murphysboro, IL 62966			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 618-687-2292			
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 Robert D. Burns			
Number of staff assigned to the facility in the last 12 months: 31			
Designed facility capacity: 199			
Current population of facility: 138 – 134 In-house at time of audit			
Facility security levels/inmate custody levels: Minimum – Maximum – No Youthful Inmates at time of audit			
Age range of the population: 18 - 62			
Name of PREA Compliance Manager: Justin Gibbs / Kentaro Misuda		Title: Deputy Sheriff / Deputy Sheriff	
Email address: 1001 Mulberry Street Murphysboro, IL 62966		Telephone number: 618-687-2292	
Agency Information			
Name of agency: Jackson County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Jackson County Government			
Physical address: 1001 Mulberry Street Murphysboro, IL 62966			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 618- 687- 2292			
Agency Chief Executive Officer			
Name: Jeff Whitbeck		Title: Captain / Jail Administrator	
Email address: jwhitbeck@jacksoncounty-il.gov		Telephone number: 618-687-2292	
Agency-Wide PREA Coordinator			
Name: Erica Hunter		Title: Deputy Sheriff	
Email address: emhunter@jacksoncounty-il.gov		Telephone number: 618-687-2292	

AUDIT FINDINGS

NARRATIVE

In September 2016 Correctional Consulting, LLC was awarded a bid by Jackson County Sheriff's Office in Illinois to provide the PREA audit services. In September 2016 communications began with the Jail Administrator Lieutenant Lee Kersten and Auditor Notices was sent out via email both in Spanish and English. Lee was advised to place the notices in housing units, common areas, booking area, visitation area, and staff breaks rooms. Pre-Audit Questionnaire was sent via email and was requested to be filled out sent back at least three weeks before the audit date. No letters were received by the auditor during the audit notice.

The facility added 49 more beds in 2013 to bring their capacity from 150 to 199 and during their expansions of the jail. During their expansion of the facility PREA was considered to allow better ability to protect inmates from sexual abuse by added more beds so inmate could be separated if necessary and modified their camera system for new cell area.

The morning of November 16, 2016 Correctional Consulting, LLC audit team arrived for the audit when approaching the lobby of the Jackson County Sheriff's Office above the inmate visitation booths were large Zero-Tolerance signs in both English and Spanish in red and yellow with a black ground which really stood out reference "Zero-Tolerance" to sexual abuse and harassment. This set the tone of the facility and they were very organized and prepared for the audit. We met with the PREA Compliance Team Erica Hunter, Justin Gibbs, Kentaro Misuda and Lieutenant Lee Kersten. We conducted the facility tour Led by PREA Compliance Manager Justin Gibbs and was able to observe the layout of the facility, placement of cameras, signs, signs announcing the audit, Zero Tolerance signage in all cells, each phone had signage with the number how to report a sexual abuse in English and Spanish, this information was also in the booking area of the facility also. There were no "blind spots" in the facility and all areas were under video surveillance and the Jail Administrator and Central Control was able to monitor the surveillance system via their computer monitors. We were able to speak to both inmates and staff during our tour.

As we were speaking with random staff they were able to describe how they would report a sexual abuse or sexual assault in accordance to their policy and several advised of a PREA first responder check-list binder that was available at several different locations of the facility for officers to use when an incident arises. This binder included all forms and procedures that is required for officers to utilize if a PREA incident occurs.

I counted 49 signs posted about the PREA audit throughout the facility when we conducted the facility tour. During the facility tour we noticed the video visitation kiosk by Securus was in every housing unit which was available to all inmates that provided a PREA education video "What You Need to Know". We also tried the number they had posted on their PREA signs located in the cells and booking 885 and it worked very well, it went to The Women's Center, Inc. in Carbondale, IL and we were able to speak with a live person. There was an emergency panel located on the ceiling of the hallways and at the floor station of the facility which would light up if an inmate hit their emergency button inside of their cell if there was a problem or they needed to speak with a corrections officer immediately.

The auditor team spoke with the Jail Administrator Lieutenant Lee Kersten to follow up on the Pre-Audit Questionnaire reference their staffing plan and announced staff and random unannounced rounds by mid-level and upper management documentation. All this documentation was provided by the end of the audit on Thursday.

The auditors obtained staff and inmate rosters with which to select random staff and inmates to interview in two private non-recorded rooms. The staff was from different shifts, and rank as well as specialized staff, a contractor, and 2 volunteer staff. Female and male inmates were chosen at random from each unit during the site review and the course of the interviews they all were familiar how to report sexual abuse and sexual harassment. Numerous times during the interview process the inmates would make a reference to the 885 number for reporting. The facility had contacted their inmate phone system provider to develop an easy process and anonymous way to report sexual abuse and sexual harassment. This will allow inmates the ability to report quickly without dialing a long series of numbers. During the course of all the interviews I felt the inmates know how to report sexual abuse and sexual harassment in different ways, were educated on the "Zero-Tolerance" policy and were given access all information they would need to report, receive counseling and other services concerning sexual abuse. The inmate handbook and brochure was well written and the entire process concerning PREA has

PREA Audit Report

been outlined and contact information including names, addresses and phone numbers are provided. The female inmates made mention that PREA Coordinator Erica Hunter had spent several hours with them reference PREA education. They had a name for her but I feel it wasn't appropriate for the final PREA report.

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

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

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

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

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

During our complete audit of the facility we feel this agency as a whole is engaged and active in being compliant with the PREA Standards.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The Jackson County Jail is a 199 bed facility that had 134 inmates on the day of the audit. The jail is a podular/linear design with a control center where all the video surveillance is monitored. The facility has 14 housing units, medical units, trustee pods, holding cells and a kitchen. The facility has video surveillance in all areas where inmates could be or are present. The facility has phones located in all the housing units, booking, and other areas where inmates would be present. Each of the phones has the proper notification of the “Zero-Tolerance” policy and contact numbers for reporting. The facility currently has 31 officers and this meets the staffing plan set forth in the standard.

SUMMARY OF AUDIT FINDINGS

The facility was well prepared for the audit. During my interviews with the Department Head and Jail Administrator they both were very engaged in being PREA compliant and giving the facility all the resources it needed to be compliant and to stay in compliance. During all my interviews, facility tour, and meeting with everyone in the organization it was apparent they had been working toward compliance for a while. I reviewed their documentation and it was in order and met the requirements set forth in the standards. The facility had 14 reports of sexual abuse in 2015 and 2016. The cases were investigated by their investigation unit and were Unfounded. The facility policies and procedures were well written; they also had very good documentation in the inmate handbook. The inmate handbook describes the entire reporting process, along with what to expect if they are a victim. In the inmate handbook it provides information that includes having a victim's advocate, additional counseling, or any services they might need as a victim. The staff has been trained to effectively and professional communicates with transgender and intersex inmates should they have any come to the facility. All the training the agency received was relevant and covered all the areas as it relates to PREA. If a sexual abuse or sexual harassment occurs the facility is prepared to respond report and investigate in a professional manner and providing the needed services to the victim.

Number of standards exceeded: 5

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

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)

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.

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

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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)

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.

X N/A The facility does not contract with any other entity for confinement of inmates. Not Applicable.

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)

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.

The facility has a comprehensive staffing plan. Based on the staffing plan the facility has the appropriate amount of staff to respond to sexual abuse and sexual harassment. As I reviewed the staffing plan it meets each requirement found in 115.13(a). In reviewing their policy

there are proper provisions if there would be a deviation from the plan and it would be reviewed and documented. Per policy the staffing plan will be reviewed annually including deployment of monitoring technology to stay in compliance with the standard. The facility does have intermediate to higher level staff doing random unannounced rounds. I was able to view and inspect log sheets which showed the proper documentation of the unannounced rounds. The policy does prohibit any type of announced rounds are occurring. During the tour of the facility I did ask staff and inmates if supervisors made unexpected rounds and they all acknowledged this is being done.

Standard 115.14 Youthful inmates

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

Standard 115.15 Limits to cross-gender viewing and searches

- 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)

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.

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

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

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)

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.

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

Standard 115.17 Hiring and promotion decisions

- 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)

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.

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

Standard 115.18 Upgrades to facilities and technologies

- 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)

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.

The facility added 49 more beds in 2013 to bring their capacity from 150 to 199 and during their expansions of the jail. During their expansion of the facility PREA was considered to allow better ability to protect inmates from sexual abuse by added more beds so inmate could be separated if necessary and modified their camera system for new cell area.

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)

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.

The facility currently has a policy and procedures in place as it relates to evidence and medical examinations. The facility currently investigates reports of sexual abuse and sexual harassments. During my private interview with the investigator he was very knowledgeable in the proper evidence protocol and the evidentiary process. The process the facility has in place does consider youthful offenders that meets federal standard. I was able to review the evidence protocol and it meets the qualification. In my interview with the investigator they use the local hospital in Centralia for their SANE/SAFE exams. I was able to do a phone interview with Mark Yates the SANE/SAFE staff at St. Joseph Memorial Hospital and he advised they are available 24/7 days a week to perform all exams.

As a part of the advocacy program utilized by the facility, they use The Women's Center, Inc. They currently have a signed MOU and this allows for a wide variety of services for victims. They offer victim advocate services, follow-up care beyond the abuse, and will provide services if the incident happened prior to their incarceration. The facility also has posted in both English and Spanish the 24 hour Hotline number to SAFE. The facility has programmed their inmate phone system with the number 885 that automatically connects them to The Women's Center, Inc. Hotline. The call is free and unrecorded. The number was validated by the auditor during our facility tour. As part of their comprehensive response plan the victim has multiple avenues that would allow someone to attend the exam with the victim. All services are provided at no cost to the inmate.

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)

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.

During my interview with their investigator he stated that all claims of sexual abuse or sexual harassment would be investigated. If the investigation reveals there is sufficient evidence for criminal prosecution it will be forwarded to the Prosecuting Attorney. The facility also has a way of third-party reporting on its website and PREA Hotline number. As of the date of the audit the facility had fourteen reports of sexual abuse in 2015 and 2016 and investigated by their investigation unit and was unsubstantiated. The Sheriff's office does have statutory authority to investigate all reports of sexual abuse or sexual harassment.

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)

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

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)

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All contractors and volunteers have been trained via a PREA trainer on their responsibilities. The level of training is based on their level of contact with the inmates. They are notified of the Zero-Tolerance policy regarding sexual abuse and sexual harassment and informed how to report any incidents. The training was documented and confirmed they understood the elements of these regulations. All training records are maintained by the facility.

During private interviews all volunteers were aware of PREA and their reporting duties.

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)

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The facility does provide inmate education concerning the Zero-Tolerance policy and how to report sexual abuse and sexual harassment. Every inmate who is booked into the facility receives a well written brochure concerning the Zero Tolerance Policy and how to report. The inmate handbook also provides extensive information on how to report and what the process is from beginning to the conclusion of the investigation. The handbook also provides the name, number and address for The Women's Center, Inc. their community partner for sexual abuse and sexual harassment victims. During my private interviews with both staff and inmates they confirmed both the providing of the

brochures and receiving brochures. In reviewing the inmate handbook the facility has provided each inmate with a comprehensive document which outlines every aspect of inmate sexual abuse. The handbook includes several different ways to report, what you can expect if you are a victim, from having a victim advocate through the entire process and what type of counseling is available and who provides those services. The handbook has outlines ways for inmates can help protects them from being a victim and proactive measure they can use while incarcerated.

According to policy and procedure all inmates will receive comprehensive education within 30 days and through the avenues of the brochures, inmate handbook, posters and PREA Video located in the Securus kiosk the information is readily available to all inmates. Included in all the information is the right to be free from retaliation as well. There have been no reports of retaliation within the last 12 months. During the course of my facility your I inquired about what information they had received on how to report and each inmate stated the received a brochure and it was on the walls (Zero-Tolerance posters) and inmate handbook. The facility does provide both the brochure, handbook, PREA Video in English and Spanish. The facility also has interpreters and signers for the hearing impaired and utilized closed caption for their video. As part of the documentation process the inmates sign off on receiving their brochure and also acknowledge they have read the inmate handbook. This information was verified by checking inmate logs and bookings.

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)

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.

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

Standard 115.35 Specialized training: Medical and mental health care

- 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)

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.

The facility has a contract with their local Coroner Dr. Cooper that provides medical and mental health services. The facility has a part-time nursing staff and no mental health staff on site. The facility relays on SAFE for their mental health services if they have a sexual abuse incident for counseling. The nursing staff receive the appropriate training as it relates to standard 115.35(a). Reviewed all training documents of the nurse to validate the training. The nurse on site does not perform the forensic exams the local SAFE/SANE medical personal performs the exam at a local hospital. I conducted a phone interview with Mark Yates the SAFE/SANE staff at St. Joseph Memorial

Hospital in Murphysboro. I reviewed a copy of the SAFE/SANE policy from the hospital all complies with the PREA standard.

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)

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

Standard 115.42 Use of screening information

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

Standard 115.43 Protective custody

- 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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During my interview with the Jail Administrator, the facility does not segregate based on the potential victimization. The facility will look and place them in an area which is safe and secure. If an inmate was placed in segregation they would have access to all opportunities the general population inmates do according to their policy. If they would be placed in segregation it would only be until reasonable housing could be arranged. The policy states segregation housing would be reviewed every 30 days if needed.

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)

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.

During my private interviews both with staff and inmates they were able to share multiple ways inmates could report including the following: writing, grievance, verbal report to staff, dialing 885 from inmate phone system, speak with the Jail Administrator or family. During staff interviews if they received a verbal report they were required to immediately take appropriate action and report it to a supervisor. The PREA Coordinator made a quick reference binder for the staff to utilize if an incident occurred. The facility also provides information in their inmate handbooks, inmate brochures, videos and signage for inmate reporting. The facility has a website and A PREA Hotline number for anyone to report sexual abuse or harassment. The Women's Center, Inc. is a local advocacy organization that allows for reporting directly to them as well. The organization provides a personal contact that allows for inmates to report sexual abuse or sexual harassment 24 hours a day 7 days a week.

Federal inmates can write to the Office of the Inspector General in Springfield, IL address is provided in inmate handbook.

Standard 115.52 Exhaustion of administrative remedies

- 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)

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.

The facility does have an inmate grievance procedure in place. The policy outlines the different methods and requirements for inmates to file grievances and is fully compliant to standard 115.52(b). The policy also addresses if the grievance is against a specific officer they can submit the grievance to any officer and the grievance will not be referred to the staff member who is named in the complaint. There are numerous methods for the inmate to submit sexual abuse or harassment grievances. The time lines outlined in section 115.52(d) is

addressed properly in the policy and procedure. Third parties are permitted to assist inmates on allegations of sexual abuse, including other inmates, family members, attorneys, and advocates. The facility policies were very well written and clearly reflect all requirements of this standard. At the time of the audit there were no documented emergency grievances.

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)

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.

The facility has an active MOU with The Women’s Center, Inc. which is a local advocacy agency that specifically assist sexual abuse victims. All the information is listed in the inmates handbook how to contact The Women’s Center, Inc. including address and free phone number 885 met the reporting requirements were also listed in the inmate handbook. During my private interviews with the inmates they was able to tell me about dialing 885 from the inmate phone system went to The Women’s Center, Inc. agency. During the facility tour I was able to make contact with the Women’s Center, Inc via the inmate phone system by dialing 885 without any incident.

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)

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.

The facility has third-party reporting capabilities on their website (<http://www.jacksoncounty-il.gov>) and PREA Hotline (618) 687-2292 ext. 112 the information posted throughout the facility, contained in the inmate brochures, inmate handbook and signs posted throughout the facility. All staff members are aware of their responsibility of mandated reporting if notified by a family member, friend, or interested party of an allegation of sexual abuse occurring in the Jackson County Jail.

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)

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.

The facility does have policy and procedure in place addressing staff and agency reporting duties. During my private interviews with staff each responded they were to report any knowledge, suspicion or reports of sexual abuse or sexual harassment. Also during the private interviews the staff fully understood that retaliation whether staff or inmates should be reported immediately. The staff understands the dissemination of reports has a specific chain of command it must go through and not to share the information with those now involved in the investigative process or administration. In my interview with the facility nurse she has been trained and understood reporting laws as well. If the victim is under 18 or vulnerable the facility will report to the proper authority per their policy. The report from third-party or anonymous will be forward to investigators as well per their policy.

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)

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.

In my interviews with the agency head, jail administrator and private interviews with staff they all responded accordingly if they learn an inmate is in imminent threat of sexual abuse. All responded they would act immediately.

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)

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.

The facility had no reports of sexual abuse in 2016 that occurred at other facilities. Their policy states once the facility learns of the alleged sexual abuse they will immediately notify the other agencies and it will investigate all of the allegations. This information is also on the department's website in their annual report.

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)

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.

During the review of the documentation, each staff member has received the PREA First Responder training and the training certificates were verified during the audit. During my private interviews with staff each officer was able to articulate how to respond if they were the first to receive a report of an alleged sexual abuse. Their answers were consistent throughout the interviews and this validated their training. The PREA Coordinator put together a first responder PREA binder which thoroughly lays out each step of the process including all the proper documentation for a first responder. The PREA binder was extremely well designed and comprehensive. This notebook will provide the needed information not only for staff but for volunteers and contractors. The PREA Coordinator also designed a similar notebook for the medical staff as well.

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)

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.

The facility does have a written plan for their coordinated response in their policy. The facility also has a flow chart as part of their policy that is a simple to follow guideline and readily available to staff. This will allow any staff member to look at the coordinated response and know exactly what the next step in the process is and this will be extremely beneficial if an actual sexual abuse takes place.

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)

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.

The facility does have the right to remove any staff that is the subject of an investigation of sexual abuse.

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)

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.

The facility does have policy in place that prevents retaliation against staff or inmates who report sexual abuse or sexual harassment. In our interviews with the agency head and jail administrator in regards to retaliation they both provided multiple examples of how to protect staff and inmates who report sexual abuse or sexual harassment. Since there have been no reports of retaliation I was not able to interview anyone who monitors retaliation or inmates in segregated housing. In the facility policy and procedure it addresses the proper steps in how to respond to retaliation including timelines, periodic status checks, and how to protect the inmates.

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)

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.

The facility does have a policy not allowing inmates to be placed in segregated housing if they have been a victim of sexual abuse. There are no documented cases of inmates being in segregation as a victim. During my interview with the jail administrator, he addressed how the use of segregation would be used if there were no other options. If someone was placed segregation it would be up to 48 hours then the situation would be re-evaluated until suitable housing could be arranged. The use of segregation has not taken place within the last 12 months.

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)

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.

The agency does have the lawful authority to investigate all reports of sexual abuse and sexual harassment. According to the investigator I interviewed that all allegations of sexual abuse and sexual harassment will be investigated. The investigative process inside the facility does not differ from an investigation in the community. The detective has been trained in investigating sexual abuse in a confinement setting. I was able to validate his training through his certificate. During the interview I asked how he would investigate an allegation of sexual abuse and he included protecting the crime scene, making sure the victim is taken care and the appropriate medical attentions is provided, collecting and documenting all evidence including DNA, physical evidence, video, statements, and other tangible items of evidence. He would interview both the victim and suspect as part 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)

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.

The investigator shared the standard of proof is the preponderance of the evidence.

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)

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.

During my interview with the asst. jail administrator concerning notification of the inmates, the facility would provide notification to the inmate as well as the State's Attorney's Victim Advocate if charges were submitted. Since there has been no sexual abuse investigation within the last 12 months there was no documentation to review.

There have been no reports of sexual abuse within the last 12 months so there is no documentation to review. The course of action by the facility is included in their policy and procedure relating to standard 115.73 (c&d). Included in the Policy and Procedure is that all notifications must be documented.

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)

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.

The facility has policy and procedure outlining how staff will be sanctioned if involved with sexual abuse and sexual harassment. Termination is the presumptive sanction for those who engaged in sexual abuse.

According to policy the discipline shall be in commensurate with the nature and circumstances of the act and past any past history or sanctions the employee may have had. All terminations for sexual abuse or sexual harassment shall be reported to the agency and licensing body if relevant.

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)

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.

There have been no reports of sexual abuse or sexual harassment by volunteers or contractors. According to policy if a violation did occur they would not be permitted to have inmate contact and if it is criminal in nature the information would be investigated and reported to the licensing body of the contractor or volunteer employer.

According to the Jail Administrator that is an allegation of sexual abuse or sexual harassment was made the volunteer or contractor would be removed immediately, investigated and then a determination would be made to the proper course of action.

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)

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.

The facility has a clear policy on sanctioning inmates who engage in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse. The administrative sanctions would be determined by the nature and circumstance of the abuse and past history of the inmate. The inmate’s mental illness if present will be taken into consideration. With the relationship with The Women’s Center, Inc. the facility does have resources to assist with counseling to help the offender. If an inmate engages in sexual contact with a staff member the facility will discipline the inmate if the contact was not consensual.

If the sexual abuse report is made in good faith the facility will not consider this a false report and will not discipline the inmate for reporting. The facility prohibits all sexual activity between inmates.

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)

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.

The facility has had no occurrences of inmates reporting prior sexual victimization during the screening process. According to policy if an inmate did acknowledge prior victimization they facility would offer follow-up with medical or mental health staff within 14 days of the screening.

The facility does have policy in the dissemination of information that would be discovered in the screening process. The information is limited to medical/mental health staff, and to security and administration for decisions as it relates to housing, programs, work or other assignments within the facility.

During my interview with medical staff they would require informed consent before reporting information about prior sexual victimization unless the victim is under the age of 18.

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)

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.

Although the facility has not received a report of sexual abuse within the last 12 months the policy states they will have unimpeded access to immediate medical treatment and crisis intervention services. If medical or mental health staff is not present the first responder will take immediate steps to protect the inmate and this was verified in my private interview with staff. The facility does have policy in place that will allow for emergency contraception and sexually transmitted disease prophylaxis where medically appropriate. All services and treatment will be free of cost to the victim per policy.

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)

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.

The facility has no reports of sexual abuse within the last 12 months. According to policy the facility will offer medical and mental health services to all inmates who have been victims of sexual abuse. All the treatment will be provided to the victim and if the victim is released from custody the services will still be available at no cost to the victim. The quality of care will be consistent with the community level of care.

If the victim of sexual abuse vaginal penetration shall be offered a pregnancy test. If pregnancy does result for the sexual abuse the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy related services free of charge.

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)

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.

The facility does have a sexual abuse review team made up of upper management, line staff, detectives, and medical. If a sexual abuse does occur the review team will meet unless the claim is unfounded. According to policy the review will take place within 30 days of the conclusion of the investigation.

According the policy the review team will review all items listed in 115.86(d). Once the review is completed the facility shall implement recommend.

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)

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.

The facility is currently in the process of gathering data and preparing it for their annual report. They will be submitting the data for the Survey of Sexual Violence. According to policy the data shall aggregate the incident based sexual abuse data annually. The data will be gathered from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.

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)

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.

During the interviews with the department head and PREA Coordinator all data collected will be reviewed and assessed to improve their sexual abuse prevention, detection, training, and response in order to identify problem areas, take corrective action and prepare for the annual report. The data will also be used in comparison to data from previous years and assessed. The report will be published on the agency’s website annually.

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)

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.

All data collected will be securely retained and stored. All data will be published and all personal information will be redacted. The data will be kept for 10 years per policy.

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.

Shane Dotson / Frederick G. Chinn

January 11, 2017

Auditor Signature

Date